



monitor on

GST# R127612802

psychology



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RESOURCES, OPPORTUNITIES, AND NEWS FOR PSYCHOLOGISTS FROM APA



MEMBERS

Vote This Month on Bylaws Amendments

During the 2023 legislative year, APA's Council of Representatives voted to submit two proposed bylaws amendments for members to vote on in November. One amendment would require a minimum number of three candidates rather than five candidates on the ballot for president-elect, ordinarily with a minimum number of 30 nominations each. The second amendment would require that a formal consultation and discussion with the Council of Representatives occur prior to the Policy and Planning Board sending bylaws amendments to the membership.

The full text of the proposed bylaws amendments appears at www.apa.org/governance/elections/bylawsamendments2023. The ballot will be emailed to the voting membership on Nov. 1. Members without email addresses will receive a postcard with voting instructions. To update your contact information, email membership@apa.org or call (800) 374-2721.

SOCIAL JUSTICE

APA Launches Racial Equity Fund with \$1.1M

APA has reaffirmed its commitment to dismantling systemic racism and achieving racial equity by launching the Racial Equity Fund and seeding it with an investment of \$1.1 million. The fund is a long-term commitment that emerged from APA's 2021 apology to people of color for its role in promoting, perpetuating, and failing to challenge racism, racial discrimination, and human hierarchy in the United States. The fund will support research and initiatives that align with the goals in the association's Racial Equity Action Plan, which outlines the steps that APA and the field should take to prioritize and operationalize the commitments made in the apology.

Learn more at www.apa.org/news/press/releases/2023/09/racial-equity-fund.

CONGRATS

New Division Fellows Announced

Congratulations to APA's 132 new initial fellows elected by APA's Board of Directors and Council of Representatives in August, as well as to the 90 current fellows nominated for 2023. Current fellows are APA members who are already fellows in other divisions, and initial fellows are first-time fellows.

Find the full list at www.apa.org/about/division/digest/share-members/initial-current-fellows.

SKILL-BUILDING

Learn Policymaking as a Congressional or Executive Branch Fellow

Apply your psychological expertise to public policy through one of APA's four federal fellowship opportunities: APA's Executive Branch Fellowship; APA's Congressional Fellowship; the Jacquelin Goldman Congressional Fellowship for psychologists with expertise in children's issues, funded by the American Psychological Foundation (APF); and the new Springfield LGBTQIA+ Congressional Fellowship for psychologists with expertise in LGBTQIA+ issues, also funded by APF. Applications are due Jan. 5.

Learn more at www.apaservices.org/advocacy/get-involved/fellowships.



How to Reach Us

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

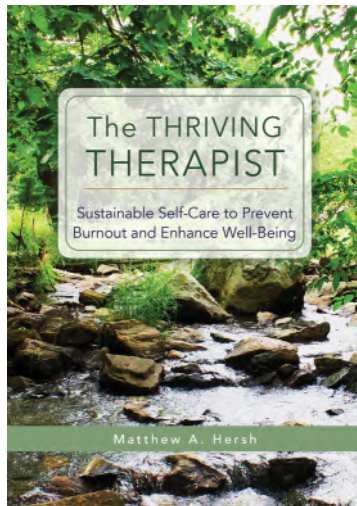
Read, Watch & Listen

1

Strengthen Your Self-Care

APA's new book *The Thriving Therapist* by Matthew A. Hersh, PhD, provides an integrative, holistic, and developmentally sensitive path to help therapists figure out their unique self-care needs and build sustainable self-care practices that align with their values.

Go to www.apa.org/pubs/books/thriving-therapist.



2

Making Clinical Care More Equitable

APA's new continuing-education webinar series *Building a Thriving Practice and Culture of Inclusivity* consists of five 120-minute webinars that focus on enhancing psychological safety, developing inclusive policies and practices, facilitating cultural and emotional intelligence, and providing access and equity. The series concludes with a moderated panel discussion on all the content covered.

Watch the series as video on-demand at <https://apa.content.online/catalog/product.xhtml?eid=51573>.

3

What Do We Gain From Our Relationships With Fictional Characters and Celebrities?

Rebecca Tukachinsky Forster, PhD, and Karen Dill-Shackleford, PhD, talk about parasocial relationships—the relationships that people have with media figures such as actors, celebrity influencers, or television characters—including how these relationships differ from simply being a fan, whether they can give any of the benefits of real-life friendship, what happens when a parasocial relationship goes sour, and how social media is changing parasocial relationships.

Listen wherever you get your podcasts.



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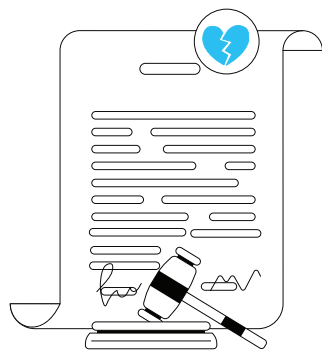
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50 ADULTING ON THE SPECTRUM

A dearth of research on, and services for, autistic adults compounds social and emotional challenges.



58 DIVORCE AFTER 50

The divorce rate for men and women in their second half of adulthood has doubled since 1990, presenting mental health challenges and opportunities for divorcees and their practitioners.

COVER STORY

SCIENCE OF CONVERSATION

Psychological scientists are unlocking exciting insights about these critical social interactions, which carry the potential to change minds, save lives, and prevent disasters. *See page 42*



ON THE COVER: ANTON VIERIETIN/GETTY IMAGES



**OutGROWing
racism.**
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CURRICULUM WARS

EDUCATION UNDER SIEGE

After Florida's attack on Advanced Placement Psychology, experts predict more politically motivated bans that rob students of opportunity and foster a climate of fear in schools. *See page 24*



Immigrant barriers. Page 28



Respect for grad students. Page 36



Pausing your practice. Page 72

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COLLECTIVE FAITH CAN MOVE MOUNTAINS

Every aspect of psychology is built on the belief in possibility beyond the present

BY THEMA BRYANT, PHD



The field of psychology is built on faith. Not in the sense of a formal religious faith for every psychologist, but a foundational belief that there is more possible. As a field, we believe people can experience flourishing around the world. Every research study, college lecture, consultation meeting, and therapy session is built on this belief in possibility beyond the present.

I'm grateful you stepped out on faith by either voting for me to be your APA president or by hoping something good could come from this year. I started the year challenging us to come home to authentic truth and wholeness. Over the year, we have explored the mandate of solidarity across identities, cultural enrichment, eradicating oppression, healing trauma, and pursuing growth and thriving.

As we close the year, let's revisit our roots of psychology as the study of the soul. We cannot be intimidated by the appearance of things. If we are honest and aware, we will have to admit there are multiple storms raging. They are designed to dismantle human rights, not only on a global level but also specifically the rights of those who are marginalized across identities. As a Black

woman and student of human history, I understand the urgency of these times. With that understanding, I would like to issue three calls for our collective faith.

First, let us have faith that we can be a part of necessary systemic change. We need to intentionally apply our science to address the social issues of our day. While some stand on the sidelines observing history, we need to continuously strive to be a field that believes in the possibility and responsibility to ethically inform and shape history.

Second, let us have faith that we as a field can be better. If we want different results, we must be willing to be different. Transformational leadership requires vision. We have seen some inspiring results this year in association impact, opportunities, initiatives, convention attendance, and membership. I challenge you to imagine where you want to see a

change then show up differently in your occupational settings to usher us into collective liberation.

Finally, I encourage you to include an awareness and respect for faith, spirituality, and religiosity in their diverse forms as central to many people's individual and collective experience (see page 67). At the end of the year there are many religious holidays that people honor as part of collective aims to enrich humanity. There are also cultural holidays that remind us to believe in the strength of our communities to give us faith. Justice and liberation are still worth pursuing. And for those who may be spiritual but not religious, this time of year is also when many resolve to live better lives than perhaps they have been able to manifest in their past. As this year marks the 60th anniversary of the March on Washington and we remember the empowering "I Have a Dream" speech, let us have faith to continue dreaming and to eventually live a fuller dream. ■

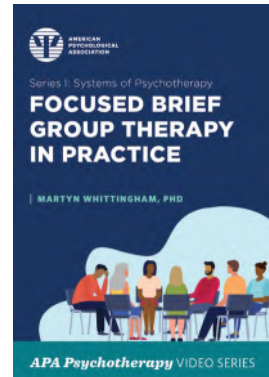
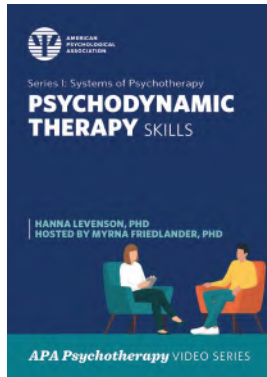
● **Thema Bryant, PhD**, is the 2023 APA president, a professor of psychology at Pepperdine University, and an ordained minister in the African Methodist Episcopal Church. Follow her on X, formerly Twitter: @drthema or Instagram: @dr.thema.





AMERICAN PSYCHOLOGICAL ASSOCIATION

New Releases from the APA Video series Systems of Psychotherapy



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HANNA LEVENSON

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APA HELPS SHAPE POPULATION HEALTH APPROACH

Leaders call for a ‘moonshot’ to change the nation’s approach to behavioral health

BY ARTHUR C. EVANS JR., PHD



With widespread need and increasing disparities, it is time to rethink our nation’s approach to behavioral health so that we work from a population health framework, expanding our current paradigm for both mental health and substance use conditions. This includes:

■ **Who can provide and receive help:** It is essential to intervene at the earliest moments of psychological distress, not limiting interventions only to those with a diagnosis. Additionally, help does not have to be limited only to licensed mental health professionals but can include others who are equipped with the knowledge and tools to positively affect people’s psychological health.

■ **What our overarching health goals are:** Moving away from a singular focus on psychopathology and illness to a more comprehensive approach, working from a strengths-based perspective and using psychological science to prevent challenges early and improve health across the population.

■ **When and where people can get help:** Reaching people earlier in the development of behavioral health challenges by working further upstream to prevent unnecessary suffering. This includes embedding mental health support and services into the settings where people live, work, learn, play, and worship.

● **Arthur C. Evans Jr., PhD**, is the chief executive officer of APA. You can follow him on LinkedIn.

■ **How help is provided:** Expanding the strategies used to address people’s diverse behavioral health needs. For example, utilizing public health and community-driven approaches that address social determinants of health to improve outcomes and reach more people.

APA is working with a growing number of people, organizations, and systems who are promoting this paradigm shift. Even more encouraging is that many have committed to move from concept to action and make this vision a reality.

We’ve reached a tipping point.

A Sept. 12–13 summit, hosted by APA and focused on the scientific foundation for population health, brought together experts to develop concrete action steps to advance population health. This summit, the first in a series of convenings on this issue, included a diverse group of participants, from academic and community researchers to technology and industry leaders like those at Google, to those overseeing our country’s health systems like senior leadership from SAMHSA, NIMH, NIMHD, and the CDC. There was strong agreement that we all, including the full breadth of psychology, have important roles to play in advancing this framework.

Several summit attendees described this work as a “moonshot”—given the complex and massive undertaking required—but a necessary one. Like President Kennedy’s 1961 declaration to send humans to the moon, no one individual can make population health a reality. But if every one of us gets involved—challenging long-held approaches to behavioral health, forming new partnerships, and helping shape public policy—we have the power to transform this moment into a movement. Together, we can achieve our goal of improving outcomes for those experiencing the full range of behavioral health challenges and ensuring optimal psychological health for all people. ■



PEER/GETTY IMAGES



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APF Visionary Grants



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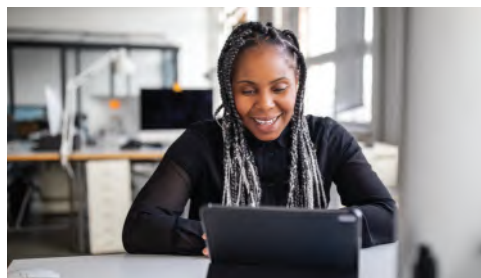
Dr. Seanna Leath, *Washington University in St. Louis*

“Web-based Screening and Brief Intervention Tool (SBIT) for Alcohol Use following Sexual Assault: Adaptation for Sexual Minority Women and Gender Diverse Adults”

Dr. Selime Salim, *Medical University of South Carolina*

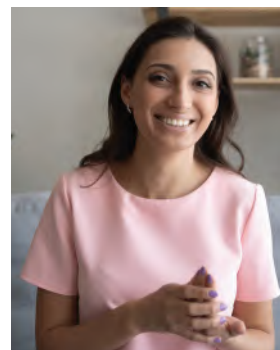
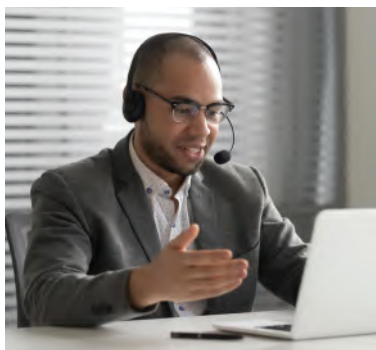


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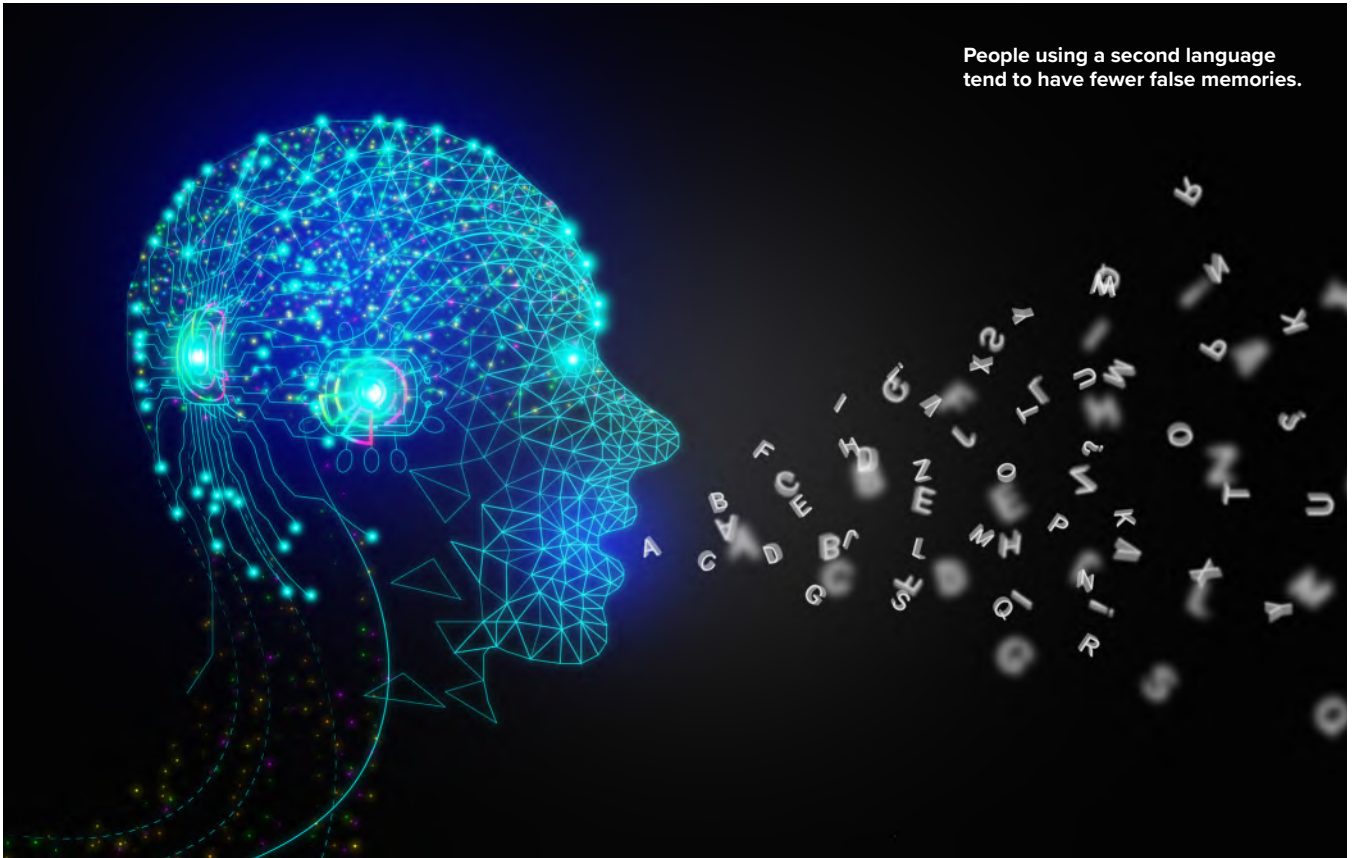
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In Brief

People using a second language tend to have fewer false memories.



FOREIGN LANGUAGE, FEWER FALSE MEMORIES

People using a second language tend to have fewer false memories, according to a study in the *Journal of Experimental Psychology: General*. In the first of two studies, researchers presented 120 native Mandarin Chinese speakers who also knew English with the same list of related words in both languages. For example: “dream,” “snore,” “bed,” “drowsy,” etc., but critically not “sleep.” The participants were then asked which words were and were not on the list. The researchers found that

participants were less likely to falsely remember missing words if presented in their secondary language than their native one. In the second study, a different group of 120 native Mandarin speakers watched silent videos of a crime. They then listened to stories explaining details of the crime—some true and some not—in either Mandarin or English. The native language stories elicited false memories, while those told in the participants’ secondary language did not.

DOI: 10.1037/xge0001378

UNEQUAL FROM THE START

Research in the *Journal of Experimental Psychology: General* suggests that middle- and upper-class students are more likely to engage in classroom discussions than are equally capable students from working-class families. In the first of two studies, researchers videotaped several discussions in four separate French preschool classrooms with a total of 98 children, recording the frequency and duration of each child's participation. Students from low socioeconomic status (SES) families spoke less frequently and for less time compared with high-SES students. Notably, these differences were not explained by oral language proficiency. In the second study, the researchers asked 94 students about fictional children participating in class discussions. Overall, the students perceived fictional children who were more engaged in classroom discussions as possessing more positive characteristics, such as competence and warmth, than other children.

DOI: 10.1037/xge0001437

BENEFITS OF LIMITING SOCIAL MEDIA

Limiting daily social media use can significantly enhance the mental health of young adults, suggests research in *Technology, Mind, and Behavior*. Researchers recruited 230 students in the United States, half of whom were asked to limit their social media usage to 30 minutes per day and received automated, daily reminders about limiting usage for 2 weeks. The limited



social media group reported significantly higher positive affect and significantly lower levels of anxiety, depression, loneliness, and fear of missing out at the end of the experiment compared with the unlimited group. The positive effects were even observed in participants who sometimes exceeded the 30-minute limit.

DOI: 10.1037/tmb0000111

MORE EMOTION, BETTER MENTAL HEALTH

According to research in *Emotion*, more intense emotional responses, even negative ones, are linked to happiness and better mental health. In three studies in the United States, a total of 401 participants either viewed photos meant to elicit emotional responses or tracked their emotions via a daily diary. Researchers demonstrated that more intense emotional reactions, whether positive or negative, were associated with higher levels of well-being. Two additional studies with 262 participants revealed that those who were happier exhibited more functional approach and avoidance behaviors in behavior-focused tasks than those who were less happy. Together, the results support the idea that intense reactions motivate behaviors that render future exposures to negative stimuli and events less likely.

DOI: 10.1037/emo0001159

OPIOID ADDICTION TREATMENT FOR TEENS

As increasing numbers of teens use opioids, more residential addiction treatment facilities are

offering medication to counter this addiction. About 1 in 4 residential addiction treatment facilities for adolescents offer buprenorphine—a maintenance drug to treat dependence—for opioid use disorder, compared with 2 in 3 residential facilities for adults, according to a study in *JAMA*. Researchers called 354 residential treatment centers for substance use across the United States between October and December 2022 to inquire about treatment and services offered for a 16-year-old with a recent nonfatal fentanyl overdose. They found that 160 (45%) of these facilities provided residential treatment to patients under the age of 18. Thirty-nine (24%) of the 160 facilities offered buprenorphine to patients ages 16 or older, and 12 facilities (7.5%) offered buprenorphine to adolescents under 16 years of age. Among the other 121 facilities that did not offer buprenorphine to adolescents, 57 (47%) indicated that adolescents prescribed buprenorphine by their clinician could stay on it at least temporarily. However, some stated they would discontinue it before discharge. Moreover, 27 (22%) required that adolescents be buprenorphine-free before being admitted for residential treatment.

DOI: 10.1001/jama.2023.6266

PSYCHEDELICS REOPEN SOCIAL LEARNING WINDOWS

A mouse study in *Nature* suggests that psychedelic drugs reopen “critical periods” in the brain, when the animals learn to associate socializing with

positive feelings. Researchers trained mice to differentiate places where they are among other mice versus places where they are alone. The researchers then gave a psychedelic drug to the mice and observed that they tended to choose the social environment over the solitary environment—a behavior normally learned as juveniles. This critical period remained open for 48 hours in mice that were given ketamine. With psilocybin and methylenedioxymethamphetamine (MDMA), the open state lasted 2 weeks. For mice given lysergic acid diethylamide (LSD) and ibogaine, the critical period remained open for 3 and 4 weeks, respectively. These lengths roughly parallel the average length of time that people self-report the acute effects of each psychedelic drug.

DOI: 10.1038/s41586-023-06204-3

Guilt-prone people are less likely to be corrupt and accept bribes.

GUILT-PRONE PEOPLE ARE LESS CORRUPT

Guilt-prone people are less likely to be corrupt, suggests research in *Social Psychological and Personality Science*. Researchers asked 2,082 participants in China to fill out a questionnaire to record both demographic and personality information, including how concerned they were about fairness. Participants then experienced two different scenarios: one in which a fictitious student attempted to bribe the participants to change their grades, and another in which a co-player attempted to bribe the participants to share with them money that would otherwise be donated to a children’s charity. More guilt-prone participants were less likely to accept a bribe in either scenario. The effect was more pronounced in the charitable donation scenario, though, possibly because there was a clear victim, unlike the grades scenario.

DOI: 10.1177/19485506231168515

MEMORIES OFTEN WORSE THAN INITIAL ABUSE

The way childhood abuse and neglect are remembered has a deeper impact on later mental health than the experience itself, according to research in *JAMA Psychiatry*. Researchers followed 1,196 adults in the United States from age 29 to 40. They found that participants who, at age 29, retrospectively self-reported experiences of childhood maltreatment before age 12 had a greater number of depressive or anxiety episodes over the subsequent decade than those who did not remember maltreatment, even if it was



documented in an official court record. This was partly explained by these participants' current and past mental health, possibly because of emotional disorders negatively biasing their memories, making them more likely to recall adverse events. On the other hand, participants with an official record of childhood maltreatment but no memories of the experience had a similar number of emotional disorder episodes in adulthood as those with no history of maltreatment.

DOI: 10.1001/jamapsychiatry.2023.2140

HOOKUP APP, MINUS THE HOOKUPS

About half of Tinder users are looking for something other

than a hookup, suggests research in *Cyberpsychology, Behavior, and Social Networking*. Researchers surveyed 1,387 English-speaking Tinder users, ages 17 to 84, about their motivations for using the app, the number of matches and offline dates they had, their relationship status, their selectiveness in choosing partners, their overall satisfaction with the app and their offline dates, and various psychological measures. The researchers found that about two-thirds of respondents currently using the app were also currently married or in a relationship, and only about half of all respondents were using the app to find dates. The other motivations included searching

About half of Tinder users are looking for something other than a hookup, motivated instead by searching for social connectedness, looking for entertainment and distraction, increasing positive emotions, and coping with negative feelings.

for social connectedness, seeking entertainment and distraction, increasing positive emotions, and coping with negative ones. Factors that increased satisfaction with the app included finding potential romantic partners and people with whom to socialize. Factors leading to decreased satisfaction included using Tinder to cope with negative emotions or preexisting personal traits such as an avoidant attachment style or a mood disorder.

DOI: 10.1089/cyber.2022.0367

DARK PERSONALITIES ATTRACT THE SAME

A study in the *Journal of Personality* suggests that people who exhibit psychopathy and narcissism traits tend to be more satisfied in their romantic relationships when their partner presents the same traits to a similar degree. Researchers surveyed 205 adult heterosexual romantic couples in the United States who had been together 1 year or longer about their own and their partner's psychopathy, Machiavellianism, and narcissism traits, as well as their own satisfaction in their relationship. The researchers found that living with a partner who has dissimilar levels of psychopathy can lead to communication problems and a lack of support within the relationship. They also found that unequal levels of narcissism were related to lower satisfaction for both partners. Finally, any expression of Machiavellian behaviors, such as taking advantage of others and a lack of empathy, decreased satisfaction in both partners.

DOI: 10.1111/jopy.12857





POLITICS AND ADHD

According to a study in *PLOS ONE*, people with attention-deficit/hyperactivity disorder (ADHD) are more likely to participate in politics than individuals without symptoms of the disorder. Researchers surveyed 1,369 Jewish Israelis ahead of the 2019 election cycle in Israel about ADHD symptoms, demographic information, news consumption habits, and political attitudes. They also asked about political participation, including traditional political actions (for example, voting, contacting politicians, participating in demonstrations) and digital political activities (for example, connecting with politicians through social media, as well as expressing political opinions and sharing news on social media). Compared with participants who did not report ADHD symptoms, the 15% of study participants who reported ADHD symptoms noted higher levels of overall political participation (both in traditional forms and through digital means), more passive news consumption, and less tolerance of differing opinions.

DOI: 10.1371/journal.pone.0280445

OPIOID RX PREVENTS OVERDOSES

Increasing access to prescription opioid maintenance drugs to treat dependence may reduce opioid overdose deaths in the United States, according to a study in the *Journal of Substance Use and Addiction Treatment*. Researchers examined toxicology data, death records, and prescription drug monitoring program

(PDMP) data from 2,682 accidental overdose deaths that occurred from 2016 to 2021 in a large U.S. metropolitan area. They found that fewer than half of all decedents (43.3%) had a PDMP record, meaning they had never had any prescriptions for opioids. Of the 10.6% prescribed buprenorphine—the opioid commonly used for patients with opioid addiction—most (64.7%) were prescribed treatment more than 30 days prior to death, suggesting they were not actively seeking treatment. The researchers also found racial disparities in buprenorphine and opioid analgesic prescriptions, with dispersal for Blacks significantly lower than for Whites (7.3% and 21.9% versus 92.7% and 77.7%, respectively).

DOI: 10.1016/j.josat.2023.209053

OCD CHEMICAL IMBALANCE

According to a study in *Nature Communications*, obsessive-compulsive disorder (OCD) may be caused by a chemical imbalance in two frontal lobe brain regions. Researchers used a powerful type of magnetic resonance spectroscopy to scan the brains of 31 people clinically diagnosed with OCD and 30 people with no OCD diagnosis. They found that participants with OCD had higher levels of the neurochemical glutamate and lower levels of the neurochemical GABA in the anterior cingulate cortex

Increasing access to prescription opioid maintenance drugs to treat dependence may reduce opioid overdose deaths in the United States.

(ACC) compared with people without OCD. Furthermore, the severity of OCD symptoms was related to higher glutamate levels in the supplementary motor area (SMA). Slightly elevated glutamate levels in the SMA were also observed in healthy participants with milder compulsive tendencies. The ACC and the SMA are both involved in deciding the balance between our conscious goals and more automatic habits. The findings suggest that medications regulating glutamate levels may effectively treat OCD.

DOI: 10.1038/s41467-023-38695-z

INSTABILITY INHERENT IN ADHD

While previous studies have indicated that young people with ADHD report that they are more prone to instability in various domains of their lives compared with those without the disorder, a new large-scale study in *BMC Psychiatry* extends those findings to older adults using national registry data. Researchers analyzed data from a longitudinal study from 2000 to 2014 involving 3,448,440 adults in Sweden, including 31,081 with an ADHD diagnosis. They found that people with ADHD switched residences at twice the rate of those without ADHD. Those with the diagnosis also experienced an increased

incidence of job hopping and relationship instability as determined by counting how many children individuals had with different partners. These associations tended to increase with age. Women with ADHD in all age groups had a higher relational instability rate than men with ADHD.

DOI: 10.1186/s12888-023-04713-z

'WAKE THERAPY' BRAIN AREA LOCATED

For at least half a century, psychologists have known that a night of sleeplessness can immediately boost the mood of roughly half of people suffering

from depression. Now, research in *Proceedings of the National Academy of Sciences* has finally identified the brain regions responsible for this “wake therapy.” Researchers evaluated 30 people in the United States with major depressive disorder who all underwent sleep deprivation. They also assessed another 54 people without depression, 16 of whom did not undergo sleep deprivation. They performed resting-state fMRI scans on all participants after a normal night’s sleep, after a sleepless night, and after two nights of recovery sleep. About 43% of those with diagnosed depression experienced

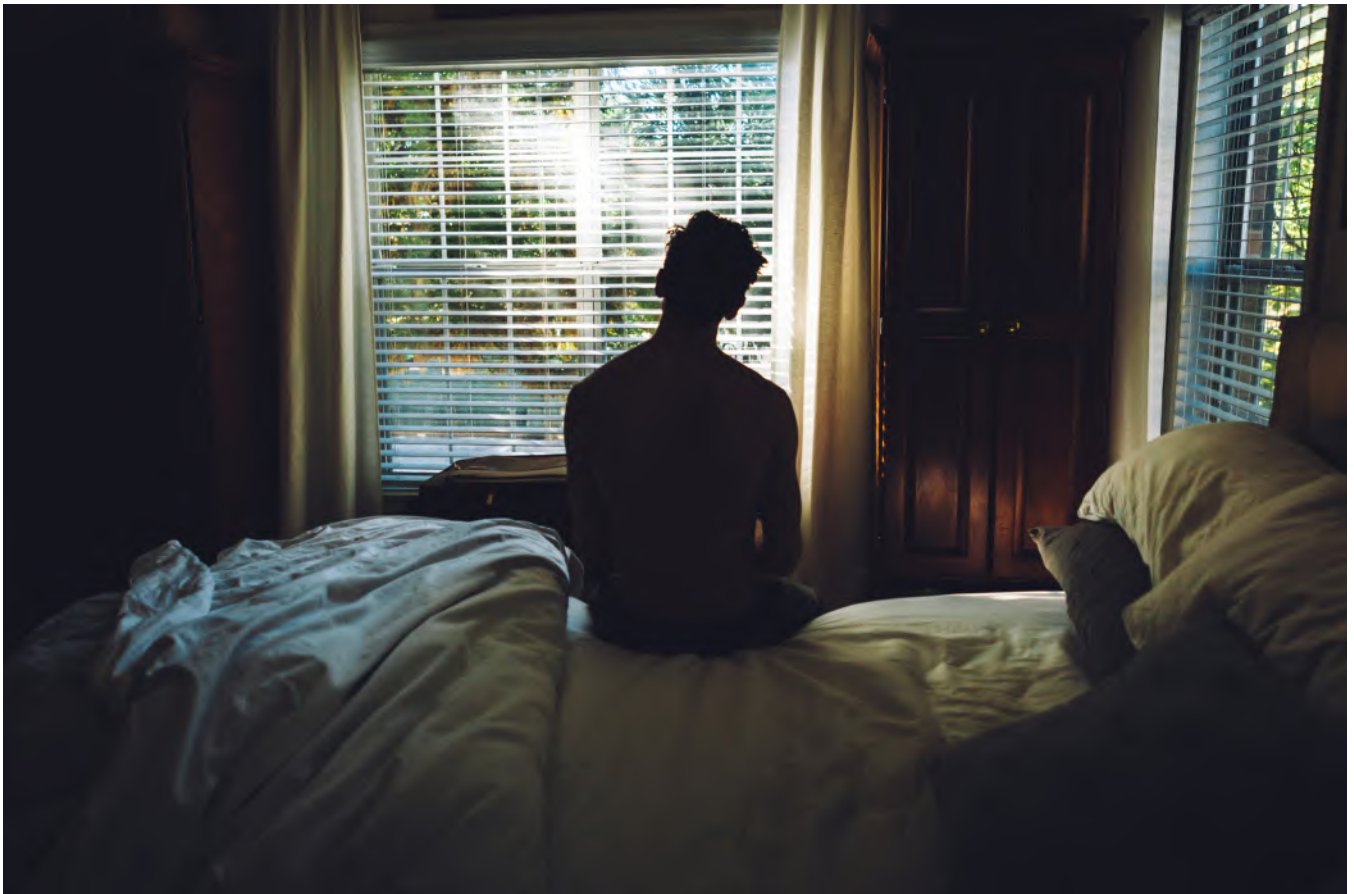
Researchers have identified brain regions responsible for improvements caused by “wake therapy,” in which a night of sleeplessness can immediately boost the mood of roughly half of people suffering from depression.

mood improvement after sleep deprivation. Most, but not all, of those without depression reported a worsened mood after losing sleep. Imaging in all respondents reporting improved mood showed increased connectivity between the amygdala and the anterior cingulate cortex. These two areas have previously been implicated in depression and the effects of sleep deprivation.

DOI: 10.1073/pnas.2214505120

OLDER ADULTS LESS ANXIOUS

Research in *NeuroImage* indicates that as people get older, they tend to get faster at



MARILYN NIEVES/GETTY IMAGES



As people get older, they tend to get faster at processing negative emotions, resulting in lower anxiety levels.

processing negative emotions, resulting in lower anxiety levels. Researchers first assessed the trait anxiety of 88 healthy adults ages 21 to 85. Then, the participants underwent MRI scans while performing a task matching faces that exhibited similar emotions. The researchers found that older participants had lower anxiety levels and were quicker to identify negative emotional faces than neutral or positive ones, without sacrificing accuracy, suggesting that age-related cognitive declines did not play a role. A region of the brain called the dorsal and rostral anterior cingulate cortex, which is involved in processing emotions, showed reduced activation in older adults when identifying negative emotional faces. This finding suggests that as people age, they more automatically recognize and respond to negative emotional information.

DOI: 10.1016/j.neuroimage.2023.120207

THE NEGATIVES OF BODY POSITIVITY

A study in *Computers in Human Behavior* suggests that viewing sexualized body-positivity images on social media is linked with increased body surveillance and body dissatisfaction in women. Researchers asked 493 Italian women between the ages of 18 and 30 to report frequency of body surveillance, body satisfaction ratings, acceptance of cosmetic surgery, and frequency of viewing sexually objectified body-positive selfies on Instagram. They found that the frequency of viewing sexualized body-positivity images was associated with higher levels of body surveillance, which itself was negatively associated with body satisfaction. In addition, exposure to this

sexualized content was associated with increased acceptance of plastic surgery.

DOI: 10.1016/j.chb.2022.107586

PERSONALIZED PLACEBOS ARE EXTRA EFFECTIVE

Placebo treatments are more effective when they are presented as personalized for the user, indicates research in *eLife*. Researchers administered painful stimulation to the forearms of 102 participants in Canada, followed by pain relief from a medical device which was actually a placebo. Some participants were told the device was personalized to match their genetic makeup and physiology, while other participants were told it was just a standard, nonpersonalized medical device. They found that participants who

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thought the placebo medical device was personalized reported feeling less pain when using it compared with those who believed the device was a one-size-fits-all treatment. The effect was more pronounced for those who value individuality and a deep desire to be seen as different from others.

DOI: 10.7554/eLife.84691

HEARTBEAT HELPS SHAPE TIME PERCEPTION

Our perception of time might be in part driven by our heartbeats, according to a study in *Psychophysiology*. Researchers outfitted 45 university students in the United States with electrocardiographic devices to precisely measure the length of their heartbeats. They then presented the participants with 80- to 180-millisecond-long audio tones and asked them to estimate the tones' length. They found that participants with long intervals between their heartbeats perceived the tone as longer, whereas those with shorter intervals thought it was shorter. Hearing a tone led participants to focus their attention on the sound, which produced an "orienting response" that, in turn, altered their heart rate and readjusted their experience of time.

DOI: 10.1111/psyp.14270

DRIVING WHILE (COGNITIVELY) IMPAIRED

The majority of older adults who have cognitive impairment are still driving, but only a third of their caregivers had concerns about them driving, suggests a study in the *Journal of the American Geriatrics Society*.



Researchers surveyed 635 U.S. adults older than 65 with cognitive assessment scores indicative of impairment. They also surveyed the respondents' caregivers. About 61% of the cognitively impaired adult respondents were current drivers. About 35% of those respondents' caregivers expressed concerns about their care recipient driving. Caregivers were primarily concerned about respondents driving at night, driving in the rain, and driving in busy traffic.

DOI: 10.1111/jgs.18493

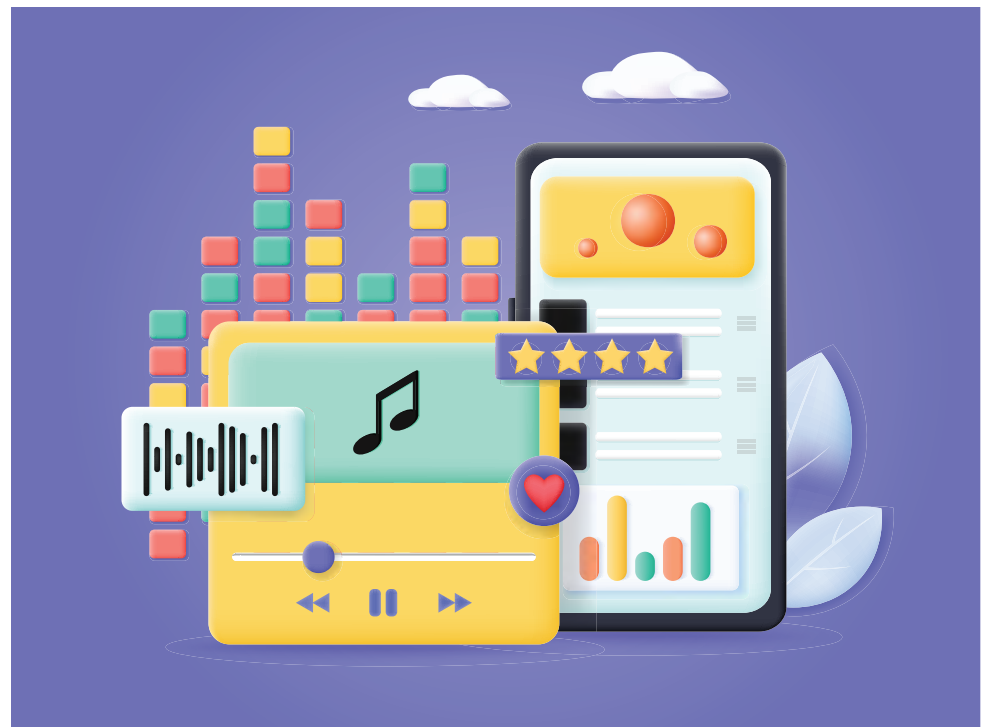
Our perception of time might be in part driven by our heartbeats.

It can take as little as 5 seconds for people to figure out if they like a new or familiar song.

1, 2, 3, 4, 5 . . . NEXT!

It can take as little as 5 seconds for people to figure out if they like a new or familiar song, suggests a study in *Music Perception*. Researchers asked 643 university students in the United States to listen to and rate their fondness for and familiarity with 260 complete songs (about 50 of which were deemed obscure by experts) from a wide variety of genres as well as random excerpts from these songs lasting 5, 10, or 15 seconds. They found that participants' preference for songs—whether they listened to a clip (of any of the three durations) or the entire song—aligned, indicating that even the shortest clips predicted whether listeners liked or disliked whole songs.

DOI: 10.1525/mp.2023.40.3.220



MOST HAPPINESS HACKS ARE UNPROVEN

Activities often touted as boosting happiness—including meditating, exercising, and spending time in nature—lack the scientific evidence to back up claims that they impact mood, according to a study in *Nature Human Behaviour*. Researchers coded 494 previously published studies about happiness that had appeared in stories in the popular media. They identified the five most recommended strategies for lifting mood: expressing gratitude, enhancing sociability, exercising, practicing mindfulness or meditation, and spending time in nature. Of the 494 studies, only 57 met the researchers' criteria for good science: sufficient numbers of participants to draw

statistically significant conclusions and scientifically sound hypotheses (that is, hypotheses established before data analysis was undertaken). Even among the 57 robust studies, the researchers found little solid evidence that exercise, meditating, and spending time in nature increased happiness, though they saw better support for the effects of expressing gratitude and pursuing more social interaction.

DOI: 10.1038/s41562-023-01651-4

LESS SLEEP, MORE STRESS

According to research in *PLOS ONE*, parents who had sleep disorders or had children with sleep disorders experienced greater stress than those without sleep disorders in the family. Researchers analyzed data on 14,009

employees at a company in the United States, all of whom had children. They found that 2.2% of the employees filed insurance claims for treating stress and 12.5% filed claims for treating a sleep disorder, including insomnia, hypersomnia, or sleep apnea. About 2% of employees filed one or more claims for a sleep disorder for their children. Rates of parental stress were 3 times greater for those with insomnia and 1.9 times greater for those with sleep apnea. In addition, parental stress was 1.9 times greater if their child had any sleep disorder, and 2.9 times greater if their child had insomnia. The researchers also found that if a child had a sleep disorder, the rate of parental insomnia and sleep apnea both nearly doubled.

DOI: 10.1371/journal.pone.0279476

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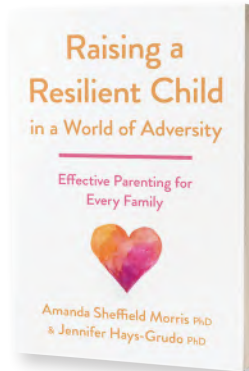
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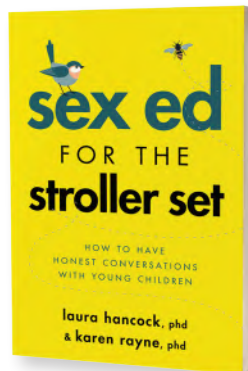


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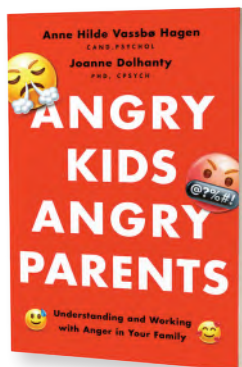
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NEWS ON PSYCHOLOGISTS' EDUCATION AND EMPLOYMENT FROM APA'S CENTER FOR WORKFORCE STUDIES

WILL GROWTH IN PSYCHOLOGY DEGREES CONTINUE?

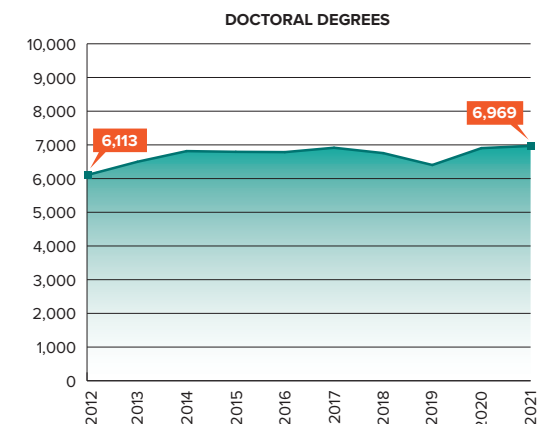
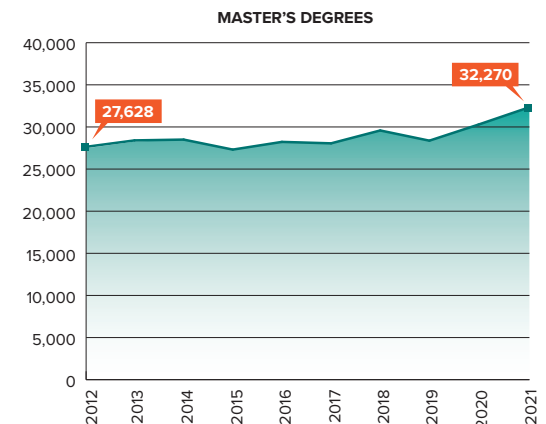
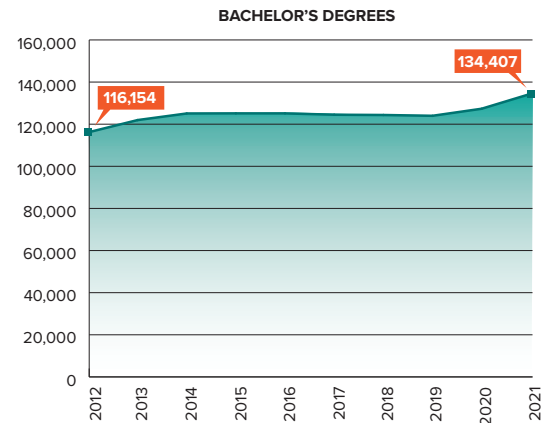
Psychology degrees increased in the last decade, but 2023 enrollment numbers are reason for concern

In 2021, U.S. institutions awarded 134,407 bachelor's degrees, 32,270 master's degrees, and 6,969 doctoral degrees in psychology.¹

In the decade between 2012 and 2021, trends showed increases in the number of psychology degrees awarded at all degree levels that mirrored increases in all degrees awarded in all fields.² During this decade, psychology bachelor's degrees increased by 16%, master's degrees increased by 17%, and doctoral degrees increased by 14%. The growth was not consistent throughout the decade for psychology degrees; year-to-year trends in the middle of the decade generally showed little to no growth.

This growth in degrees awarded will not hold if the current enrollment numbers continue: In spring 2023, higher education enrollment was lower than pre-pandemic levels.³ Anticipated future drops in higher education enrollment may result in fewer students pursuing psychology degrees. It remains to be seen how this trend will evolve and whether it represents a long-term decline or a temporary slowing, like the flat trend in the middle of the last decade.

Number of Psychology Degrees Awarded by Degree Level



1 American Psychological Association. (2022). *Degrees in psychology* [Interactive data tool]. Retrieved June 27, 2023, from <https://www.apa.org/workforce/data-tools/degrees-psychology>. The underlying data source is the IPEDS Completions surveys 2012-2021, U.S. Department of Education. Additional years are available in the *Degrees in Psychology* data tool. Percent change = (# 2021 degrees - # of 2012 degrees)/# of 2012 degrees. The drop in doctorates in 2019 was due to the closure of a multi-campus university, which resulted in the displacement of large numbers of psychology doctoral students.

2 U.S. Department of Education, National Center for Education Statistics. (2021). *Digest of Education Statistics, Table 318.10*. https://nces.ed.gov/ipeds/data/digest/d21/tables/dt21_318.10.asp?current=yes. Between 2012 and 2021, the number of degrees in all fields increased by 16%, 16%, and 13% at the bachelor's, master's, and doctoral degree level, respectively.

3 Berg, B., Lee, S., Randolph, B., Ryu, M., & Shapiro, D. (2023, May). *Current Term Enrollment Estimates: Spring 2023*. National Student Clearinghouse Research Center. https://nscresearchcenter.org/wp-content/uploads/CTEE_Report_Spring_2023.pdf

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EDUCATION UNDER SIEGE

After Florida's attack on AP Psychology, experts predict more politically motivated bans that rob students of opportunity and foster a climate of fear in schools

BY ZARA ABRAMS

In August, the high school Advanced Placement (AP) Psychology course became the latest target of Florida's sweeping educational censorship efforts when the Florida Department of Education informed schools that course material on sexual orientation and gender identity violated Florida state law. Confusion ensued, with districts across the state scrambling to remove AP Psychology—which, if taught with modifications, could not earn students college credit—from their course schedules.

A swift response from APA, the College Board, which administers AP exams, and several leading education and civil rights organizations helped trigger a reversal: Within a week, the state said the course could be taught in its entirety. The back-and-forth left many school administrators uncertain how to proceed, with some canceling AP Psychology out of fear and others ignoring the state's guidance altogether.

"This was yet another attempt to censor education based on biased thinking and irrational fear," said APA CEO Arthur C. Evans Jr., PhD. "We must put students and science before politics. Our youth need access to age-appropriate, evidence-based information so that they may grow up to be healthy, informed, and well-adjusted citizens."

But the AP Psychology course is hardly all that is in the balance. The attempted ban is part of a broader push—one that is gaining momentum in states such as Arkansas, Oklahoma, and Iowa—to stoke fear and confusion around teaching, or even discussing, everything from the country's history of racial oppression to sexual wellness.

"The curriculum wars are going to stay red-hot for the foreseeable future," said Ted Mitchell, PhD, president of the American Council on Education (ACE), the major coordinating body for U.S. colleges and universities. "Those of us who are more concerned about censorship than about the exposure to diverse ideas need to recognize that this battle is going to be fought at every school board, in every state board of education, and in the back rooms of every textbook publishing house."

With the freedom to learn under siege across the nation, what is at stake for students and teachers? And how can leaders across society organize to fight politically motivated attempts to censor education?

TEACHING ON EGGSHELLS

Laws that aim to restrict what is taught in schools do much of their work through a type of intimidation. Language used in

bills and guidance from public officials is often vague or conflicting—for example, on Aug. 3, Florida's Department of Education informed schools that AP Psychology course content on sexuality and gender violated state law; by Aug. 9, the department said it did not violate state law. This ambiguity prompts many schools to self-censor, removing books and course materials in broad strokes to avoid potential penalties.

"These laws operate more by shadow than by clarity," said David Coleman, CEO of the College Board. "This is about all the things you choose not to do when you're afraid—the conversations you avoid when you're worried they can take your job away or hurt the young people in your care."

Already, librarians, teachers, and superintendents have been dismissed or penalized in Florida and elsewhere, for violating educational censorship laws. (In 2022, *The Washington*

"Those of us who are more concerned about censorship than about the exposure to diverse ideas need to recognize that this battle is going to be fought at every school board, in every state board of education, and in the back rooms of every textbook publishing house."

TED MITCHELL, PHD, PRESIDENT OF THE AMERICAN COUNCIL ON EDUCATION

Post reported that more than 160 teachers were fired or quit over political debates.) The result is that educators in many states are “teaching on eggshells,” said Randi Weingarten, JD, president of the American Federation of Teachers (AFT).

“It’s been chilling on teachers, and kids pick up on that,” she said. “After all the disruption and disconnection of COVID, kids need to feel like they have a safe and welcoming environment in school. When teachers are fearful, that’s the opposite of safe and welcoming.”

In addition to fostering a learning environment based on fear, censorship efforts deprive students of information essential to function in a democracy. Without frank discussions about race and racism, it is impossible to understand our nation’s history, both good and bad, Weingarten said. Meanwhile,

Students board buses at Olympia High School in Orlando, Florida, on Aug. 22. Earlier that month, high school Advanced Placement Psychology became a target of Florida’s educational censorship efforts.

restrictions on teaching about sexuality and gender sends the incorrect message that diversity is not normal, said Christine Reyna, PhD, a professor of psychology at DePaul University in Chicago and a member of the Academic Freedom Alliance, a nonprofit dedicated to protecting academic freedom in higher education.

Young people in some states even lack access to information about their own health and well-being, including social-emotional learning, which teaches communication and emotion regulation skills, and basic education on sexual and reproductive health.

“A lot of what students experience is an absence. Things that they see in the world around them—race, gender, sexual identity, even psychology—will suddenly not be talked about in schools,” said Jeremy C. Young, PhD, the Freedom to Learn

program director at PEN America, a nonprofit dedicated to human rights and free expression. “These students become voters and leaders, but they don’t really understand the world they live in, because talking about that world has been banned in their classrooms.”

RIPPLE EFFECTS

For better or for worse, K–12 curricula are largely the purview of state governments, meaning they have long been a target of political interests. The earliest censorship efforts began just after the American Revolution, when references to the monarchy were purged from textbooks.

Higher education curricula, on the other hand, are generally developed using disciplinary knowledge and frameworks, Mitchell said. By targeting an AP course—which can count for both high school and college



PHILAN M. EBENHACK/AP IMAGES

credit—Florida officials stepped into new territory.

“What happened in Florida was a crossover,” he said. “It was political decision-making invading, and really compromising, academic decision-making. That violates the principles of academic freedom.”

Reaching into higher education creates a dangerous precedent, said Taymy Josefa Caso, PhD, an assistant professor of counseling psychology at the University of Alberta and chair of APA’s Committee on Sexual Orientation and Gender Diversity. For example, if a state bans sexuality and gender content from AP courses, might it also seek to ban content from higher education institutions that receive government funding?

Caso said it is also important to consider how removing course content on sexual and gender minorities, even at the high school level, could harm a group that already faces minority stress and mental health disparities

because of discrimination and bias. Scaling back access to education and training about gender and sexual orientation—and by extension culturally responsive care—is a human rights violation, Caso said.

“Aside from the cruelty of exiling an entire class of people from discussion, a course without this content doesn’t prepare students for college, for research, or for practice in psychology,” Coleman added.

A psychology course without material on sexuality and gender would leave students with an incomplete understanding of their own biases on those topics, as well as less training on how to prevent and address related microaggressions, Caso said. Students would also lack a complete understanding about psychological stressors related to dating, intimacy, coming out, intimate partner violence, and other significant areas of functioning.

“Psychology serves the public across domains of their lives,”

A sticker with an LGBTQ Pride flag outside of a classroom door at a high school in Orlando, Florida, in August. That month, Florida’s Department of Education informed schools that course material on sexuality and gender in the Advanced Placement Psychology course violated state law. The department reversed course a week later; some school districts still canceled AP Psychology out of fear and others ignored the state’s guidance altogether.

said Caso, who is also the advocacy chair for the Section for Advocacy of Sexual Orientation and Gender Diversity for APA’s Div. 17 (Society of Counseling Psychology). “Not teaching or training about sexuality and gender would effectively remove those aspects from trainees’ and students’ understanding of the communities they serve.”

Those are the sorts of domino effects society can expect to see if future efforts to ban such content are successful. PEN America points to new proposed bills in Arkansas and Oklahoma, as well as an Iowa law that restricts education on sexuality and gender and bans books that contain certain sexual content starting in 2024. School districts, wary of potential penalties, are interpreting the law broadly—removing everything from *Friday Night Lights* to *Beloved*—and even using ChatGPT to determine what books would leave them in violation.

“We’re seeing ripple effects in so many directions,” said Kasey Meehan, the Freedom to Read program director at PEN America. “It continues to be alarming how this type of legislation is building momentum and being interpreted in broader and broader ways.”

BUILDING COALITIONS

Because attacks on education are igniting around the country, experts say local mobilization is key. Student, parent, and community groups have already been instrumental in challenging school boards and administrators to resist book and subject-matter bans, Meehan said. Folks can





Young people in some states now lack access to information about their own health and well-being, including social-emotional learning, which teaches communication and emotion regulation skills, and basic education on sexual and reproductive health.

also urge their legislators to get ahead of censorship attempts with preemptive legislation—in June, for example, Illinois passed a ban on book bans.

Building coalitions of leaders that work together in new and different ways will also be critical for long-term success, Coleman said. The attempt to restrict AP Psychology content failed in part because of the fast and effective collaboration between APA, the College Board, ACE, AFT, and other groups. APA used its subject-matter expertise to assert what knowledge is critical and useful in psychology; the College Board affirmed that credit would not be given if the course was only taught in part; AFT, ACE, and others weighed in with insights about teachers,

classrooms, and the learning environment.

“These alliances are critical, because not everyone has the same expertise,” said Weingarten. “The only way you really get to justice is through lots of people working together. When we all stand together as a coalition, it creates courage.”

Adding unlikely allies to those coalitions could provide a boost in the so-called curriculum wars going forward, Mitchell said. Businesses that operate on an international scale, for example, tend to hire diverse and broadly educated people, so educational censorship inherently runs counter to those interests.

“Each of these efforts, in its own way, with its own target, seeks to narrow what people

FURTHER READING

APA dismayed that state of Florida is censoring high school psychology curriculum
APA, 2023

APA supports College Board’s decision on AP psychology in Florida
APA, 2023

Academic independence under fire
APA, 2023

Teaching social-emotional learning is under attack
APA, 2023

know and are able to do,” Mitchell said. “That can’t be good for companies that want to compete in the 21st century.”

Ultimately, anyone who is alarmed by the attempts to ban education about diversity, psychology, or other topics should oppose the bans with the same vigor as those behind the censorship bring to their campaigns, Young said. He suggests talking to friends and family, speaking or writing publicly, and contacting legislators regularly.

“One of the things that we see here is an asymmetry of concern,” said Young. “For the people who want to regulate this stuff out of existence, it’s their top issue. To effectively oppose that, we need everybody to be talking about this all the time.” ■

BREAKING MENTAL HEALTH BARRIERS FOR IMMIGRANTS

Record numbers of people are seeking residency and refuge in the United States, but structural barriers make it hard for many to thrive. Some psychologists are providing specialized care for different types of immigrant trauma—and training others to do the same.

BY MICHELLE V. MONCRIEFFE

Last year, more than 2 million people attempted to enter the United States, bringing the total number of immigrants to a record high of 46 million, according to recent estimates from the U.S. Census Bureau. Some sought refuge from conflicts, violence, and political unrest, while others wanted the security of a functional economy. The Southwest border experienced the largest ever surge in numbers. In 2022, more than a million individuals became authorized permanent residents in the United States. Most new permanent U.S. residents originate from 20 countries and five continents, with the largest numbers of people coming from Mexico.

Psychologists specializing in working with these communities, say that immigrants, asylum seekers, and refugees are living with extreme stress, consistent vulnerability, and life-long health consequences as a result of barriers that limit their ability to receive psychological care. A 2022 study of children and families living in the United States who have experienced migration-related trauma found significant barriers to receiving mental health care, including

mental health stigma, distrust of service systems, and cultural and linguistic differences (Miller, A. B., *Psychological Trauma*, Oct 27, 2022).

Psychology as a field has not historically considered the structural inequities and cyclical trauma in immigrant communities (Rami, F., et al., *American Psychologist*, Vol. 78, No. 2, 2023). Some psychologists are changing this by providing specialized care for different types of immigrant trauma, training new providers to deliver culturally and contextually competent care, and embedding themselves into the immigrant communities they serve.

Following are four examples of psychologists working closely with different historically marginalized immigrant populations:

REACHING MARGINALIZED IMMIGRANTS

As the daughter of a Mexican-born mother, psychologist Jeannine Cicco Barker, PsyD, focuses her Philadelphia-based practice on supporting immigrant and marginalized communities. After gaining experience in providing psychological assessments to these communities, Cicco Barker now provides therapy, outreach, and

advocacy to often hard-to-reach populations or individuals who must remain hidden or face deportation.

Every immigrant story is unique and often complex, said Cicco Barker. Her special insight into this population was gained by working with organizations like Physicians for Human Rights Asylum Network and by providing volunteer psychological services for the CARA/Dilley Pro Bono Project at the Family Detention Center in Dilley, Texas. These roles support Cicco Barker's ability to serve communities she is committed to: immigrants, refugees, and asylum seekers.

Providing these services at the border and in detention centers is just one example of how psychologists can help this vulnerable population, said Cicco Barker. She asserted: "It is not very easy to do." But, an accessible and pragmatic approach for psychologists to help is offering immigration evaluations or offering pro-bono/low-cost therapy to immigrants and asylum seekers, she said.

Often that work involves finding ways to provide specific care for every member of the family. "A lot of the time

Last year, more than 2 million people attempted to enter the United States, bringing the total number of immigrants to a record high of 46 million.

children of immigrants are often supporting their families in unexpected ways, from taking care of younger siblings to translating for parents,” she said. Cicco Barker sees some of her personal experiences mirrored in those of these first-generation Americans, and this prepares her to provide appropriate care and services. Changing demographics in the United States are making a slow impact on diversity in psychology, which remains dominated by White clinicians, representing almost 81% of those in practice. “I look at our field—it lacks diversity and as a result our services are not equitable and accessible,” she said.

The pandemic changed the way that many psychologists provide care, including Cicco Barker, who is registered with PSYPACT and can see patients from 39 states via telehealth services. Technology—and the laws enabling it—is broadening her scope to reach patients across the country and that means more access for individuals and communities in need, including historically marginalized immigrants.

EQUITABLE EVALUATIONS

The number of psychologists skilled and able to provide care embedded in cultural awareness and sensitivity to Asian Americans is limited, with 3.28% of psychologists identifying as Asian. This is important, because after Mexico, the largest numbers of authorized immigrants settling in the United States are coming from India and China. Living between cultures is a challenge faced by



Living between cultures is a challenge faced by all immigrants. With the right experience and training, psychologists can help immigrants navigate those complexities.

all immigrants, and navigating those complexities is how psychologist Valerie Yeo, PsyD, is providing care for Asian American communities. Strong family ties, sometimes differing immigration status within these families, and high expectations of success in these communities often result in hidden challenges for Yeo’s patients.

Yeo is one of the few private practitioners in Portland, Oregon, providing care to first- and second-generation Americans, many of whom are of Asian descent. Fear continues to occupy the minds of new and even established immigrants, particularly in Asian communities, said Yeo. In 2020, there was a 70% increase in attacks on individuals of Asian descent, according to the FBI Hate Crime statistics. It was social unrest, said Yeo, that originally made her decide to devote her practice to working with immigrants. “I was thinking

about ways that I could use my degree to effect more concrete change,” she said.

Yeo provides support and psychological evaluations for patients applying to be permanent residents, for waivers of removal from the U.S. or citizenship. These application processes are often long and time-consuming, said Yeo. Working with immigrant populations means that psychologists must know where individuals and families can access the community experts and the resources they need to guide them through this process, said Yeo. “With immigrant clients we are working with people who by and large aren’t White, English might not be their first language, and they may have been through all sorts of trauma. We’re also often working with interpreters, so it is not just language but also cultural differences,” she said.

To make sure she doesn’t

bring biases into the clinical setting, Yeo continuously works to understand the communities that she serves. “I have multiple marginalized identities myself,” said Yeo. “As psychologists, we cannot say that we are ‘culturally affirming’ if we are not also working to dismantle systemic oppression in our own selves and within our communities,” said Yeo. The next step for clinicians is to consider their approach in relation to this broader context, asserts Yeo. “If we do not do the work to think about what we are bringing [to the sessions], then we can do a lot of harm to our clients,” she said.

With 6 years of experience providing psychological evaluations, Yeo now trains psychologists and other mental health providers in this process through the nonprofit organization IMPACT based in Portland, Oregon. IMPACT provides services to individuals and families trying to gain stability. Immigrant families often have the added complexity of varying legal statuses between undocumented parents and their children born in the United States.

For psychologists new to providing services to immigrant and undocumented clients, this means exploring each patient’s journey. “Without knowing the sociopolitical context of people’s experiences, it can be easy to pathologize or essentialize someone’s presentation, especially if it does not conform to Western-centric ideas of health or wellness,” said Yeo.

As well as providing services and care to patients, she also works to broaden the

psychological literacy of other professionals working with immigrants such as attorneys. She represents her patients when they are being evaluated during immigration proceedings, and the goal of the evaluations is to assess the client’s mental health and well-being. “My role in these evaluations is essentially to tell someone’s story and to provide some education—especially about trauma—for people in the court system and to attorneys who might not otherwise know this information,” she said.

While psychological care is losing its stigma for many Americans, many immigrant populations struggle to acknowledge mental health challenges. In addition, working with immigrants often involves multiple layers of effort from administrative to practical on the part of the provider, Yeo says. “It does create a little more case management around finding services that are going to be a good fit. A lot of these folks are not coming from a Eurocentric environment, so I always try to be careful that I am making referrals to places and providers who have that understanding, and have done their own work around how to provide care with cultural humility and awareness,” said Yeo.

MEETING IMMIGRANTS WHERE THEY ARE

Some psychologists believe the work to strengthen the profession to address the needs of immigrants must begin in the classroom by training the new generation of scientist-practitioners. Researchers like Luz Garcini, PhD, an assistant

professor of psychology in psychological sciences and director of community health at the Kinder Institute for Urban Research at Rice University, are doing just that.

Research has shown that despite the challenges of the immigration experience, the influx of foreign-born individuals has increased life expectancy in the United States (Hendi, A. S., & Ho, J. Y., *SSM – Population Health*, Vol. 15, 2021). But Garcini suggests that this may well be a false narrative. Her research indicates that there is a major psychological and physical cost in making the journey to the United States. “In the short term the United States is a place for immigrants with the greatest resilience, those whose bodies can withstand the most abuse, and those who have no choice but to stay as a survival mechanism,” she said.

Data is limited and there is a need for research to guide effective interventions, advocacy, and policy to reduce risk and prevent further harm, said Garcini. “There is little information about what happens over time and the detrimental effects of living under chronic stress and oppressive circumstances.” Addressing the lack of longitudinal data is the next crucial step for researchers.

The burden of disease faced by this immigrant population and its toll on the well-being of unauthorized and often essential workers is unknown, said Garcini, but is “something that we must urgently explore.” Garcini and her collaborators are currently using biomarkers

to document how toxic stressors and trauma can get under the skin over time to increase health risk among marginalized Latinx immigrants, with the goal of informing public health and migration policies.

Garcini and her team have been collaborating with immigrant communities to address significant gaps in the research literature. This means going out into the community to meet immigrants where they are, said Garcini, who, along with a team of psychologists, has now launched the Latinx Immigrant Health Alliance (LIHA), a group of Latinx scholars who collaborate to advance research, policy, and effective interventions to improve immigrant health and inform effective policy.

There are also growing networks and directories featuring psychologists whose goals are to provide care for immigrant and marginalized populations. One thing these providers have noted about working with immigrants at various stages of their journey is that sliding scale fees are essential. Clinicians can partner with nonprofits, such as the Open Path Collective and the Loveland Foundation, which fund mental health care at steeply reduced rates for patients with lower incomes.

SERVING COMMUNITIES

Oswaldo Moreno, PhD, an associate professor of psychology at Virginia Commonwealth University (VCU), and a first-generation American, directs the La Esperanza Research Lab, where his team researches health care and mental health

FURTHER READING

Developing cultural competency for providing psychological services with immigrant populations: A cross-level training curriculum

Cadenas, G. A., et al.
Training and Education in Professional Psychology, 2022

One more wall to cross: The role of psychologists in addressing integrated health among undocumented Latinx immigrants in inpatient medical settings

Garcini, L. M., et al.
Psychotherapy, 2022

Lessons learned from undocumented Latinx immigrants: How to build resilience and overcome distress in the face of adversity

Garcini, L. M., et al.
Psychological Services, 2022

Liderando juntos y revueltos: A collectivistic leadership approach to address Latinx immigrant health and psychological needs

Moreno, O., et al.
Psychological Services (on press)

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disparities. They employ qualitative and quantitative methodologies that include community engagement, as well as community-participatory and school-based research. “My goal is to be able to uplift the voices of the communities,” said Moreno, whose patients include Latinx and Spanish-speaking individuals and families.

Moreno’s work takes place not only on the campus but also in the neighborhoods of Richmond, Virginia, where he codirects and co-supervises the VCU Multicultural Clinic, providing mental health services for immigrant and Spanish-speaking communities. He said he tries to follow the example his parents set as immigrants to the United States. “They had a fifth-grade education, but they instilled in us the idea of getting an education, as well as values like giving back to the community,

passed on from generation to generation. I really value working with people,” said Moreno. “Providing adequate, culturally responsible services,” said Moreno, is at the core of his work, and those differ from patient to patient. “One size does not fit all,” he said.

According to Moreno, the essential component in providing care for immigrant communities is context. “A lot of my work looks at systemic policies at the regional, state, and national levels,” he said. He adds that the lived experiences of immigrant families have been politicized, creating more challenges to an already vulnerable community. “If we look at the Western views of psychotherapy, many look at just the individual level, but the reality is that [our] policies and systems are making the lived experience quite stressful. So, it goes broader than just the

community and the individual; it’s not just about health disparities—it’s about structural health inequalities,” he said.

COVID-19 brought to light many of these structural issues when jobs held largely by immigrants and those of lower socioeconomic levels were recognized as essential, even as the lack of provisions for their safety (and treatment in the event they contracted COVID-19) telegraphed that the workers themselves were expendable. Due to this, as well as anti-immigrant rhetoric, policies, and sentiment, many immigrants “feel like they are being pushed out,” which creates further emotional entanglement at the end of an often difficult journey, said Moreno. Immigrants often suffer “a lack of belonging,” he said. “This is a human rights issue and our role as psychologists is to be able to care for all communities.” ■

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5 QUESTIONS FOR AMBER CHILDS

Clinician and professor Amber Childs trains psychologists to out-GROW racism and develop cultural competence in clinical training and practice

BY RACHEL ADELSON

An intensely difficult experience with a supervisor in her postdoc clinical internship at first confused Amber Childs. “I asked my colleagues and friends if they thought it could be racism. I had not wanted that to be the truth, but it was crystal clear.” Despite the damaging effects, the experience opened a new career pathway promoting diversity, equity, and inclusion (DEI) in the field. Ten years later, she works to ensure other interns have a healthier experience. An assistant professor of psychiatry at the Yale School of Medicine, Childs is the director of training for the Yale Doctoral Internship in Clinical and Community Psychology and executive director and cofounder of Yale’s innovative GROW (Getting Racism Out of our Work) Initiative.

The *Monitor* spoke with Childs about her work at GROW where she trains supervisors in the dynamics of power and privilege.

Tell us about GROW—how it started and how it’s going.

First, I want to give a shout-out to my GROW cofounders at Yale Medical School: Cindy Crusto, a professor of psychiatry, and Rebecca Miller, an associate professor of psychiatry. The initiative has three main components: data-driven cultural competency

training for clinical leaders, research and evaluation, and mentorship and training for advanced trainees. For training, GROW’s cultural competency supervisor programs are offered to Yale’s supervisors of advanced trainees, doctoral interns, and postdocs in psychology and psychiatry. We ran a pilot in the 2021 to 2022 academic year in which faculty participants attended workshops covering foundations and concrete skills practice in key frameworks of culture and diversity, intersectionality, and cultural/structural competence, plus participants had the option to work in small groups to develop skills. Even the folks who were like, “I’m down for the revolution,” said they learned about themselves as cultural

beings. But we also learned from what folks told us in the post-course survey, so the next year, GROW 2.0 added training in the history of racism in psychology, psychiatry, and medicine, along with evidence-based strategies for clinical supervision. We also required small groups and had them facilitated by trained external experts in culture and diversity. Supervisors in GROW 2.0 [45 in all] covered the six topics in six monthly didactics taught by powerhouse experts in DEI and met twice a month in groups of five or six, where they did things like role-play supervisor and

supervisee with their trained facilitators. Participants also had access to curated online supplemental materials such as articles and book chapters.

At the APA 2023 Convention, we presented preliminary data showing that we’re getting a resounding “Yes!” from supervisors about the value of GROW. Across the data, the impact was clear: More than 94% reported increased competence in discussing power dynamics in supervision, 91.4% reported increased competence in discussing race and racism with trainees, 91.5% reported increased competency in discussing social determinants of health with trainees, and 83% reported a better understanding of race and racism in supervision in general.

What strategies do you teach in the GROW training that participants can directly incorporate into their work?

First, we talk about how to include our identities in the work because our identities are going to affect how we structure clinical work and supervision. For instance, we talk about how to think about the power and privilege that supervisors hold, and how to think about how our respective racial, cultural, and social identities work together within the context of that training relationship. Second, we talk concretely about how to open that first supervisory session and talk about power and identity—because it’s going to be there even if you don’t talk about it. Third, we talk about other domains such as gender, language of origin, ability, status, and how privilege and oppression are interwoven and intersecting within these different domains.

And it’s essential for all practitioners to do a structural analysis [consider how



MATT CARR

Conversation

patients fit into a societal structure that may cause harm]. Everybody should be trained to think about social determinants of health—how they affect both patient care and our conceptualization of treatment.

Have you found that some practitioners assume racism is not a problem anymore?

One hundred percent, in part because we as a country have not been able to fully acknowledge and process the enduring and wide-sweeping impact of racism. Clinicians new to that discomfort [of grappling with racism] are tempted to lean solely on what they are trained to understand is happening for someone from a clinical standpoint. But we argue that clinicians cannot fully understand a person's clinical presentation without also understanding the context in which that person lives. There's a large, silent, ambivalent middle group that is not sure what actions to take in their equity work. We have to figure out what will compel them to move.

The idea is to get to that critical mass of that large ambivalent group and then reach the smaller group of folks who don't believe racism is still a factor. We need to change the culture around them to the point where it's not possible for them to continue having only one point of view.

What advice do you have for current and future psychologists and supervisors to “get racism out of the work”?

One: Know yourself. Understand how you're positioned in society and in the discipline. Commit to having ongoing conversations with yourself and other people about power and privilege. Two: Be willing to be uncomfortable as you traverse new territory. Sometimes people get paralyzed by discomfort, but take it as a signal that you're encountering and challenging old ways of thinking. Three: Be curious. It's okay not to be an expert in this space, and, in fact, you're probably not. But being curious and working through discomfort can move mountains.

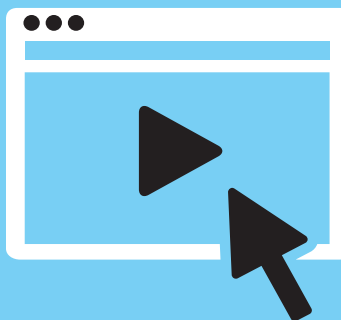
What's next?

Next, we will likely launch another round of our core program at Yale. But we also heard that supervisors need time and flexibility to participate in training given their demanding clinical schedules. So we're developing GROW Seeds, a self-paced online program that distills material from the live program. We'll extend it outside Yale to reach other psychology, psychiatry, and mental health discipline trainees. We're also designing an online small-group facilitator training program to teach others how to facilitate GROW small groups to support our ability to practically scale these interventions where they're needed most. We encourage folks to check in with us to see how things are coming along! ■

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THE OTHER GUY DID IT TOO

Considering the effectiveness of judicial instructions in jury trials when one codefendant confesses and implicates another

BY JONATHAN P. VALLANO, PHD, UNIVERSITY OF PITTSBURGH AT GREENSBURG, AND JULES EPSTEIN, JD, TEMPLE UNIVERSITY BEASLEY SCHOOL OF LAW

When two people are charged with a crime where one confesses and implicates the other, issues of the right of confrontation and psychology collide. Imagine a joint trial with two codefendants, known as A and B. If defendant A's confession reads "I did the crime with B," it is admissible against A, but inadmissible against B because B cannot "confront," or cross-examine A. But if a police detective reads A's confession in court, the jury will hear A accusing B.

In cases with codefendants, jurors were historically instructed to ignore A's accusation against B when deciding B's guilt. That changed with *Bruton v. United States* in 1968, when the U.S. Supreme Court held that "there are some contexts in which the risk that the jury will not, or cannot, follow instructions is so great... that the ... human limitations of the jury system cannot be ignored." In other words, in the case of A and B, humans cannot "unhear" A's accusation against B and may be unwittingly influenced by it.

After *Bruton*, subsequent decisions made the choices simple in cases with codefendants—have two separate trials, with the confession admissible only at A's trial; have a joint trial and remove all mention of B and B's conduct from A's confession so it only tells A's role, and still instruct the jury it cannot be used against B; or "redact" the confession, removing B's name but substituting a neutral descriptor of B such as "I drove the car and a different person went in the bank," and again instruct the jury to use it only against A. Now, the law has veered back nearly to its pre-1968 status.

In June 2023, the Supreme Court decided *Samia v. United States*. At the trial of Samia and his codefendant, the codefendant's confession was read in court with Samia's name replaced with "the other guy." Upon appeal, the Supreme Court majority, citing no science, said that "jurors can be relied upon to follow the trial judge's instruction" to ignore the codefendant's

accusation against Samia—"the other guy"—even with the codefendant sitting next to Samia.

Samia raises important empirical issues. How does a codefendant's confession that references "the other guy's" criminal involvement affect some jurists' legal judgments about that other defendant? And are legal admonition instructions in such cases sufficient when a confession simply references the codefendant as "the other guy"?

One may reasonably assume that a codefendant's confession referencing "the other guy" will nevertheless harm that defendant at a joint trial. But the *Samia* ruling reveals that some in the legal profession disagree. These disparate opinions, along with a legal issue directly amenable to empirical inquiry, evince the need for more social science investigation.

Research has long found that judicial instructions to ignore evidence are generally ineffective (Stebly, N., et al., *Law and Human Behavior*, Vol. 30, No. 4, 2006). Yet it is important to conduct ecologically valid research on the specific issue at hand—that is, how people perceive confessions by one defendant that may unfairly implicate a codefendant. Such research will not only provide the most reliable and accurate answer to this empirical question, but it may also prove more persuasive to courts when assessing this consequential legal situation. For example, a prospective study could compare people's legal judgments upon hearing a codefendant's confession that either references the other defendant's name, "the other guy," a different person, or makes no reference to the other defendant on trial. More research could additionally manipulate admonition instructions to directly establish whether they serve their intended purpose. With such studies, the courts would have data directly speaking to the impact of a confession referencing "the other guy," as well as to whether instructions to ignore using this redacted confession against the codefendant work as intended. ■



AT ISSUE

How does a confession that mentions a codefendant's involvement affect jury determinations of guilt for the codefendant?



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



The new educational guidelines for the equitable and respectful treatment of graduate students aim to promote ethical educational practices for the next generation of psychologists and to give psychology training programs a road map for fairness, equity, and respect.

CE

CONTINUING EDUCATION FIRST-EVER APA GUIDELINES FOR TREATMENT OF GRADUATE STUDENTS FOCUS ON EQUITY, RESPECT

BY STEPHANIE PAPPAS

APA's new *Guidelines on Equitable and Respectful Treatment of Students in Graduate Psychology Programs* aim to promote ethical educational practices for the next generation of psychologists and to give psychology programs a road map for fairness, equity, and respect.

CE credits: 1

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

- 1 Describe some of the stressors facing current psychology graduate students.
- 2 Explain the four dimensions of support that programs can offer, from the individual level to the societal level.
- 3 Discuss specific examples of how faculty and administration can promote equity, fairness, and inclusion in their programs.

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

Approved by APA's Council of Representatives in February 2023, the educational guidelines are the first on this topic released by APA, an effort motivated by the importance of graduate education in introducing future psychologists to the career. The process of penning them began in 2015 with the American Psychological Association of Graduate Students (APAGS) and the Board of Educational Affairs (BEA). The final educational guidelines were strongly influenced by many of the socio-political events that occurred during their development, including the COVID-19 pandemic and the Black Lives Matter movement. As educational guidelines, not clinical practice guidelines, the document is intended to act more like a starting point for conversation in programs rather than a rigid checklist to follow.

"These are aspirational but hopefully will become less so over time," said Erica Wise, PhD, a clinical psychologist and clinical professor emerita at the University of North Carolina at Chapel Hill, former BEA member, and cochair of the guideline task force. "We're hoping they will be like a framework, and that people will adopt and share resources about how they've implemented them."

The guidelines—intended for use by anyone overseeing graduate education—are organized into four dimensions, spanning the individual level to the societal level: support for graduate students, policies and procedures, professional socialization, and social and political responsiveness. The guidelines in each dimension are written with the awareness that graduate school

is a defining life stage that can be either a time of meaningful growth for students or a time of damaging stress.

"It's a complex and beautiful relationship when it works," Susan Opatow, PhD, a social psychologist at City University of New York and the current chair of BEA, said of the relationships between faculty and students. "And it can be a fraught and terrible experience when it doesn't."

SUPPORTING GRADUATE STUDENTS

The first of the four dimensions of the educational guidelines calls on programs to support the physical, psychological, and financial wellness of graduate students. This includes providing students professional support and creating an environment of personal and psychological safety.

In the name of promoting physical and psychological wellness, graduate schools can combat some of the perceived barriers to health care for graduate students by aiming to provide access to affordable health insurance and by sharing resources for mental health treatment as well as accessibility resources for students with disabilities (Klein, A. B. et al., *Training and Education in Professional Psychology*, Vol. 17, No. 2, 2023). This generation of graduate students is under a lot of stress, both financial and otherwise, Wise said. "We need to both build in learning to care for yourself and provide an environment that really fosters self-care in graduate training," she said. "Otherwise, we're going to lose very valuable students who are the future of psychology."

Faculty and administration can consider sharing their own self-care strategies and show respect for the challenges graduate students face, according to the guidelines. They can support students who are navigating their personal paths, knowing that any guidance they can provide will likely have lifelong benefits.

Also key is recognizing the need for financial support. Money is a major stressor for many graduate students; something as simple as having to pay in advance to attend a conference (with reimbursement only after the event) can put a huge amount of strain on students. When feasible, the educational guidelines urge paying for costs up front rather than requiring a reimbursement process; programs are encouraged to provide emergency funds or referrals to community resources for things like food, housing, and medical care.

Tiffany Parisi, a doctoral candidate in clinical psychology at Fielding Graduate University in Santa Barbara, California, and the past chair of APAGS, said programs can help by prioritizing transparency. At Fielding, she said, clinical psychology faculty member Daniel Holland, PhD, MPH, provides a financial literacy seminar for graduate students to walk through the realities of student loans and what finances look like throughout the internship, postdoctoral fellowship, and early career stages.

"Those have been so well attended," Parisi said. "It really speaks to a faculty member identifying a need and a gap and stepping in to provide information and support."

KEY POINTS

1

Graduate school is a meaningful life stage for psychology students and can be very rewarding or very damaging.

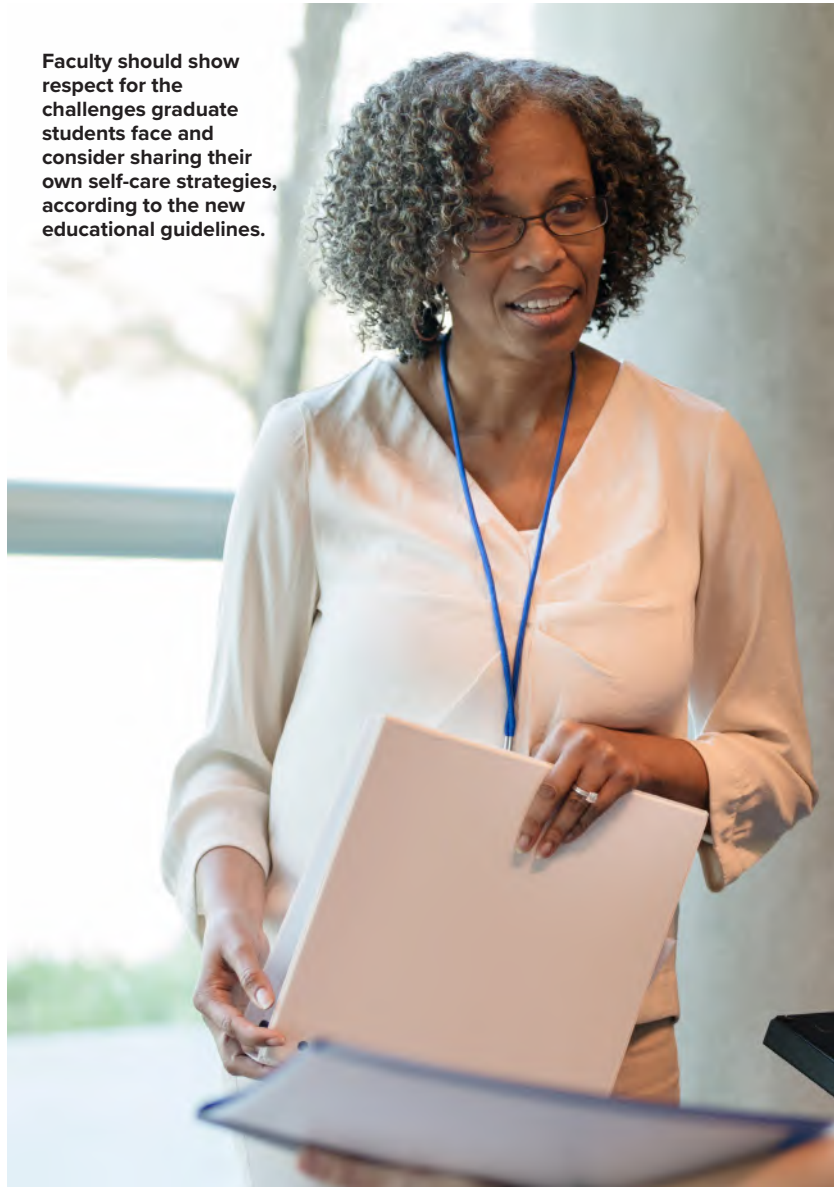
2

APA's new guidelines are designed to help graduate schools share best practices and to start conversations and participate meaningfully in department policies.

3

Equity, respect, and transparency are the three key goals of the new recommendations.

Faculty should show respect for the challenges graduate students face and consider sharing their own self-care strategies, according to the new educational guidelines.



On an individual level, programs can consider offering the professional resources their students need, ranging from adequate physical workspaces to technology to professional development opportunities. Faculty and staff could also consider ways to create an overall environment of interpersonal safety and respect, including by modeling ethical

behavior and demonstrating integrity and compassion. "We have to think about psychological safety as something that needs to continuously be cultivated and nurtured," Parisi said.

POLICIES AND PROCEDURES

The second dimension of the educational guidelines, covering



the policy level, encourages programs to strive for transparent, fair, and consistent policies—in a system in which students have a say in the process of creating those policies.

“We need to empower students in advocating for their own treatment in their graduate programs so that they can thrive,” said Quincy Guinadi, PsyD, the

current chair of APAGS and a recent graduate of Saint Mary’s University of Minnesota.

Programs might consider ways to commit to enacting equitable and inclusive policies and to address problematic policies when issues become evident. Communication and dissemination of information around program rules and requirements are also

FURTHER READING

When the *expected* happens: Facing a major life event in graduate school

Sosoo, E. E., &
Wise, E. H.

*Training and Education
in Professional
Psychology*, 2022

Self-care as a competency benchmark: Creating a culture of shared responsibility

Miller, A. E.

*Training and Education
in Professional
Psychology*, 2022

Stalling at the starting line: First-generation college students’ debt, economic stressors, and delayed life milestones in professional psychology

Wilcox, M. M., et al.

*Training and Education
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key parts of this section of the guidelines; programs are encouraged to provide students written information as much as possible to avoid informal, inconsistent application of expectations. For example, it is important to make deadlines and evaluation criteria for courses clear.

The educational guidelines encourage programs to protect their graduate students’ freedom of inquiry, freedom of speech, and due process rights, and to develop clear procedures for reporting grievances. Sometimes the impact of policy is not immediately apparent to faculty and administration, said Blanka Angyal, PhD, a counseling psychologist at the Audie L. Murphy Memorial Veterans’ Hospital in San Antonio who cochaired the guideline task force with Wise. But responsiveness to student concerns can clear up issues.

For example, students training at their university counseling center cannot also use that counseling center for their own mental health needs, but faculty in Angyal’s program listened to student voices and set aside funds for community care access. “Faculty are sometimes the first ones to be aware of what some of the challenges and struggles are,” Angyal said, “and may need to step into an advocate role and adjust policies and procedures to center their students’ personal and professional development.”

That’s why the educational guidelines urge programs to find ways to include students in policy establishment. “This point really encourages programs to take a bottom-up approach, where they take input and feedback from students,” Guinadi said.

Some examples include having seats for students on hiring committees for new faculty and on program executive committees that oversee curriculum and scheduling. It is best to reserve several seats for students on such committees, Opatow said, so that one student is not charged with acting as the sole student voice for the entire program. Student representatives can also be included at faculty meetings where important decisions are made, said Rosanna Breaux, PhD, a clinical psychologist and director of the Child Study Center at Virginia Tech.

PROFESSIONAL SOCIALIZATION

Because of the importance of professional identity to psychologists, the third dimension of the educational guidelines calls for explicitly acknowledging the need for professional socialization for trainees. This involves modeling professional involvement, providing advocacy training for students, and offering graduate students feedback on their progress toward their professional goals.

Mentorship is a crucial aspect of professional socialization. Programs can encourage productive mentoring relationships and hold mentors accountable for responsibilities to their mentees by establishing a process to address the problem when mentors fall short. “[Mentorship] is particularly a salient point for first-gen college students in terms of learning what it means to be a psychologist, how do you show up in the world, how do you navigate this community?” said Parisi, a first-generation student herself.

Mentorship relationships are

“WE NEED TO BOTH BUILD IN LEARNING TO CARE FOR YOURSELF AND PROVIDE AN ENVIRONMENT THAT REALLY FOSTERS SELF-CARE IN GRADUATE TRAINING. OTHERWISE, WE’RE GOING TO LOSE VERY VALUABLE STUDENTS WHO ARE THE FUTURE OF PSYCHOLOGY.”

ERICA WISE, PHD, CLINICAL PROFESSOR EMERITA,
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL

one area where inequity can easily creep in, especially given that graduate programs are often so siloed and there is little oversight into whether mentors are prioritizing their mentee relationships, said Briana Brownlow, PhD, a clinical associate in the Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine. Mentors “really have a make-or-break role,” Brownlow said.

One way to ensure these relationships will be beneficial is to require mentorship contracts, said Breaux. These contracts, she said, can cover everything from student goals to expectations for responding to emails to how the student will manage self-care.

“It puts it on the mentors to be the ones having those difficult conversations so that the students, who are the ones not in a position of power, aren’t having to be the ones to raise those concerns,” Breaux said.

The educational guidelines also suggest that programs consider peer mentorship programs, which can strengthen professional networks for students and provide another source of personal support.

SOCIAL AND POLITICAL RESPONSIVENESS

The final dimension of the guidelines highlights that students are not just trainees in a program but humans living in a complicated world. This subsection encourages programs to make visible the sociopolitical context surrounding education.

Doing this involves committing to diversity, equity, inclusion, and social justice. The murders of George Floyd and Breonna Taylor by police in 2020 underscored how much students need responsiveness from their faculty and mentors about large-scale sociopolitical events, Wise said. The pandemic also brought up issues of inequality that informed this section, she said. Though many of these events are, by their nature, politically sensitive, there are often ways to acknowledge their impact on students rather than remain silent, Wise said. For example, she recalls that in 2016 when North Carolina passed House Bill 2, colloquially known as the bathroom bill because it prohibited people from using single-gender bathrooms that did not match the sex listed on their birth certificates, the University

of North Carolina's LGBTQ center disseminated a map listing single-seat, non-gendered bathrooms around campus, an acknowledgment of how the new law might be affecting students. (The bathroom portion of the bill was repealed in 2017, and the rest was repealed in 2020.)

Faculty may not always see responding to big-picture events as part of their job, Breaux said, but this segment of the educational guidelines challenges programs to think about how to go beyond lip service and meet students where they are.

Almost all universities are already doing some of the things discussed in the educational

guidelines, Breaux said, but what is often lacking is the knowledge of what is working and information sharing between institutions. Ideally, she said, the existence of the educational guidelines will help frame those conversations around implementation across programs.

As higher education has lost funding over the last decade, and as more first-generation students are—fortunately—entering psychology, later-career professionals may not always grasp the struggles their students are facing, Angyal said. One goal of the guidelines is to spark conversations between generations of psychologists so that trainees get

The educational guidelines emphasize the importance of professional socialization for trainees, including mentorship.

a leg up on facing these challenges. Programs can also use the educational guidelines as a road map for internal conversations about their goals, Guinadi said.

“We hope that programs will take time to use these guidelines to assess whether their programs are equitable and respectful toward students,” Guinadi said. “It benefits programs, too, because we know that when students study in a conducive, supportive, respectful environment, they thrive. They become great psychologists.” ■

● **Access the full text** of APA's *Guidelines on Equitable and Respectful Treatment of Students in Graduate Psychology Programs*.



DRAZEN ZIGIC/GETTY IMAGES

THE **POWER** OF **CONVERSATION**

Psychological scientists are unlocking exciting insights about these critical social interactions, which carry the potential to change minds, save lives, and prevent disaster at a global scale

BY ZARA ABRAMS

Conversations hold immense power. They help us form new connections and deepen existing ones.

But conversations don't always go well. Some lead to conflict, harm, or resentment—others never even start because we fear discomfort or rejection. And because of their inherent complexity, conversations have long remained a mystery to psychologists.

“Conversation is this ancient technology for aligning our brains so that we can be on the same page,” said Thalia Wheatley, PhD, a professor of psychological and brain sciences at Dartmouth College who studies neural, biological, and other markers of connection during conversations. “It’s the most ubiquitous social behavior that we do, yet we don’t really know much about it.”

In recent years, new theories and tools have started to unlock exciting insights about these critical social interactions, on everything from informal chats to political disagreements to negotiations between neighbors, businesses, and nations. Psychologists are using sophisticated approaches, such as natural language processing algorithms and a neuroimaging technique known as hyperscanning, where





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Conversations are our primary means of social interaction and essential to our well-being.

two or more brains are scanned simultaneously as they interact, to gain new perspectives. They're also sharing those findings to help deepen everyday interactions between strangers, make disagreements more productive, and improve outcomes for mediators, suicide crisis negotiators, and more.

"People's well-being is determined in large part by the quality of their social relationships, which rely heavily on conversations that they have with each other," said Michael

Kardas, PhD, an assistant professor of management at Oklahoma State University's Spears School of Business who has studied why people avoid deep conversations. "Going a little deeper in conversation, as well as learning to navigate disagreements, can create the kinds of connections that leave people feeling happier."

WHY WE AVOID CONVERSATIONS

As our primary means of social interaction, conversations are essential to our well-being. But



we tend to avoid some of the most fulfilling ones: deep talks and opportunities to build new connections with strangers.

One reason for this is that people incorrectly predict that conversations will become less enjoyable over time, said psychologist Juliana Schroeder, PhD, an associate professor at the University of California, Berkeley's Haas School of Business. She, Kardas, and their colleagues have shown that people view conversations like other hedonic activities—just

as the fifth chocolate bar isn't as pleasurable as the first one, they assume conversation quality will decline over time. Even after having a good conversation, study participants would rather sit in silence for part of a 30-minute session than continue talking with a stranger the whole time, when given the choice. But those randomly assigned to talk for 30 minutes had a better experience overall than those who chose to end their conversations early (*Journal of Personality and Social Psychology*, Vol. 123, No. 4, 2022; *Trends in Cognitive Sciences*, Vol. 26, No. 5, 2022).

"People are ending conversations earlier than they might otherwise do because they're expecting enjoyment will go down and that they'll run out of things to say," Schroeder said.

People also predict that deep conversations—especially with strangers—will be more awkward than they actually are. Kardas and his colleagues paired participants with strangers to discuss either shallow topics (for example: How often do you come here?) or deep ones (for example: Can you describe the last time you cried in front of another person?). Pre- and post-surveys indicated that deep conversations felt less awkward and led to more connectedness and happiness than participants expected (*Journal of Personality and Social Psychology*, Vol. 122, No. 3, 2022).

Knowing that deep conversations carry less risk than people imagine could lower the barriers to starting one.

"Have a deep question in mind or take advantage of

something shared with you during the conversation to ask something more personal of the other person," Kardas said. "You don't need to escalate the depth of the conversation as gradually as you might expect."

Mismatched goals are another reason people may avoid conversations—or struggle to hold effective ones. People use conversations for a number of reasons—for example, to impress, flatter, help, hurt, persuade, understand, or deceive. Michael Yeomans, PhD, an assistant professor of strategy and organisational behaviour at Imperial College London, Alison Wood Brooks, PhD, of Harvard Business School, and their colleagues developed the "conversational circumplex" as a way of conceptualizing the varied and often competing goals that can motivate and shape conversations (*Current Opinion in Psychology*, Vol. 44, 2022). It can help researchers understand how goals function in conversations and point to ways to make interactions more effective.

Sometimes goals conflict within a person: For example, I may want to seek advice but avoid doing so for fear of looking incompetent. Research by Brooks has shown that on the contrary, seeking advice actually boosts perceptions of competence (*Management Science*, Vol. 61, No. 6, 2015). Goals can also conflict interpersonally: I want to give honest feedback during a company meeting, but my bosses don't want their ideas criticized in public.

"A lot of our conversations are about coordinating joint

actions, which are negotiations of one kind or another,” Yeomans said.

MAKING CONVERSATIONS CLICK

As psychologists dig deeper into the nuances of what makes social interaction fulfilling and effective, it’s clear that some of the conventional wisdom—for example, to ask questions—could be too vague and may even lower conversation quality.

In the case of “boomer asking,” where a speaker asks a question, then answers it themselves, Yeomans and his colleagues have shown that listeners find the question insincere (article under review). The speaker thinks asking a question first makes their conversation partner feel included, but those good intentions are executed in a way that actually alienates the listener.

Asking follow-up questions, on the other hand, does improve conversation quality. Speed daters who asked more follow-up questions were more likely to get a second date, according to research by Yeomans, Brooks, social psychologist Julia Minson, PhD, an associate professor of public policy at the Harvard Kennedy School, and their colleagues (*Journal of Personality and Social Psychology*, Vol. 113, No. 3, 2017).

“Questions make you more likable, but the key is showing that you’re listening,” Minson said. “Asking questions is less effective if they have nothing to do with what your conversation partner just said.”

Asking questions that show you are genuinely listening to the other person is an effective way to improve a conversation.

Effective listening tends to lead to short gaps during conversations, which is linked to higher satisfaction among participants, according to research by Wheatley, her postdoctoral fellow Emma Templeton, PhD, and their colleagues. They found that between both friends and strangers, short pauses between speakers are linked with more feelings of connectedness (*Proceedings of the National Academy of Sciences*, Vol. 119, No. 4, 2022). Long pauses between strangers are awkward, but between friends, they can actually signal connectedness—for instance, if one friend shares something personal and the other takes

a moment to reflect before answering (*Philosophical Transactions of the Royal Society B: Biological Sciences*, Vol. 378, No. 1875, 2023).

“When someone responds too quickly to something very personal, or not quickly enough when you were expecting a fast back-and-forth, they weren’t ‘dancing’ with you in the right way,” Wheatley said.

Wheatley and others are now crossing a new frontier to delve deeper into how we converse. With hyperscanning, researchers can scan two brains at the same time while participants interact. At Princeton University, Diana Tamir, PhD, a professor





Effective listening leads to short gaps during a conversation, which is linked to higher satisfaction among participants.

of psychology, and her colleagues created a decoding model using years of neuroimaging data linking brain activity to various mental states that occur during conversations. They then collected functional neuroimaging data from participants during unstructured conversations, mapping out conversation patterns between strangers as well as patterns among friends.

Along with her postdoctoral researcher Sebastian Speer, PhD, and their colleagues, Tamir found that strangers' neural patterns become more similar over the course of the conversation—they spend their time finding common ground, she said. But friends do something totally different. They start off with more similar mental states, then spend the conversation diverging, spending more and more time exploring new and different states. That pattern leads to better conversations, including when strangers have conversations where they diverge and

their neural patterns look more like friends' patterns (*PsyArXiv Preprints*, 2023).

"Our main takeaway is that during a conversation, it's important to know where the other person is, but it's also important to take them into a new direction—to say something that's going to surprise and interest them," Tamir said.

NAVIGATING CONFLICT

Effective conversations aren't just ones that leave people feeling connected and happy. Sometimes, conflict occurs—but if navigated well, disagreements can also be effective.

"Disagreement is inevitable, and our success or failure in relationships is often based on whether we can navigate that disagreement successfully, and build trust in spite of it," Yeomans said.

Conflict is tough to resolve if we use the same linguistic tools that work well for simple, factual corrections ("Taxes are due on

April 15") to discuss values and matters of opinion ("We should raise taxes"), said Yeomans. For that reason, he, Minson, and their colleagues are studying what they call conversational receptiveness, ways we can show our willingness to engage with opposing points of view during a discussion. The researchers used a natural language processing algorithm to analyze the words and phrases that predict receptiveness in a listener and have summarized their findings with the acronym HEAR—hedging, emphasizing agreement, acknowledging, and reframing (*Organizational Behavior and Human Decision Processes*, Vol. 160, 2020).

Hedging statements involves pulling in enough uncertainty that your conversation partner doesn't automatically react, Minson said. For instance, instead of "everyone has to get vaccinated for COVID," try "most people should probably get vaccinated for COVID." Emphasizing agreement involves finding even just a small bit of common ground—for example: "We both want to have a just world."

"In any conversation, no matter how much we disagree, we agree on something," Minson said.

Acknowledgment, which echoes standard family therapy advice, involves restating your counterpart's position, with the intention of showing that you actually heard and understood them ("You just said..." or "I understand that..."). Finally, reframing statements using positive emotion words and avoiding negation words (such as "no,"

“don’t,” and “won’t”) can help—instead of “I hate it when people interrupt me,” try “I really appreciate it when people let me finish my sentences.”

Small changes in wording can make a big difference, even in some of the highest-stakes situations. After analyzing 31 hours of suicide crisis negotiation talks, researchers found that certain words and phrases appeared to be more likely than others to keep the person at risk of suicide engaged in conversation. Saying “I’m just here to speak” got more traction than “I’m just here to talk,” while the word “sort” was more effective

Scientists are using natural language processing to look at conversational receptiveness, or our willingness to engage with opposing points of view during a discussion.

than “help” in statements like “Let’s sort this out together.” (*Journal of Language and Social Psychology*, online first publication, 2023).

“This was fantastic because we were able to feed these insights directly into training programs,” said Elizabeth Stokoe, PhD, a professor of psychological and behavioural science at the London School of Economics who studies conversations in a variety of contexts and an author on the wording study. “Police later reported that they indeed got further faster if they used ‘sort’ and ‘speak’ rather than ‘help’ and ‘talk.’”

A focus on conversations may also prove useful in increasing the effectiveness of public health campaigns. Christin Scholz, PhD, a communication scientist and an assistant professor in persuasive communication at the University of Amsterdam, is studying how young adults experience and share anti-alcohol messaging, including during conversations with their peers, and how this may ultimately influence behavior. She calls this the “social life” of a public health message.

“Conversations hold a lot of power for influencing health behavior, but they can also backfire,” said Scholz.



GETTY IMAGES/SOLSTOCK



Research shows that deep conversations feel less awkward and lead to more connectedness and happiness than people predict.

For example, young adults tend to have positive conversations about alcohol, a behavior that's linked with higher consumption (*Health Psychology*, Vol. 38, No. 7, 2019). But some early experiments suggest that those conversations are subject to outside influence.

In one study currently under review, Scholz sent teens anti-alcohol messages (such as an image depicting a car crash paired with a warning about drunk driving), then instructed them to plan a conversation about what they saw. She found that conversations they later had with peers about alcohol were more negative. That result is encouraging, she said, but the intervention had no direct effect on alcohol consumption, indicating that more research is needed.

"So far, conversations aren't really used to optimize the

design of these campaigns, but social interaction is clearly a powerful part of what makes these messages effective," she said.

NEW HORIZONS FOR CONVERSATION SCIENCE

Even when researchers use traditional methods, such as audio or video recordings of participants in the lab, studying conversations presents logistical challenges that many other experiments do not. For Minson, convincing two people to show up at the same time and discuss a topic they disagree on is the first hurdle. And once a conversation begins, there's no telling how it will unfold.

"Conversation is essentially an infinitely complex space. No two conversations are the same," said Yeomans. "There are an infinite number of words

you can use, but also the order, timing, structure, and nonverbals can vary in infinite ways."

For that reason, natural language processing is a major boon for conversation scientists because it can analyze lengthy transcripts to find patterns and associations. But guidance on using natural language processing in social science is almost entirely focused on single-author documents, such as news articles or product reviews, Yeomans said. He, Brooks, and their colleagues are building a guide that shows why dialogue is qualitatively different—because things like word order, turn order, and timing suddenly matter. They also provide advice on how to record, transcribe, and analyze data, as well as how to share that data without violating people's privacy.

Hyperscanning also promises to reveal new insights about how we communicate. Wheatley is collecting data on how brains align during an improvisational storytelling task, while Tamir plans to start exploring the neuroscience behind persuasion. For example: Does a skilled persuader bring another person's neural activity toward their own? Do they find the perfect compromise in brain alignment? Or something else?

"With behavioral methods, you can look at people before and after they talk, but we can now get a continuous measure of where people are throughout an entire conversation," Tamir said. "That just blows open our ability to look at the dynamics of things like conversation, persuasion, and compromise." ■

FURTHER READING

The promises and pitfalls of functional magnetic resonance imaging hyperscanning for social interaction research

Tsoi, L., et al.
Social and Personality Psychology Compass, 2022

Talk: The science of conversation and the art of being ourselves

Brooks, A. W.
Crown (Penguin Random House), 2024

Listening fast and slow

Templeton, E. M., & Wheatley, T.
Current Opinion in Psychology, 2023

ADULTING ON THE

A dearth of research on, and services for, autistic adults compounds social and emotional challenges

BY RACHEL FAIRBANK

When it comes to what we know about the adult years for autistic people, the research is either minimal or nonexistent. “We know the most about the transition period into young adulthood,” said Gregory Wallace, PhD, an associate professor at The George Washington University, who studies life outcomes of autistic adults. “As you go into middle and older adulthood, we know almost nothing.”

Research has largely focused on understanding and diagnosing autism in children and teenagers, which has led to increased awareness, earlier diagnosis, and better treatment for children and teenagers. In a pair of new reports from the Centers for Disease Control and Prevention, the prevalence of autism diagnoses among children has been estimated to be 1 in 36, a significant increase from previous years (Maenner, M. J., et al., MMWR Surveillance Summary, Vol. 72, No. 2, 2023). These new diagnoses reflect a more diverse

group of children, including a larger proportion of autistic children without intellectual disabilities. As these children grow up, they will continue to need various forms of support throughout adulthood.

Although there has been a shortage of formal research on autism in adults, there are some general themes that are starting to emerge, both from reports by the autistic community and from the limited studies that are available. Although autistic adults face a number of significant challenges when it comes to navigating adult life, “What I’ve noticed, through the years I’ve been working with people with autism, is that they struggle at the same transition points that everyone else does,” said Valerie Gaus, PhD, a psychologist who specializes in working with autistic adults. “They just might have different specific issues.”

Some of these challenging transitions include entering college (managing a higher level of independent work than high



SPECTRUM



“We know the most about the transition period into young adulthood. As you go into middle and older adulthood, we know almost nothing.”

GREGORY WALLACE, PHD
ASSOCIATE PROFESSOR AT THE GEORGE
WASHINGTON UNIVERSITY

Dr. Karissa Burnett, who specializes in treating neurodivergent patients at her practice, Divergent Pathways, understands first-hand the challenges for people diagnosed with autism as adults.

PHOTO: CREDITIKEN RICHARDSON, GETTY IMAGES/MICHEL LEYNAUD



Dr. Burnett says the rainbow arrangement of her books—on topics spanning neuroscience to psychoanalysis—celebrates her neurodivergent LGBTQIA+ patients.

school), entering the workforce (learning a brand new set of workplace skills), learning to live independently, finding and maintaining friendships and romantic relationships, starting and raising a family, and caring for elderly parents. Although these struggles tend to mirror those of neurotypical adults, some of the features of autism, such as sensory issues, difficulties navigating neurotypical social norms, and challenges with executive functioning, can add extra difficulties to an already challenging situation.

THE SERVICE CLIFF

When Sam Wolfe, an autistic adult based in Texas, graduated from high school, he struggled with the transition. Wolfe, who was diagnosed in 1992 at the age of 4, was able to receive intervention services and accommodations throughout his school years. However, once he graduated from high school, the available services became minimal, an effect called the “service cliff.” The only support available to him was a state-run program that helped him find his first job at a local grocery store. But that was where the help ended.

After 10 years of working at his first job, which paid just a little bit above minimum wage, Wolfe qualified for a job program offered by another grocery store that offered additional training and paid a living wage. He’s been working there ever since, in a job that is a better fit for his particular needs, with a boss he describes as supportive. For the additional help that he needs, his family fills in the gaps,

which includes living in a separate apartment attached to his mother's house.

Wolfe's story, where the bulk of his support needs are met by family and friends, rather than by a formal government or community service program, is very common. He's also very lucky, as he's been able to find a good balance, which includes full-time employment and a safe home environment. "A lot of people are relying on unpaid help from family or friends," said Zoe Gross, the director of advocacy at the Autistic Self Advocacy Network. "There's a lack of services available to adults." This

drop-off in services after graduating from school is one that, for many autistic adults, has a major impact on where they can live and what jobs they can do.

COMPENSATORY STRATEGIES

In a recent study, researchers looked at social competence measures in a longitudinal cohort of 253 autistic individuals, following them from age 2 to 26. What the researchers found was that social competence measures increased with age, and higher levels of social competence were directly correlated with adult outcomes such as having a job,

living independently, and maintaining relationships (Clarke, E., & Lord, C., *Development and Psychopathology*, 2023).

"As individuals continue to grow and develop, how autism presents, or what autism looks like in a person, really changes," said Vanessa Bal, PhD, an associate professor of psychology at Rutgers University, whose research focuses on life outcomes in autistic adults. For many autistic adults, they will continue to learn and come up with various strategies for navigating major challenges in life. Even without formal support or training, their competence at, say, age

Dr. Burnett talks with a patient in her Divergent Pathways office, where she specializes in neurodiversity affirming, queer-affirming, and trauma-informed care for adults located in Massachusetts, California, and Washington.



PHOTO CREDIT/KEN RICHARDSON, GETTY IMAGES/MICHEL LEYNAUD



60, will outpace where they were at age 30, but many psychologists believe this growth could be greatly enhanced by additional research on these years. “What we really need to do is study adult life as a developmental period,” Bal said.

In Gaus’s experience, many of her older patients, a number of whom grew up without a diagnosis, have often come up with some very creative solutions for navigating the major challenges in their lives. Examples of this creativity include leveraging special interests to cultivate a career, adjusting their schedule to fit their needs, or modifying their wardrobe to account for tactile sensitivities. This creativity is often borne out of desperation, something that can exact a very high toll on the individual. But these challenges are also learning opportunities that can help pave the way for other autistic individuals. “I’m always struck by how much [a patient] has taught themselves,” Gaus said. “The first thing I do is learn about all of the tricks they have already taught themselves, and then we just build on that.”

In the Divergent Pathways teletherapy room, left to right: Dr. Burnett’s “stim bracelet,” which promotes self-regulation and focus; Pink Freud mug; her celebrating neurodiversity corner; Link Floyd, Dr. Burnett’s bow-tie-wearing Balinese who often pops in during telehealth sessions; bust of Carl Jung, who inspired Dr. Burnett’s professional journey.

STRESS AND MASKING

Autistic adults report a higher level of perceived stress compared with the general population, according to a study conducted by George Mason University research assistant professor Goldie McQuaid, PhD, and colleagues. The researchers surveyed 713 autistic adults whose higher levels of perceived stress compared with non-autistic adults were significantly associated with decreased independence and quality of life, such as struggling to maintain full-time employment, being unable to live independently, and suffering from issues such as anxiety and depression. Compared with autistic men, autistic women report even higher levels of stress (*Autism Research*, Vol, 15, No. 8, 2022).

One major stressor is handling social situations, during which many autistic adults feel pressured to participate in *masking*, or social camouflaging, in order to fit in. “You’re ‘passing’ in certain settings, but that can be a big psychological burden,” said Wallace, one of the authors of the paper. “The correlational

evidence is very consistent, showing that masking and camouflaging are linked with poorer mental health.”

Although masking is correlated with poorer mental health, it can also be a survival mechanism, one that is very hard to stop. “Unmasking is one of the hardest things to do as an autistic person,” said Rebecca Faith Quinn, an autistic actress based in Los Angeles. “I have been trained to put on this persona of who I am for my whole life, because if I don’t, it means danger for me.”

Autistic practitioner Karissa Burnett, PhD, who specializes in therapy and assessment for neurodivergent patients, notes that for many autistic people, masking can start so early in childhood and become so ingrained, that they often reach a point where they don’t know where the masking ends and their authentic selves begin. For example, a small child might start suppressing their movements due to fears of being punished, or they might force themselves to stay quiet rather than share their unique ideas to



avoid harsh reactions from their classmates or teachers, without ever consciously making the effort to do so. “A lot of it tends to be unconscious,” Burnett said.

Masking is inherently stressful for neuroatypical adults, since on some level most social interactions feel like performances where any misstep could mean ridicule or rejection. According to Burnett, “Autistic people often internalize that their natural ways of thinking and behaving are unacceptable, so they become externally focused, constantly monitoring themselves and their environment in hopes of seeming ‘normal.’” In addition to the inordinate amount of energy this process takes, masking also means there is “implicit shame about the autistic true self underneath, which is also stressful,” she emphasized.

Besides masking, other types of stress involve dealing with the stigmas associated with being “different” and navigating employment and personal finances in a society with limited services, Gross said. “Just living in the world is more stressful for autistic adults,” she explained.

PSYCHIATRIC COMORBIDITIES

Autistic individuals are also at risk for psychiatric comorbidities including attention-deficit/hyperactivity disorder (ADHD), depression, and anxiety. “Co-occurring conditions can have such a huge impact for people with autism as they transition to adulthood,” Wallace said. “Certain co-occurring conditions end up really presenting barriers and challenges to acquiring and keeping jobs.”

For autistic adults, the current and lifetime prevalence of anxiety are estimated to be 27% and 42%, respectively, while the current and lifetime prevalence rates for depression are estimated to be 23% and 37% (Hollocks, M., et al., *Psychological Medicine*, Vol. 49, No. 4, 2019). Autism is also highly comorbid with ADHD, with an estimated comorbidity rate of up to 70% (Federico, A., et al., *Disability and Health Journal*, 2023). For adults who were diagnosed as children, although they may have both disorders, they may have only one formal diagnosis because a dual diagnosis was not allowed before the

publication of the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition) in 2013.

As Wallace notes, the old school notion of ADHD was that it was a disorder that made people unable to focus, while autism was a disorder that made them unable to stop focusing. “That was simplistic,” Wallace said. Instead, both autism and ADHD affect a person’s ability to control their focus, with the two conditions sharing a number of overlapping features. For autistic adults who also have ADHD, this presents its own challenges, which includes issues with time management, organization, and task-switching.

In terms of psychiatric comorbidities, the age of diagnosis may make a difference. Researchers found that adult-diagnosed autistic individuals reported a higher number of psychiatric diagnoses than their childhood-diagnosed counterparts (Jadav, N., & Bal, V. H., *Autism Research*, Vol. 15, No. 11, 2022). “Adults who were diagnosed as adults have much higher rates of co-occurring depression and anxiety,” said Bal.



Four years ago, when Burnett was finishing her PhD in clinical psychology, she was diagnosed with autism. Having been twice misdiagnosed previously, she had first-hand experience with the misconceptions surrounding what autism can look like in adults. Eventually, once Burnett found an expert who was more familiar with autism in women, she finally received a formal diagnosis, one that helped give her context for some of her major life struggles. “It was an extremely formative and powerful experience,” said Burnett, who is currently a practicing psychologist in Boston.

Although the reasons that there are more psychiatric diagnoses in autistic adults are still unclear, it is likely to be the

As people develop through the decades of adulthood, the ways in which autism presents can change greatly. Dr. Burnett consults with therapists who are looking to build competency in treating patients with autism.

result of multiple factors. Autistic symptoms are often misdiagnosed as other conditions, or comorbid conditions develop, such as anxiety and depression due to masking and a lack of diagnosis and treatment. “For some people, not having an explanation of how to understand themselves is really difficult,” Bal said.

AUTISTIC BURNOUT

In addition to these comorbidities, the stressors of navigating a world that isn’t designed for autistic individuals can have a cumulative burden. This includes an emerging concept in the research field of what is called autistic burnout, which is a combination of fatigue, exhaustion, and limited functionality. “For

many of us, it is inevitable,” said Lydia Brown, a disability rights attorney and senior advisor for the Autistic Women and Nonbinary Network. “It’s very common during transitions and major life changes.”

Autistic burnout can happen for a number of reasons, including being overwhelmed at work; having difficulties with personal relationships, friendships, or romantic partnerships; or juggling the demands of raising a family. Although these transitions are tough for everyone, autism adds some extra challenges, such as heightened sensitivity to stimuli; the energy-intensive nature of social interactions; and difficulties with executive functioning, including organization, time management,

and adjusting to changes in routine. “It all really takes a toll,” Burnett said.

Some of the workplace challenges can include having to deal with uncomfortable sensory stimuli, such as flickering lights or the humming of air conditioner units, the unpredictability of interacting with strangers, the unspoken rules of the workplace, or a changing schedule. “All of this is much more effortful than it would be for another employee in the situation,” said Katherine Loveland, PhD, a professor of autism research and treatment at UTHHealth Houston and the founder of the C.L.A.S.S. Clinic (Changing Lives through Autism Spectrum Services), which offers diagnostic and treatment services for autistic teenagers and adults.

In a recent survey of 141 autistic adults, researchers found that autistic burnout is linked to masking and depression. Whether the burnout is caused by the masking or depression or the masking and depression are symptoms of other underlying causes is still an unanswered question (Arnold, S. R. C., et al., *Autism*, 2023).

UNEMPLOYMENT AND UNDEREMPLOYMENT

For many autistic adults, finding and maintaining employment can be a major issue. Compared with their non-autistic peers, autistic adults face a higher rate of unemployment, even after controlling for factors such as age, gender, health, and intellectual disability (Nord, D. K., et al., *Research in Autism Spectrum Disorders*, Vol. 24, 2016). For those who are employed, they are

often underemployed, working fewer hours and at a lower pay than their non-autistic peers. The reasons for this can be complex and multifactorial, starting with the interviewing process, which often prioritizes an unspoken set of social expectations that autistic candidates may fail to grasp. This can lead hiring managers to unknowingly discriminate against autistic candidates who otherwise have adequate qualifications or experience.

“It can be very difficult to prove discrimination, especially in hiring,” Gross said. “It’s all about how you click socially with your interviewer,” which can lead to an autistic individual getting rejected for claims that the candidate would be a bad cultural fit or that their vibe was off. “That’s unfortunate, because there are a lot of autistic people who can do the job they are interviewing for,” Gross said.

Once an autistic individual is in a job, there are additional hurdles, including asking for, and receiving, accommodations or navigating unspoken social norms of the workplace.

BARRIERS TO MENTAL HEALTH CARE

For autistic adults, accessing health care, including mental health services, can be complicated by a scarcity of practitioners familiar with autism. “There are not enough psychologists trained to adequately support autistic people, particularly adults,” Bal said. Instead, many psychologists will often refer autistic adults to practitioners with expertise in autism who usually have exceptionally long waitlists.

FURTHER READING

What I mean when I say I’m autistic: Unpuzzling a life on the autism spectrum
Kotowicz, A.
Neurobeautiful, 2022

Unmasking autism: Discovering the new faces of neurodiversity
Price, D.
Harmony, 2022

Neurotribes: The legacy of autism and the future of neurodiversity
Silberman, S.
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Henderson, D., et al.
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Understanding stigma in autism: A narrative review and theoretical model
Turnock, A., et al.
Autism in Adulthood, 2022

Applications of identity-based theories to understand the impact of stigma and camouflaging on mental health outcomes for autistic people
Rivera, R. A., & Bennetto, L.
Frontiers in Psychiatry, 2023

Quinn encountered this issue when she first sought therapy. “People hear ‘autism,’ and they assume there’s no way they can understand and help me, unless they’re an expert on autism,” she said. “Expecting experts to be the only people to help autistic people does a great disservice to autistic people, because it means we have far fewer options than everyone else.”

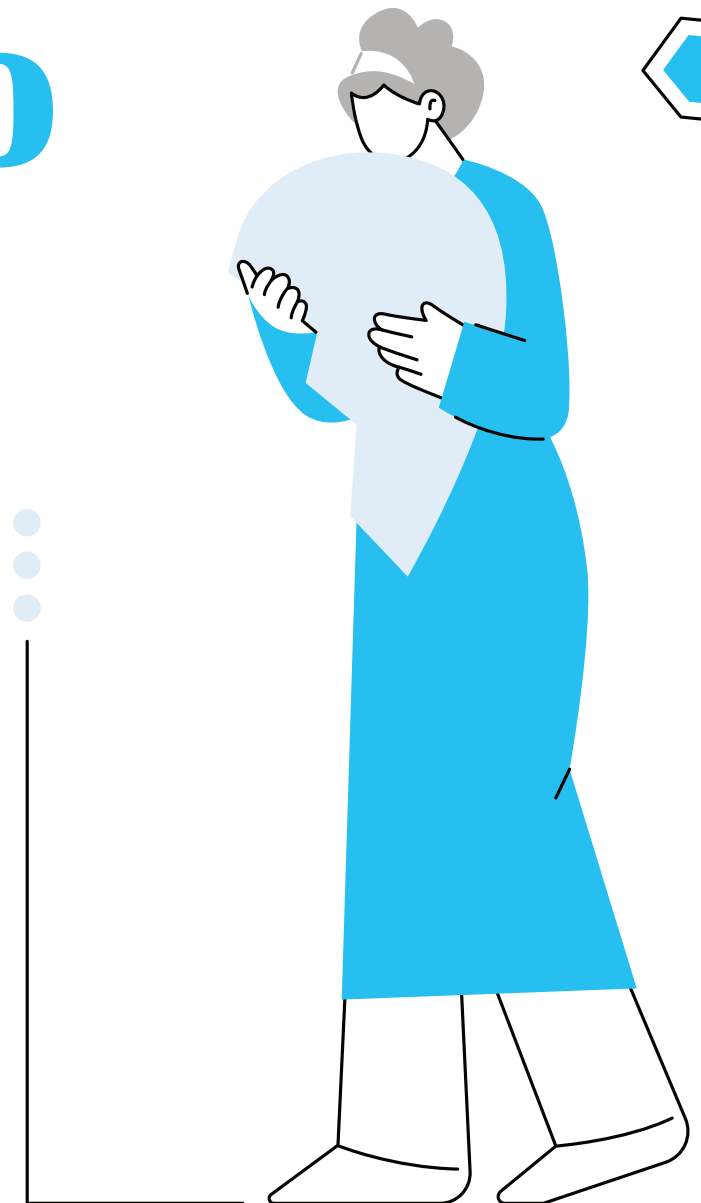
Eventually, Quinn found a therapist who didn’t have experience working with autistic adults but was willing to learn. With Quinn’s permission, they have tried both dialectical behavior therapy and eye movement desensitization and reprocessing therapy, both of which Quinn has found helpful. As Quinn has also discovered, her therapist’s lack of autism expertise meant she was treated as a person rather than a stereotype. “A lot of autism experts get so focused on the autism that they forget they are looking at an autistic person,” Quinn said. “That is a very dehumanizing experience.”

For Burnett, the misconceptions she encountered during her diagnostic journey ultimately served as motivation for her as she finished up her internship and post-doctoral training. Prompted by the profound impact that an accurate diagnosis had on her own life, she opened her own neurodiversity-affirming practice called Divergent Pathways, where her goal is to offer the same care and attention she finally received. “I very much strive to validate and empower autistic adults who have been long missed,” Burnett said. ■

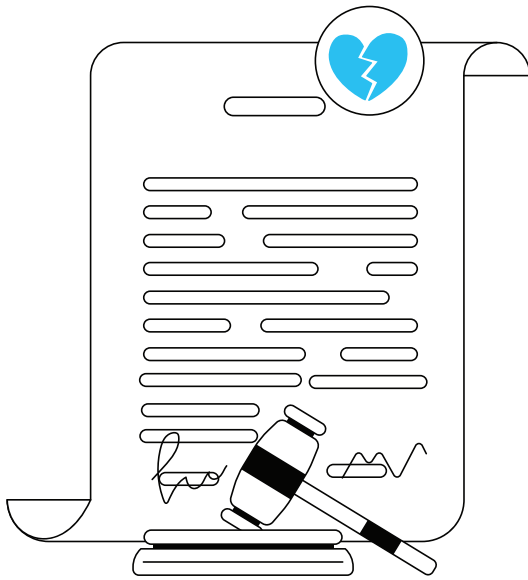
Navigating Divorce After 50

The divorce rate for men and women in their second half of adulthood has doubled since 1990, presenting mental health challenges and opportunities for divorcees and their practitioners

BY CHARLOTTE HUFF







Divorce poses a daunting schism at any age, as one of life's most profound stressors. But for adults who split from their partners later in life, the emotional and practical complexities can further stack up, mirroring their life experience.

While divorce has declined among adults in their 20s and 30s, the rate among adults age 50 and older has surged upward, doubling between 1990 and 2010 before leveling off more recently. Divorce is still more common among younger people, with roughly two-thirds occurring among the under-50 crowd, but the change is nevertheless significant. In 1990, 8.7% of all divorces in the United States occurred among adults 50 and older. By 2019, that percentage had grown to 36% (Brown, S. L., & Lin, I., *Journals of Gerontology: Social Sciences*, Vol. 77, No. 9, 2022).

The logistics and stakes involved can present unique challenges, according to researchers and psychologists. Adults who separate finances later in life may have more

assets involved. If they married when they were young, their mutual social ties may stretch back decades to their religious community, volunteer organizations, and neighborhood friends. Their children—whether youths, teenagers, or adults themselves—will be emotionally impacted in differing ways.

“Getting a divorce is never easy, but it’s going to look a little different in your 50s when you’ve potentially been with someone for a long time,” said Kelly Cichy, PhD, a professor of human development and family science at Kent State University in Ohio. “In some cases, adult children are out of the house; they are more autonomous. But that doesn’t mean that there might not still be very real consequences and renegotiating of relationships or a need for additional support.”

Divorce also can be financially depleting. Women 50 and older experience a 45% decline in their standard of living; for men it’s 21% (Lin, I., & Brown, S. L., *Journals of Gerontology: Social Sciences*, Vol. 76, No. 10, 2021). Other research, based on interviews with 66 adults who divorced at 50 or older, found that worries about finances and loneliness were the two most pressing concerns expressed. But the adults described positive aspects as well, including an improvement in overall happiness, liberation from their ex-spouses, and a sense of enhanced independence and freedom (Crowley, J. E., *Journal of Family Issues*, Vol. 40, No. 11, 2019).

Amid this pivotal life transition, psychologists can help their patients foster and maintain



the emotional resiliency that middle-age and older adults are more likely to have accrued through a lifetime of weathering prior difficult experiences. They can provide therapeutic support as they navigate related losses, both emotional and literal. Such losses may include grief over the death of a long-planned future with a spouse, as well as the more tangible loss of connections with others, such as extended family and mutual friends.

Psychologists can also work with patients who are contemplating divorce to think through the extent to which their frustrations with a partner are intertwined with broader identity-related challenges that can emerge later in life, said Rowena Gomez, PhD, department chair and a professor of psychology at Palo

Alto University. They may have recently retired and lost their job-related identity, she said. They may still have the pressures of younger children or their children may have moved out, altering their sense of being a parent.

“That’s why it’s important for them to figure out who they are and if they can be who they want to be with or without the divorce,” Gomez said. “Sometimes the grass is not always greener if the real issue is with themselves. And hopefully that’s what psychotherapy, if they are going, can help them think through.”

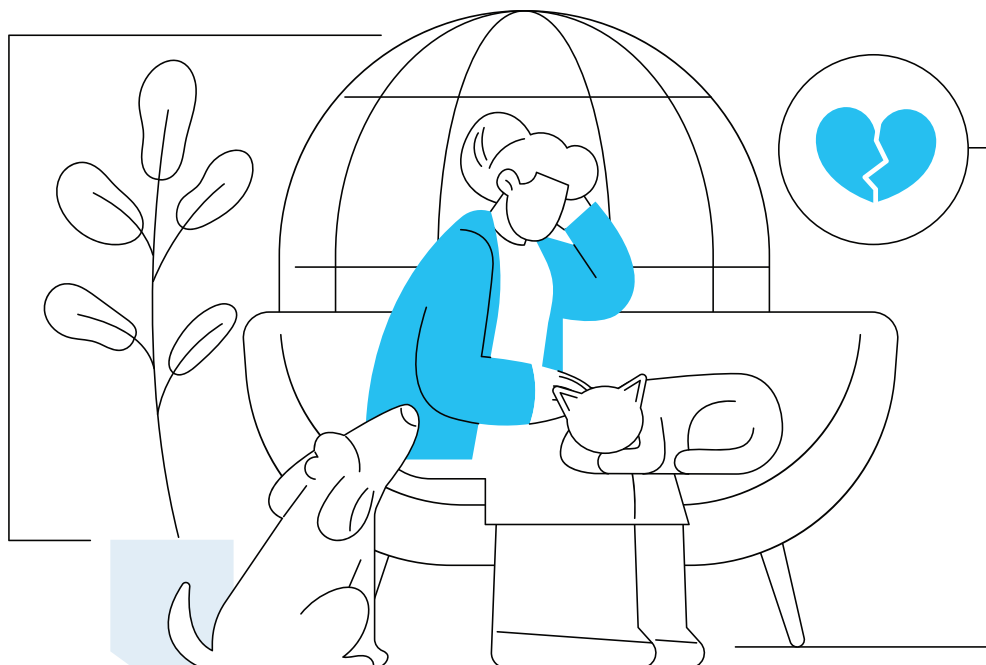
LATER-LIFE DIVORCE PREDICTORS

To some extent, the trends in later-life divorce reflect more modern trends, Cichy said.

Some of the reasons for the increase in over-50 divorces include societal trends: More men and women expect marriage to be a partnership of equals, women are more likely to have careers and related economic autonomy, and lowered stigma about divorce reduces social pressure to settle for “empty shell” marriages.

Women are more likely now to have careers and related economic autonomy. Over time, society has placed greater expectations on marital quality, leaving partners more reluctant to settle for what some have described as “empty shell” marriages, particularly after the children leave home, she said. Increased life expectancy may be a possibility, with potentially decades of relatively good health ahead.

“What does that mean for staying in a conflicted or difficult marriage?” Cichy asked. “If you stay married, you are going to continue to have those stressors for more years and maybe additional stressors that come with just normal aging,” she said, such as caregiving, frail health, or managing relationships with adult children.



Although loneliness is a common fear among divorcees, older adults have a number of advantages: greater emotional and behavioral tools and more years of experience in weathering setbacks. Studies show that these help older adults recover from divorce and other distress more quickly.

But while these life changes can be influential, demographic research has identified broad similarities for why marriages break down regardless of age, Cichy said. For instance, people who have been divorced once are more likely to divorce again, she said.

One analysis scrutinized whether three common turning points after 50—an empty nest, retirement, or poor health—boosted a couple's likelihood of divorcing (*Journals of Gerontology: Social Sciences*, Vol. 73, No. 6, 2018). “Those factors remain relevant but they're not as critical or central as we had initially anticipated,” said Susan L. Brown, PhD, one of the authors, who has conducted extensive demographic research involving gray divorce.

Other factors play a greater role, such as economic stability, said Brown, a professor of sociology and codirector of the

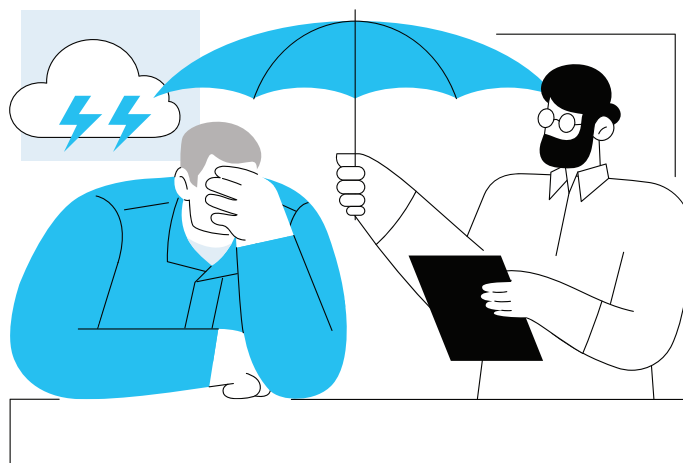
National Center for Family & Marriage Research at Bowling Green State University in Ohio. Couples who don't carry debt and own a home are less likely to separate (*Journals of Gerontology: Social Sciences*, Vol. 73, No. 6, 2018).

Brown has become increasingly convinced that trends in later-life divorce are largely

driven by the baby boomer generation, who spawned the initial divorce wave in the 1970s. “Many of them went on to remarry,” Brown said, noting that some are on their second or third marriages, which boosts the likelihood of divorce.

This baby boomer influence, according to Brown, explains why rates of divorce among

Practitioners working with divorcees 50 and older can help patients explore eroded connections with family, friends, and their sense of belonging, and, if they've lost some of those bonds, how to replace them.



people ages 50 to 64 have largely stagnated since 2010 after a steep rise beginning in 1990. Divorce rates among adults 65 and older have continued to increase through 2019 as more baby boomers move into that age group (*Journals of Gerontology: Social Sciences*, Vol. 77, No. 9, 2022). “To me it’s just really striking that 1 in 10 people getting divorced is 65 or older,” Brown said.

For adults who initiate divorce and are in relatively good shape in terms of their health and finances, that move can be “a relatively benign event,” Brown said. “But for other people getting divorced in their 50s, 60s, or beyond, if they are precarious from an economic standpoint, if they are having health issues, or if they didn’t want to get divorced, it can be challenging and difficult. Longer term, we have to consider—what does divorce mean for the experience of aging?” she said, pointing out that Social Security and other benefits are tied to marital status.

Jeff (who requested only his first name be used) recalls a profound sense of loss when he realized several years ago that his marriage of 30-plus years was ending. Gone was the potential for a lifelong love and the opportunity to share with his wife the next stages of parenthood, their adult children’s accomplishments, perhaps even grandchildren one day, the 60-year-old said.

He also struggled with feelings of failure, believing that his broken marriage layered on top of prior failures, such as an earlier decision to give up his pursuit of a professional career

TALKING THROUGH PRACTICALITIES

Along with exploring divorce’s emotional effects, mental health clinicians can help people think through practical implications of divorce in the years to come, such as the impact on caregiving and medical decision-making plans, said Carol Hughes, PhD, a psychotherapist in Laguna Hills, California, who counsels adults going through divorce after age 50 who have adult children.

If divorced adults remain single, these caregiving and other legal responsibilities may fall on any children they have or other close relatives, Hughes said. If a divorced adult finds a new partner, there may be emotional and financial reverberations, she said. For instance, when the parent wants the new spouse to be the primary medical decision-maker, their adult children “can feel 100% abandoned,” Hughes said.

“You’re grieving the loss of that relationship with your parent, as your biological kin, that [a newcomer] in your life has the power to say whether your parent lives or dies,” Hughes said. Practitioners can work with these adult children to validate their feelings of grief and loss, so they can move along, ideally, to some point closer to acceptance, she said.

Emotions and finances also can quickly become intertwined in these reconfigured families, when a new stepparent is on the scene, said Deborah Carr, PhD, a Boston University sociology professor who has studied later-life families. “Every penny that is spent on long-term care affects the potential inheritance of the children,” she noted. A new spouse, for example, may decide to sell the family home to pay for the parent’s long-term care, which may not sit well with the children, who were anticipating inheriting that home one day, she said.

Before such crises flare, psychologists can encourage family members “to have conversations about these kind-of-bleak topics early and often,” Carr said. They can ask the older adults to think through, she suggested, who they consider to be their family. Who do they trust? Who do they prefer to become their caregiver if physical care one day is required? Online resources can assist with these end-of-life discussions, such as Five Wishes and The Conversation Project.

“Psychologists really can play an important role because these are difficult conversations to have,” Carr said. “It is very difficult for someone at the dinner table to say, ‘Let’s talk about my aging and impending death.’ And it might be all the more so in a recently reconfigured family.”

Once older adults have made their decisions, practitioners can assist them with sharing the specifics, including why they have selected certain family members to play a financial or health care–related role, Carr said. It may be that someone has a particular expertise or lives nearby, she said.

Psychologists may also be able to help families see how these conflicts can be more deeply rooted, Carr said. “Therapy can be helpful in figuring out those long-term lingering patterns of interaction that go back decades that might bear on end-of-life [decisions].”

as a musician and switch to information technology. At Jeff's worst, during a pandemic video call with friends in 2020, he acknowledged that he was experiencing suicidal thoughts.

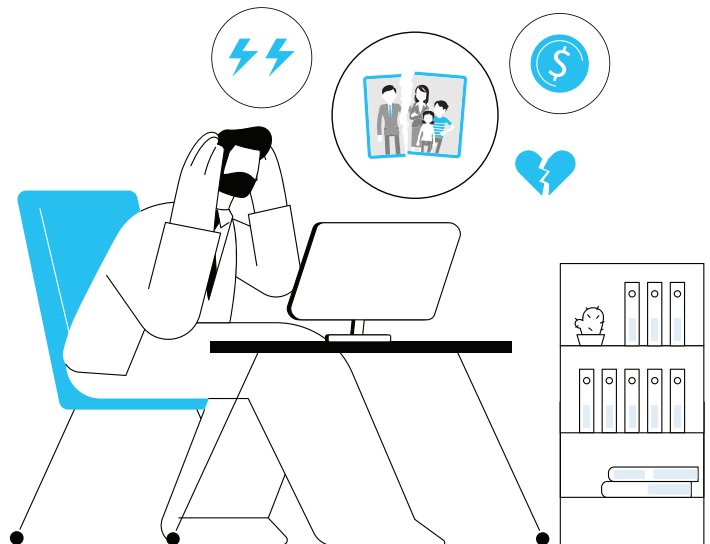
His friends helped Jeff get an appointment with a local therapist. Those meetings, he said, have enabled him to work through his feelings of failure, including those related to the divorce. The therapist also encouraged him to remain open to new possibilities, including possibly a romantic partner—not an easy step to take on the cusp of his sixth decade.

"When I was in my 20s or 30s, there was a whole lifetime ahead; there were people looking for partners," he said. "It felt like, boy, here I am coming up on 60. Am I going to be alone the rest of my life? I don't want to be alone. I'm not an alone person. I'm a people person. That was a real concern."

WORKING THROUGH RIPPLE EFFECTS

Social science researchers have compiled a multifaceted picture of the trends that underpin later-life divorce, said Karen Fingerma, PhD, director of the Texas Aging & Longevity Consortium at the University of Texas at Austin. But it's the psychologist's role to assist these adults on an individual level as they process this life detour so they can recover and move forward, she said. "How do you help an older adult understand what's happening, what their role was, and what their next step is? How do you do that when something this big has disrupted your life story?"

Adult children of newly divorced parents may experience particular types of distress, such as a shattered sense of personal history and an inability to provide adequate emotional or financial support to one or both parents.



A common fear is loneliness, given the many years that adults in the second half of life have already committed to various relationships, Fingerma said. One study that she was involved with looked at how much contact adults 65 and older have with social and familial connections and found that only 11% of those relationships had started within the prior decade (*The Gerontologist*, 2023).

"You will lose in-laws, you will lose some of your friends," Fingerma said. "And when you do, there's no replacement. It's not like when you're in your 20s and everybody is still making friends, and your oldest friends you met 5 years ago."

One advantage adults over 50 have is a better perspective, which helps when life throws curveballs their way, said Susan T. Charles, PhD, a professor of psychological science at the University of California, Irvine, who developed the theoretical model

of strength and vulnerability integration (*Psychological Bulletin*, Vol. 136, No. 6, 2010). They are more likely to have suffered prior crises than their younger counterparts and can tap into the emotional and behavioral tools that they previously relied upon, Charles said. "The older you get, the more you've experienced life (in its good and its bad), the more you can put things into perspective."

Moreover, as people age, they have a heightened awareness that they have fewer years before them, Charles said. "Which makes them focus more on the here and now, the right now, as opposed to the future," which can ease worrying and bolster emotional resilience, she said.

A traumatic event such as a divorce will surely cause a notable uptick in emotional distress, Charles said. But there's some evidence that older adults, amid the emotional tumult of a divorce, may be able to better

handle the smaller daily stressors that arise in its wake, such as the strain of assuming tasks previously handled by the ex-spouse. She cited a recent study in which younger adults and older adults were given a cognitively difficult anagram task, and their emotional responses were subsequently assessed. While both groups were negatively impacted by the cognitive stressor, the recovery of the older adults surpassed that of the younger adults (Minton, A. R., et al., *Psychology and Aging*, Vol. 38, No. 6, 2023).

As psychologists work with these adults, they should strive to unpack to what extent a marital separation has eroded the patient's connections with others as well as, generally, their sense of belonging to a broader community, Charles said. Given the vital importance of connections to emotional health, psychologists can help patients think through ways to build new social bonds, whether that's joining a bowling league or volunteering for a political organization, she said.

Divorce may stress parental ties with their adult children as well, even if they're not surprised by the separation, said Carol Hughes, PhD, a Laguna Hills, California, psychotherapist and coauthor of *Home Will Never Be the Same Again: A Guide for Adult Children of Gray Divorce*. In some cases, divorce can shatter an adult child's sense of their own backstory, Hughes said. For example, adult children of later-life divorce often say, "We seemed like a happy family. How long ago were they not happy? Was my whole childhood smoke and mirrors, like a facade at Disneyland?"

Amid the grief surrounding a divorce, therapists should remain aware that not everyone in the family is necessarily on the same timeline, Hughes said. One parent may have quickly moved on, including finding a new partner, and wants the children—whether they've left home or are still living with one of their parents—to embrace their newfound happiness, she said.

"And so sometimes if the parent is happy and the child isn't, then the child feels guilty," Hughes said. Psychologists can work with the child, validating that it's OK to be on a different timeline, she said. "And that grieving takes time, just like healing takes time, and grieving is part of healing."

For children in their teens or even younger, divorce can hit at a key developmental time, when they are still forming their identity as an individual and as part of a larger family, Hughes said. In situations when the children are already adults, often just launching into their own lives, they may fret about their parents' mental health, and especially if one of the parents didn't want the separation, Hughes said. "It's like a role reversal," she said. "They feel like they should help their parents. But they don't have the tools and skills to do so."

Another major complication is inheritance rights and next-of-kin relationships for medical decision-making in the wake of a later-life divorce (see sidebar page 63). Within the first decade, 37% of men either remarry or cohabit with a new partner, as well as 22% of women (Brown, S. L., et al., *Demography*, Vol.

56, No. 2, 2019). Other adults keep the romance but maintain separate residences, a phenomenon dubbed living apart together, according to Deborah Carr, PhD, a sociology professor at Boston University who coauthored a review article looking at later-life families (*Journal of Marriage and Family*, Vol. 82, No. 1, 2020). "You essentially go steady, but you have your separate home," she said.

Jeff describes a good relationship with his adult children, as well as amiable communication with his ex-wife. The divorce also led to some changes in his daily life, such as achieving a long-desired dream to move to a rural area, purchasing property with a pond that's richly populated by birds. He gave up on online dating and subsequently met "a wonderful woman" introduced to him by a mutual friend.

And he continues to seek counseling. "This therapist has been really a staunch and encouraging support, just an extremely positive influence, helping me get through some of the past issues," he said.

Living through a divorce after 50 can force individuals to revisit and knit back together their own life story, something they can hopefully achieve with the support of the therapeutic process, Fingerman said.

"You're at a stage of your life where you're reflecting more on your life and where it's gone, and where it's taken you," she said. "How do you understand your life in a way that gives you that sense of integrity when something fell apart that was such a fundamental part of that life?" ■

FURTHER READING

Depressive symptoms following later-life marital dissolution and subsequent repartnering

Lin, I., et al.
Journal of Health and Social Behavior, 2019

Not just how much, but how many: Overall and domain-specific activity variety and cognitive functioning in adulthood

Jeon, S., et al.
Journals of Gerontology: Psychological Sciences, 2022

Older adult's marital status, conversation frequency, and well-being in everyday life

Ng, Y. T., et al.
Journals of Gerontology: Psychological Sciences, 2022



Hindy



Hebl



Grant



Dewan



Leahey

PSYCHOLOGISTS IN THE NEWS

Nicholas Hindy, PhD, has won a grant from the National Science Foundation to develop an open-source, web-based platform for neuroanatomy instruction in neuroscience courses. The \$400,000 grant marks a collaboration between the College of Charleston Department of Psychology and the Department of Computer Science. Psychology professor **Anthony Bishara, PhD**, and computer science professor **Ellie Lovellette, PhD**, will team up with Hindy on the grant.

The diversity, equity, and inclusion division of the Academy of Management has awarded **Michelle "Mikki" Hebl, PhD**, the Advancing Women in Leadership Award, acknowledging her contributions to education to help the development of women in leadership. The Academy of Management is a global professional organization for management and organization scholars. Hebl is the Martha and Henry Malcolm Lovett Chair of Psychology and a professor of management at Rice University. Hebl's research focuses on diversity and discrimination-related issues.

Nicholas Grant, PhD, is the first psychologist to be selected as a fellow for the Atlantic Fellows for Health Equity program, an 11-month fellowship

focused on leadership development for those who work to advance health equity, hosted by the Milken Institute School of Public Health at The George Washington University. Grant's fellowship project focuses on increasing access to gender-affirming care for U.S. active-duty military service members in the Hawaii Region.

The National Institutes of Health has awarded a 5-year, \$1.86 million grant to Florida State University psychologist **Adam Dewan, PhD**, to study how a little-understood part of the brain affects the sense of smell. Dewan's team will investigate the dorsal tenia tecta to find out how it's connected to other parts of the brain, how neurons within this region respond to odor, and its overall contribution to our sense of smell.

Tricia Leahey, PhD, professor in the University of Connecticut's Department of Allied Health Sciences, has been named the permanent director of the university's Institute for Collaboration on Health, Intervention, and Policy (InCHIP). InCHIP is a large multidisciplinary university-wide research institute with more than 120 principal investigators from nearly every school and college across the university. Leahey

is a renowned clinical health psychologist and obesity treatment researcher who has focused on developing affordable lifestyle interventions for obesity treatment.

John Blackshear, PhD, will join the University of Rochester as its first vice president for student life on Jan. 1, 2024. At Rochester, Blackshear will oversee the creation of a new division dedicated to student success and developing a campus culture of support and inclusion. Prior to this, Blackshear came to Duke in 2001 as a staff psychologist with Counseling and Psychological Services. He has also taught forensic psychology in Duke's psychology department for 13 years.

The Royal Society of Canada and its members have elected nine psychologists to its newest class of fellows and members of the RSC College. They are: **Paul Bloom, PhD**, University of Toronto, **Marie-Claude Geoffroy, PhD**, McGill University, **Robert Gerlai, PhD**, University of Toronto Mississauga, **Igor Grossman, PhD**, University of Waterloo, **David Hodgins, PhD**, University of Calgary, **Debra Pepler, PhD**, York University, **Nick Rule, PhD**, University of Toronto, **Victoria Talwar, PhD**, McGill University, and **Monnica Williams, PhD**, University of Ottawa. ■

News You Can Use

Career

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



Experts say it's time for practitioners to consider making space for spirituality and religion, pointing to compelling ways that discussions of faith can enhance therapeutic outcomes.

ADDRESSING SPIRITUALITY AND RELIGION

Experts share why practitioners should consider making space for religion and spiritual issues in therapy and how to foster openness to learn together **BY ZARA ABRAMS**

More than 70% of U.S. adults say religion is important in their lives, and most patients want the chance to discuss religion or spirituality during therapy (*Religion*, Gallup Historical Trends, 2023; Oxhandler, H. K., et al., *Religions*, Vol. 12, No. 6, 2021). But when surveyed about their expertise, up to 80% of practicing psychologists say they received little to no training on addressing spiritual and religious issues during therapy (Vieten, C., et al., *Spirituality in Clinical Practice*, Vol. 3, No. 2, 2016).

“Most people in the United States find religion either very important or somewhat important in their lives. This is a foundational part of how people view the world,” said psychologist Cassandra Vieten, PhD, a clinical professor of family medicine and director of the Center for Mindfulness at the University of California, San Diego, who has developed guidance for enhancing spiritual and religious competencies among therapists. “But, in general, clinicians don’t tend to bring it up with patients.”

Psychologists say it’s time for that to change, pointing to compelling ways that discussions of faith can enhance therapeutic outcomes. Myriad studies show that religious or spiritual involvement improves mental health and can be useful for coping with trauma. By centering the patient and their existing beliefs, psychologists can help people leverage their religious and spiritual resources as a source of strength during challenging times (Oman, D., & Syme, S. L., in *Why Religion and Spirituality Matter for Public Health*, Springer, 2018; Park, C. L., et al., *Trauma, Meaning, and Spirituality*, APA, 2016).

On the other hand, religion can cause harm that patients may need to address in therapy, such as abuses toward the LGBTQ+ community or a legacy of oppression or colonization based on religious affiliation. People of faith also face day-to-day conflicts and questions relating to their beliefs and communities that they may wish to explore in a secular space. And just as therapy affords the space for patients to explore

how they approach their work, health, and relationships, it can also offer opportunities to answer deeper questions about the meaning of life and their place in the world.

"We're not only biological, social, and psychological beings, but spiritual beings as well. We have a yearning to connect with something larger than ourselves, something sacred," said Kenneth Pargament, PhD, an emeritus professor at Bowling Green State University in Ohio who has led efforts to integrate spirituality into mental health care and to help patients navigate spiritual and religious struggles. "But traditional behavioral models of psychology often do not fully capture what it means to be human."

To start, many mental health practitioners simply need more thorough training on how to ethically and effectively make space for spirituality and religion in therapy. That should include an exploration of their own biases, experts say, such as why they may hesitate to engage with patients on spiritual topics and assumptions or microaggressions they may unknowingly make. It's also time to start asking about religion and spirituality during intake interviews and to look for signs that a patient may want to explore further.

Spirituality and religion are two distinct but overlapping concepts. While religion involves organized or shared practices and beliefs, spirituality is the process of seeking out something sacred. That can involve a higher power or other aspects of life—such as loving relationships, nature, or work—and may occur either

inside or outside of a religious tradition. More than a quarter of U.S. adults say they are spiritual but not religious ("More Americans Now Say They're Spiritual but Not Religious," Pew Research Center, 2017).

"If a large part of the way that people see themselves, make meaning, and understand and approach their challenges is connected to their faith, traditions, and beliefs, it is against our ethical guidelines to ignore that," said APA 2023 President Thema S. Bryant, PhD.

MIXING FAITH AND SCIENCE?

Psychology, as a field, has historically not been particularly interested in—or friendly toward—religious and spiritual issues, Pargament said. With the 20th-century rise of psychoanalysis and behaviorism, that divergence peaked.

"Leaders like Sigmund Freud and B. F. Skinner wanted to establish psychology as a science, and thought religion was largely a way of protecting people from confronting reality," Pargament said. "That orientation shaped and shaded the field for many years."

In the United States, cultural taboos around discussing religion and politics likely also contribute to discomfort among mental health practitioners, said Stephanie Winkeljohn Black, PhD, an associate professor of psychology at Penn State Harrisburg who studies multicultural psychotherapy. On top of that, many simply lack exposure to religious life. Surveys show that psychologists are considerably less religious than the general public

(Shafranske, E. P., & Cummings, J. P., in *APA Handbook of Psychology, Religion, and Spirituality (Vol. 2): An Applied Psychology of Religion and Spirituality*, 2013). If they also received little training on the subject, they may view it as unprofessional to discuss spiritual matters with patients, Bryant said.

Others may have negative experiences of their own with religion or feel concerned about discussing the topic with groups who face outside harm from religious establishments, such as people who identify as LGBTQ+.

"Some frame it as almost a moral or ethical imperative to protect their clients from religion," said Winkeljohn Black, who is studying perspectives on religion and spirituality among trainees.

The lack of attention to religion isn't just a missed opportunity. In some cases, psychologists cause or compound harm by dismissing patients' attempts to discuss their beliefs; assuming that a patient's religion is racist, sexist, or shame-based; or pathologizing someone as "hyper-religious" because they attend services several times a week (Trusty, W. T., et al., *Psychotherapy*, Vol. 59, No. 3, 2022).

"Often there is a silencing on the topic, but there have also been mental health providers who are disrespectful, shaming, and dismissive of people's faith traditions," said Bryant, who is an ordained elder in the African Methodist Episcopal Church.

That silence and dismissal may contribute to disparities in mental health service use by Black and Brown communities in the United States, Vieten said.

FURTHER READING

Spiritual and religious competencies in psychology

Vieten, C., & Lukoff, D. *American Psychologist*, 2022

Working with spiritual struggles in psychotherapy: From research to practice

Pargament, K. I., & Exline, J. J. Guilford Press, 2021

Spiritual diversity in psychotherapy: Engaging the sacred in clinical practice

Sandage, S. J., & Strawn, B. D. (Eds.) APA, 2022

Trauma, meaning, and spirituality: Translating research into clinical practice

Park, C. L., et al. APA, 2016



Black Americans are more likely than the general public to believe in God or a higher power and to say that religion is very important to them (“Faith Among Black Americans,” Pew Research Center, 2021). Among Muslims in America, two-thirds say religion is very important and 6 in 10 pray daily (“U.S. Muslims Concerned About Their Place in Society, but Continue to Believe in the American Dream,” Pew Research Center, 2017). An unwillingness or inability to address religious strengths and struggles with those populations in therapy could discourage them from seeking help.

Research also suggests that psychologists may have a distorted view of their preparedness to discuss religion and spirituality. Though the large majority report getting little or no training on religious and spiritual issues, most still say they are fully or mostly competent to handle them when they arise (Vieten, C., et al., *Spirituality in Clinical Practice*, Vol. 3, No. 2, 2016).

Now, a growing cadre of psychologists say it’s time for a

change. For one, religion should be a standard part of the intake—just as we ask about family, work, and relationships, we should ask what patients hold sacred and where they find meaning. That information offers insight into their psychological functioning, Vieten said, but it’s also a component of their diversity. In addition, asking about religious or spiritual engagement sends the message to patients that it is a welcome subject in therapy.

“Some therapists might be hesitant to even start the conversation,” said Cynthia Eriksson, PhD, dean of the School of Psychology & Marriage and Family Therapy at Fuller Theological Seminary. “Unfortunately, that leads to clients feeling like it’s not safe or appropriate to talk about their religious beliefs, which is a huge loss.”

HOW TO EFFECTIVELY INCORPORATE SPIRITUALITY AND RELIGION

To support psychologists in beginning to effectively and

Know when to seek support, either from other clinicians who have expertise at the intersection of spirituality and psychology or a spiritual guide or leader from the patient’s tradition.

ethically weave spirituality and religion into clinical practice, Vieten and her colleagues, including David Lukoff, PhD, of the Spiritual Competency Academy and co-investigators on the Spiritual and Religious Competencies Project, have developed a set of spiritual and religious competencies (*American Psychologist*, Vol. 77, No. 1, 2022). They are now drafting a series of formal religion and spirituality guidelines as part of APA’s Div. 36 (Society for the Psychology of Religion and Spirituality) that will soon undergo review by other divisions. Experts offer the following advice grounded in the spiritual and religious competencies:

■ Routinely ask about spiritual and religious background, beliefs, and practices

It all starts with asking the questions. During intake, Mark Yarhouse, PsyD, director of the Sexual & Gender Identity Institute at Wheaton College in Illinois and chair of the Div. 36 Task Force on LGBT Issues, suggests asking about a patient’s religious tradition growing up. How were beliefs and values expressed? To what degree does that background influence how you view things today? Would you like to integrate spirituality and religion into clinical care as we work toward your goals?

As therapy progresses, Bryant suggests finding opportunities to learn more about a patient’s religious practices and beliefs—including how their own beliefs may differ from those of their community. It’s important to ask questions about both strengths and challenges related to a person’s faith.



■ **Know how religion and spirituality can shape identity, diversity, and psychology**

Psychologists should enter those conversations with a basic conceptualization of both religion and spirituality, including practical points such as how major religious traditions view gender roles and expectations, said Sandra Dixon, PhD, an associate professor of counseling psychology at the University of Lethbridge in Alberta, Canada. They should also understand the multidimensional nature of spirituality and religion, which can involve beliefs, practices, relationships, and experiences that may differ significantly, even among individuals from the same tradition.

“A psychologist doesn’t have to be an expert on all world religions, but they do need to understand how religion and spirituality function in a person’s life,” Yarhouse said.

Beyond foundational knowledge, approaching conversations with cultural humility and healthy self-disclosure, when appropriate and beneficial to a patient, can show that even if a practitioner does not share the same faith, they are genuinely curious about and comfortable with discussing

it, Dixon said. That means having the willingness to say, “I don’t understand, but I’m willing to learn alongside of you.”

■ **Practice with an awareness of your own spiritual and religious background and beliefs, including any biases**

Just as therapists hold biases around race, gender, sexuality, age, culture, and other characteristics, they also have biases around religion and spirituality. A deeply religious clinician, for example, might encounter an atheistic patient and worry that the person is lonely or unfulfilled; a secular therapist might assume their religious or spiritual patient is anti-intellectual or naive. Bias and countertransference can also be an issue when a provider and patient come from the same religious tradition if the provider makes judgments about how to observe or participate correctly.

“Even though you might share the same faith as your client, your client might have a different understanding of that faith, belief system, and worldview,” Dixon said.

Probing those assumptions and reactions, then recentering on the patient’s lived experience, is a key part of becoming

By centering the patient and their existing beliefs, psychologists can help people leverage their religious and spiritual resources as a source of strength during challenging times.

competent and confident as culturally humble clinicians.

■ **Understand that spirituality and religion can bring strengths to support treatment**

Religious and spiritual beliefs and practices can be a powerful resource for patients who are working through challenges, including traumatic experiences.

“One of the important things psychologists do is to help people regain their footing when trouble hits and draw on the resources that have sustained them in the past,” Pargament said. “That applies to spiritual as well as physical, psychological, and social resources.”

In some cases, that may simply mean encouraging a patient to reconnect with a religious or spiritual community that previously has provided support. When one of Pargament’s patients was suffering from post-traumatic stress disorder after witnessing a fatal car accident, he withdrew from his church community because he feared burdening or frightening other members. Pargament encouraged him to reach out, suggesting that others may see it as a gift to support him after he had enriched their lives (*Spiritually Integrated Psychotherapy: Understanding and Addressing the Sacred*, Guilford Press, 2007).

“When he finally reached out, it was really a key moment in his healing, something that helped him regain his emotional footing,” Pargament said.

For trauma survivors, Bryant recommends paying attention to how religious and spiritual beliefs may relate to shame and self-blame, self-forgiveness, and the possibility of change.

■ **Be aware of spiritual struggles that might influence patients' faith**

When patients experience challenges related to their spirituality or religion, practitioners can provide support by encouraging discussion and reflection, as well as by helping patients find ways to use those struggles as a springboard to growth. For example, a patient may feel anger for being punished by God, worried about being tormented by evil spirits, guilt about not living up to moral standards, or concerned that life may not really matter. Interpersonal struggles can also occur in a religious community, including conflict with others relating to one's beliefs (Pargament, K. I., & Exline, J. J., *Working with Spiritual Struggles in Psychotherapy: From Research to Practice*, Guilford Press, 2022).

"Therapy is a place where people can say, 'I'm not sure what I believe,' and where they can explore behaviors that their faith tradition may not support," Bryant said, such as living with a partner without being married.

Some populations may be more likely to face religious struggles than others. In Canada, Dixon and a graduate student assistant, Julianne Bell, recently completed a study exploring immigrant patients' experiences of faith and faith practices in the context of counseling. One key finding revealed the intersectionality between religiosity and colonization, including intergenerational trauma that has resulted from certain Christian and Eurocentric worldviews and traditions (*Cultural and Pedagogical Inquiry*, Vol. 12, No. 1, 2021).

While many Indigenous, Black, and racialized people (including immigrants) have faced direct and indirect harms from organized religion, many still draw strength from their religious involvement to cope with life's challenges, Dixon said.

LGBTQ+ patients also experience fewer benefits from religion than the general population, according to a meta-analysis led by Tyler Lefevor, PhD, an associate professor of clinical/counseling psychology at Utah State University (*Psychological Bulletin*, Vol. 147, No. 7, 2021). But religion can also provide these individuals meaning, values, and community, just as it does for other people of faith. Lefevor cocreated the religious/spiritual stress and resilience model to help providers understand and probe the range of harms, benefits, and questions LGBTQ+ patients may face with religion and spirituality (*Perspectives on Psychological Science*, online first publication, 2023).

"Religion can be both damaging and life-giving for LGBTQ people, but it's a real shame when they can't access it," he said.

■ **Know when to consult with colleagues or spiritual or religious leaders**

Being competent on matters of religion and spirituality also means knowing when to seek support. Practitioners should be willing and able to refer to, consult with, or collaborate with other clinicians who have expertise at the intersection of spirituality and psychology. Look for training directors at clinics that offer spiritually integrated care, or contact a member of

APA's Div. 36 for a referral, Vieten suggested.

It can also help to connect with a spiritual guide or leader from the patient's tradition (Milstein, G., et al., *Professional Psychology: Research and Practice*, Vol. 41, No. 5, 2010). A patient who is struggling with questions about theology and morality, for example, could benefit from the dual support of a psychologist and a religious adviser.

Vieten once worked with a patient who was protesting weekly at abortion clinics because of his religious beliefs but was also experiencing nightmares and distress linked to that behavior. She consulted with other psychologists and guides from his religious tradition to help gain clarity on the situation and to separate her assessment from any personal feelings on the subject.

"It's a good idea to seek outside support if you find yourself having a strong reaction, or if you are not sure what to do," she said. ■

TRAINING RESOURCES

■ **University of Maryland, Baltimore: Spiritual Competency Training in Mental Health:** This 5-week course was developed by Michelle Pearce, PhD, Kenneth Pargament, PhD, and their colleagues. It covers addressing spiritual problems in psychotherapy, mobilizing clients' spiritual resources, and more.

■ **The Khalil Center** offers Islamically integrated mental health and religious consultation services, as well as virtual professional courses and workshops for practitioners.

■ **Fuller Theological Seminary** offers several hybrid psychology-theology programs, including two doctoral programs in clinical psychology accredited by APA. Fuller also offers an annual symposium in February focused on integrating psychology and theology.

By carefully considering how to prepare themselves and their patients ahead of time, practitioners can ease the transition of a pause in practice.



HOW TO TAKE A BREAK FROM YOUR PRACTICE

Taking a break from providing therapy is a scary idea for many psychologists, but these respites are vital in more ways than one

BY HELEN SANTORO

For psychologists, the idea of taking an extended break from a therapy practice can be daunting. Regardless of whether you are working in a private practice or a hospital, college, or community clinic, you have patients who rely on you, and you have your own financial considerations as well.

But psychologists often need to step away from patient care for a while for a variety of reasons, including illness, said Blaine Lesnik, PsyD, a clinical psychologist in Chicago who stopped her private practice for around 5 years after her lungs became so deteriorated from pulmonary sarcoidosis, a rare

autoimmune disease that causes small lumps of inflammatory cells to build up, that she needed a bilateral lung transplant to survive. “Psychologists are human, and we face illness at times. Our patients typically can accept the truth of that and thus want us to take care of ourselves.”

Along with physical health concerns, psychologists may need to take a break for mental health reasons—something that has become particularly prevalent during and since the COVID-19 pandemic. In 2022, 45% of U.S. licensed psychologists reported feeling burnt out, according to APA’s 2022 COVID-19 Practitioner Impact Survey.

SHUTTER, JAGGETTY IMAGES

Other reasons for pausing your practice may include taking parental leave, caring for a loved one, taking a sabbatical to travel or engage in a hobby, or pursuing related career interests, such as serving as an APA division president. Whatever the reason, this shift requires smart planning around notifying your colleagues, transitioning your patients to other psychologists, deciding how much to disclose to patients about why you are leaving, and taking the time to really separate yourself from your practice while you are away.

Lesnik and other psychologists shared their experiences and tips on how to pause a practice.

PREPARE YOURSELF AND YOUR PATIENTS AHEAD OF TIME

First, recognize that you have the right to take care of yourself, said Stephanie Burcusa, PhD, a clinical psychologist in Great Falls, Montana. “We have to put on our own oxygen mask first,” said Burcusa, who went on maternity leave both in 2012 and earlier this year. “Being able to step away allows us to help others again when we come back.”

Then comes the logistics of telling your patients and colleagues. When Burcusa first went on maternity leave while working at an eating disorder clinic in Minnesota, she created a list of her patients and matched them with colleagues who had the proper clinical expertise and could take over the patients’ treatment while she was away. For example, if one of Burcusa’s patients with obsessive-compulsive disorder was

in the middle of exposure and response prevention (ERP)—the practice of confronting the thoughts, images, objects, and situations that make the patient anxious or provoke their obsessions—she would match them with a therapist trained in ERP. Additionally, Burcusa considered the provider’s age, gender, overall therapeutic style, and availability.

A few months before her due date, Burcusa told each patient she would be leaving for a brief span and asked if they would like to have a trial session with the other therapist to make sure they were a good fit. It is important to clarify in advance if the patient should plan on transferring completely to this new therapist or if the other therapist will serve as a fill-in while you are gone.

“I tried to make it as seamless as possible and give the patients a voice in the transition,” Burcusa said. “I also made sure to mention that if they find it’s a better fit with the other therapist, that is totally fine, and they didn’t need to come back to me when I returned.”

Some patients may struggle with the news, so it is important to give them enough space to process it. In Burcusa’s case, her patients had eating disorders, so seeing their therapist’s body change could be triggering for them.

“For patients who I thought might have a hard time hearing the news, I would tell them at the beginning of a session so there would be plenty of time to process, if necessary,” Burcusa said. “Basically, I just tried to share the news directly and sensitively, and to give patients

as much choice and autonomy as possible.”

To further help with the transition, Burcusa created a document with the clinic’s contact number, details about how long she was going to be out, and a written record of the patient’s coverage plan that she distributed to the patient and the colleague who would be stepping in.

Arizona-licensed psychologist Paula McCall, PhD, was open with her patients about her situation when she took 5 weeks off in 2021 to care for an ailing parent during her mother’s final days, take care of affairs, and grieve after her mother died. Luckily, her patients’ treatment was not significantly impacted by her short break.

“They were very supportive,” McCall said. “I tend to be more transparent as a therapist anyway. I work with children, teens, and young adults, so a lot of my patients include parents. I would already tell them when I needed to take a day off for my daughter’s birthday, or something like that. I aim to be transparent as a mom and a human being.”

Lesnik, who reluctantly closed her therapy practice of 15 years for health reasons, took the time to call each patient and tell them it would likely be years before she could practice again. She also set a clear end date with her patients. “Planned termination, if you can, is a better termination. It provides the patient with less unknown and more control,” Lesnik said.

Like Burcusa, Lesnik considered her patients’ needs and what type of therapist they would work with best before sending

FURTHER READING

Planning extended leave from your practice: What psychologists and therapists need to know before going on maternity leave or other extended leave
Gilderthorp, R., & Thomas, M.
The Business of Psychology, Aug. 20, 2021

Work-family balance and job satisfaction: An analysis of Canadian psychologist mothers
Wiens, D., et al.
Canadian Psychology, 2023

When a therapist goes on leave: Toward a rationale for clinical management of the interim
Sarnat, J. E.
Psychotherapy: Theory, Research, Practice, Training, 1991

out referrals. She checked in with her colleagues to make sure they were able to take on new patients and, with each patient's permission, scheduled consults with the new therapist to share some patient background. For many patients, Lesnik also had one or two final sessions after they met the new therapist to finalize and process the transition. However, she did not send over any patient notes.

"The patient and their new therapist have to make their own therapeutic alliance that doesn't involve me, because they'll be working together from that point on given that it wasn't clear when, or if, I would be able to return to work," said Lesnik.

PREPARE FINANCIALLY

Working out your finances is another key step in the planning process. When Burcusa took maternity leave earlier this year, she received financial support through her hospital's paid time off and family and medical leave

services. For psychologists in private practice, however, coordinating the financial aspects of leave is far more complicated—so the best time to prepare is before you pause your practice.

"It's hard to step away for a long period of time with no income," said McCall. "Doing what you can to plan for that income gap ahead of time is crucial." For example, everyone in private practice should purchase disability insurance in case they need to pause their work for physical health reasons or parental leave.

Taking a break means your savings will need to cover both your personal expenses and your professional ones, like office rent, insurance premiums, business licenses, and quarterly taxes, that will still need to be maintained while you are away. Therefore, it is critical to set up two budgets for your personal and business expenses before pausing your practice and to start saving as soon as possible. Ask yourself



Psychologists may need to pause their practice for a wide variety of reasons, including taking parental leave, caring for a loved one, taking a sabbatical to travel or engage in a hobby, or pursuing related career interests, such as serving as an APA division president.

questions like: How much money do I currently have saved up? Are there business costs I can cut while I'm out of the office? Do I have a support system like a partner or family that can help during this period?

Additionally, you can check if your state has paid family leave policies (for example, California offers 6 weeks of pay at 60% to 70% of an individual's average weekly salary).

SEPARATE YOURSELF

A vital part of going on leave is establishing boundaries. That can mean telling patients and staff ahead of time that you will be checking your email only at the end of each day, only responding to urgent calls and messages, or stepping away from emails and phone calls entirely. Setting up an automatic out-of-office email and voicemail reply telling patients you are currently unavailable, the date you plan to return to the office, and who to call in case of an emergency is also crucial.

"I had already set boundaries between work and home before my maternity leave," said Burcusa. "I need the time at home



for myself, and that boundary is a skill I already worked on developing. I also knew my patients were in good hands with my colleagues.”

McCall still checked her emails to make sure nothing urgent came up while she was away. One of the key things she has learned over her years as a therapist is how to gauge an email’s urgency without always responding. For example, an email from a patient about rescheduling a future appointment does not warrant an immediate reply, whereas one with threats of self-harm does.

“I’ve emphasized with my patients that if you ever need to email me or talk about something, that is fine, but I will never give therapy or advice over email,” McCall said. When she’s out of the office, she also reminds her patients of the 988 Suicide and Crisis Lifeline, along with other crisis resources.

Pausing your practice can also benefit you in the long term. Research shows that taking an extended break from work brings positive changes to individuals’ work and life, including greater self-clarity, according to a 2022 study (Schabram, K., *AOM Insights*, 2022). Leisure activities such as working out, reading, going to a museum or play, and volunteering in the community have also been associated with improved physical health, social functioning, and vitality (Elsden, E., et al., *BMC Public Health*, Vol. 22, No. 1275, 2022).

EASE BACK IN

Returning to your practice can be just as much of an adjustment

as leaving. When McCall was about to start seeing patients again after 5 weeks away, she realized she had been burnt out and decided to revamp her practice. “I’ve completely changed my scheduling practice to make sure I have breaks built in,” McCall said. Now, she sees patients every other week and spends her off weeks writing reports and evaluations. “I’m very cognizant of not overscheduling myself now.”

When Lesnik started up her practice again in 2017 after 5 years away, she began with only 5 patient hours each week. Over time, she slowly expanded her practice, and now she has around 20 patient hours weekly. “I’d been through a lot of medical trauma,” Lesnik said. “It’s important to make certain that any choice you make doesn’t leave you in a position where you’ll overwork yourself with too many new patients at once. You need to be honest with yourself. The art of psychology takes a while to reengage in.”

Psychotherapist Charlie Davidson, PhD, stopped his practice 2 years ago when he decided to switch careers and work at a tech startup. He eventually wants to see patients again

Plan your return in a way that allows you flexibility for what you need and recognize that your return may be just as much of an adjustment as leaving.



and is reaching out to colleagues who use similar therapy styles and may be able to advise him on how to rebuild a private practice. You can also connect with members of your APA division who are in the same field as you for help, Davidson said. “Take it one bite at a time.”

It’s important to be kind to yourself when you are coming back from a break, said Burcusa, because “it takes a while to get ramped back up again.” It is also smart to give your patients a chance to adjust by contacting them a few weeks ahead of time to remind them of your return date.

A lot can happen in a patient’s life in the weeks or months that you were gone, so you should go over any major updates with your colleagues. “I left my first day after coming back from maternity leave pretty open to check in with colleagues and review charts,” Burcusa said.

Furthermore, creating a back-to-work schedule to ease back into your practice is helpful. For example, if you are recovering from giving birth, you may plan to start seeing patients 12 weeks after your delivery date and begin with just 4 telehealth sessions per week. After a week or two, you may then move to 6 telehealth sessions and 4 in-person sessions each week, slowly adding more patient sessions until you eventually resume your full caseload.

Overall, one of the most important things to keep in mind is that breaks are a vital part of any therapy practice. “If you feel like you need a break, do it,” said McCall. “Give yourself the permission to step away.” ■

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(RFP), which is not APA-accredited. Experiences range from primarily clinical to 100% research. **Application deadline for CPP, CCPSP, CNSP Pediatric-emphasis, and RFP is December 4, 2023, with rolling admissions. Application deadline for CNSP Adult-emphasis is December 4, 2023, hard deadline - All materials must be received by 11:59 p.m. EST, December 4, 2023.** For application, program details, and available fellowships (average of 20 per year), visit the Postdoctoral Fellowship page on our website: <https://clinical-psychology.med.brown.edu/>



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CANADA

CLINICAL PSYCHOLOGISTS: Manitoba, Canada, is expanding psychologist services in the healthcare system through significant government investment. Psychologists are employed centrally through Clinical Health Psychology (CHP), which is both a provincially led clinical service in the Manitoba health system (Shared Health MB) and academic department in Max Rady College of Medicine, University of Manitoba. Positions offer a competitive salary/comprehensive benefits; relocation support; licensing supervision; professional development; and opportunities for residency training and clinical research. Permanent full-time opportunities are available in Winnipeg/urban hospital-based services for: adult mental health (e.g., anxiety, women's health, geriatric), health (e.g., cardiac, transplant, bariatric surgery, pain, sleep, clinical neuropsychology), and child/adolescent (e.g., transgender health, diabetes, pediatric neuropsychology, FASD, preschool developmental disorders), as well as rural lifespan mental health services. Doctoral degree (PhD/PsyD) in Clinical Psychology from CPA/APA-accredited programs, and completion of CPA/APA-accredited residency required. Must be eligible for registration as a psychologist in Manitoba. For more information about CHP/career opportunities: <https://healthcareersmanitoba.ca/professions/clinical-psychologists/>. For a conversation or to apply, email your curriculum vitae and cover letter indicating your area(s) of interest to Dr. Lesley Graff, CHP Provincial Lead and Head, via Ronda Perinot rperinot@hsc.mb.ca.

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Andy Blackwell, chief scientific officer at IESO Digital Health in Cambridge, UK, is pioneering an approach to mental health care in which the language used in therapy sessions is analyzed by AI.

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NEARLY HALF OF OLDEST AMERICANS HAVE DISABILITIES

The COVID-19 pandemic was especially hard on adults who have disabilities, inflicting almost twice the rate of distress on them as on adults without disabilities

46%

Percentage of Americans ages **75 and older** who report having a disability. That compares with **24%** of adults ages **65 to 74**, **12%** of adults ages **35 to 64**, and **8%** of adults younger than 35.

30%

Percentage of adults ages **75 and older** who have serious difficulty **walking or climbing stairs**—a much higher rate than other age groups. People in this age group are also much more likely than other age groups to have disabilities related to **hearing** (20.9%), **independent living** (22.4%), **cognition** (12.2%), and **vision** (8.7%).

18%

Percentage of **American Indians and Alaska Natives** who report having a disability, compared with **14%** each of White and Black Americans, **10%** of Hispanic Americans, and **8%** of Asian Americans.

66%

Percentage of adults with a disability or health condition that prevents them from participating fully in work, school, housework, or other activities, who reported a **high level of distress** between **March 2020** and **September 2022**, at the height of the COVID-19 pandemic. That compares with **34%** of those who do not have a disability.

Source: Pew Research Center, (July 24, 2023). *8 facts about Americans with disabilities*, www.pewresearch.org/short-reads/2023/07/24/8-facts-about-americans-with-disabilities/. Includes data from the 2021 U.S. Census Bureau's American Community Survey.

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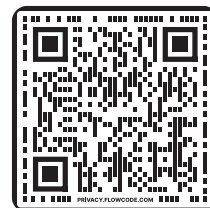
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