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The Hot List

Resources, opportunities, and news for psychologists from APA



SCIENCE IN STORYTELLING

Case Study: Psychologists and Hollywood

Peek behind the curtain of the entertainment industry with this on-demand webinar. Discover how psychologists infuse science into mental health narratives on-screen. Psychologists Yalda T. Uhls, PhD, and Maryam Kia-Keating, PhD, joined Aron Eli Coleite, showrunner and executive producer, to discuss how they collaborated on the storytelling for *The Spiderwick Chronicles*. Watch the recording at

youtu.be/fWXqFs9PzWU

APA 2025

Perspectives Power Possibilities

Join us at APA 2025, Aug. 7-9, in Denver or virtually. Bringing together leading researchers, innovative practitioners, and thought leaders from across psychology, APA 2025 is more than just a convention. It's a nexus of collaboration and a celebration of diverse perspectives. Don't miss 800-plus hours of programming, engaging headline events, and keynotes. You can easily find sessions aligned with your professional interests by searching the online program. For example, using the “Pathway for Independent Practitioners” tag will help you find content relevant to psychologists in independent practice. Find this tag at Agenda / Explore full program / Search-Filter program / Tags. See all the details and full program at convention.apa.org



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EDUCATE

Mind Over Misinformation

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SEMINAL SCIENCE

Breakthrough Research

APA's new Breakthrough Research series revisits key papers from APA journals that continue to shape the field decades later and inspire new generations of psychological scientists to build on that foundational work. The series covers self-determination theory, the Stroop effect, the implicit association test, and more. Read the first article at

www.apa.org/research-practice/conduct-research/self-determination-theory

ELECTION

Meet the Candidates for APA President

The four candidates for APA's 2027 president are Kalyani Gopal, PhD, HSPP; Noelle L. Lefforge, PhD, MHA, CGP, ABPP; Joseph Pachman, MD, PhD, ABPP; and Linda M. Woolf, PhD. See page 38 for more about their experience, vision, and priorities for the association and use the QR code in the article to vote. Voting opens Aug. 1 and runs through Sep. 15. All the candidates will be answering questions on important topics throughout the summer at

www.apa.org/about/governance/elections/president-elect-candidates

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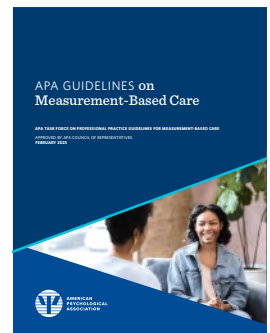
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PRACTICE

Data-Driven Care

APA's recently released *Professional Practice Guidelines on Measurement-Based Care* help practitioners track patients' treatment progress and improve communication and planning. The guidelines also provide insight into where patients' needs might differ from the data, guiding treatment adjustments, and engaging patients effectively throughout their therapy. The guidelines may be used in various settings, including individual or group therapy, and are effective for patients from diverse racial, gender, and socioeconomic backgrounds. Access the guidelines at

www.apa.org/about/policy/guidelines-measurement-based-care.pdf



NAVIGATING POLICY

APA/APASI Response Center

APA is equipping psychologists with essential, science-backed information to navigate rapidly evolving federal policies affecting research, education, and practice. Visit the APA/APASI Response Center for regular updates and information on policy issues including funding cuts to critical research, challenges to equity, diversity, and inclusion (EDI) initiatives, misinformation about autism, and more. Plus, find out what APA is doing to advance and protect psychology and how you can get involved. APA is committed to supporting members through these changes. Stay informed at

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YOUNG INNOVATORS

APA Regeneron Award Winners

The Regeneron International Science and Engineering Fair (ISEF) is the world's largest STEM research competition for high school students. This year's competition—ISEF's 75th—attracted almost 1,700 students from more than 60 countries, regions, and territories. As a Special Awards Organization, APA honored seven exceptional projects that exemplify psychological science. These promising scientists may be the future of the field. Read about the awardees at

www.apa.org/ed/precollege/topss/isef-winners



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58 Medical Aid in Dying Brings a Compassionate Close to Life

For terminally ill patients with less than 6 months to live, psychologists can offer support and evaluations to fulfill patient wishes for medical assistance in dying.



66 Psychologists Are Shaping a New Era of Weight Loss

As drugs like Ozempic continue to gain widespread appeal, psychologists are studying—and treating—their mental health effects.



50 Everyday Advocacy (cover)

Psychologists in any setting can take small actions that add up to meaningful change.

INNOVATIVE INCOME STREAMS

With a slowing economy and long-standing difficulties with insurance reimbursement, many psychologists, among the original “gig workers,” supplement their clinical work with other income streams, such as consulting, coaching, supervision, writing, and conducting workshops (see page 80).



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Citizen Participation

Psychologists play a vital role in societal well-being

BY DEBRA KAWAHARA, PhD



Dr. Kawahara is the 2025 APA president and associate dean for academic affairs and distinguished professor at the California School of Professional Psychology, Alliant International University.

CITIZEN PARTICIPATION IS a cornerstone of a thriving democracy, embodying the principle that every individual has a role to play in shaping their community, town, and country. This involvement is not merely a civic duty but a profound expression of our interconnectedness and shared responsibility. As psychologists, we are particularly drawn to leveraging our knowledge and influence to promote individual and societal well-being.

The *Avatamsaka Sutra*, a Buddhist text, states that it is only through interdependence that people can achieve freedom from suffering. Many Buddhists find comfort and a spiritual road map in this framework that underscores the importance of compassion, liberation, and the connectedness of all beings. This sense of interconnectedness is beautifully articulated in the *Avatamsaka Sutra*, which teaches that we are in relationship with the entire universe. Our actions matter because they affect not only ourselves but also the world around us. These principles, adapted by Thich Nhat Hanh in his Engaged Buddhism movement, provide a powerful lens through which we can view the significance of citizen participation.

Thich Nhat Hanh's adaptation of the sutra emphasizes living fully in each moment and embracing all beings with the eyes of compassion. This perspective encourages us to

view citizen participation as an act of compassion and care. By addressing the needs of our own hearts, our environment, and our communities, we can create positive change. This approach aligns with the concept of everyday advocacy, where small, consistent actions contribute to significant societal shifts.

Regardless of whether one adheres to a religious tradition, or simply has an innate sense that we are all in this together, when we actively engage in our communities, advocating for change and contributing to the collective well-being, democracy thrives.

This engagement can take many forms, from participating in local government meetings to volunteering for community projects or supporting local businesses. The imperative to get involved is rooted in the belief that our actions, no matter how small, have a ripple effect on the broader society. By participating, we not only address immediate needs but also contribute to the long-term health and vitality of our communities.

Let us embark on this journey together, one step at a time, with the conviction that what we do each and every day matters. ■

Psychologists can engage in their local communities by volunteering, supporting businesses, and taking civic action to advocate for change. See more ideas for everyday advocacy on page 50.





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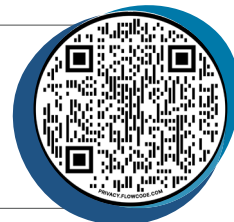


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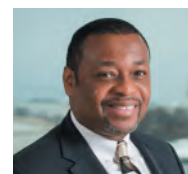
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Redefining Psychology

We must evolve our methods, mindset, and mission

BY ARTHUR C. EVANS JR., PhD



Arthur C. Evans Jr., PhD, is the chief executive officer of APA. You can follow him on LinkedIn. [in](#)

RAPID ADVANCES in technology and societal change are transforming the world around us—and with it, the field of psychology. These forces are compelling us to reimagine the very essence of what it means to be a psychologist.

Much of our traditional work—clinical interventions, psychometric testing, academic research—is being reshaped by powerful disruptors like artificial intelligence (AI). At the same time, new guiding frameworks are emerging. Population health, for example, broadens our focus from individual pathology and treatment to include strategies that promote mental well-being across entire populations. This is not simply an expansion of scope; it's a paradigmatic shift that challenges many longstanding assumptions about psychological practice, training, and research.

To remain relevant and impactful, several dimensions of our professional identity must evolve.

■ **What we do.** AI is rapidly taking on tasks that psychologists perform across clinical, educational, research, and applied domains. As this shift accelerates, it forces us to confront fundamental questions. If we define ourselves by the tasks we do, what becomes of our identity when those tasks change? What is the irreducible core of being a psychologist—the enduring value we offer? We must clarify this “meta” work to ensure we

articulate our distinct human contribution and evolve our roles strategically rather than passively reacting to change.

■ **How we think about our roles.**

We limit our potential when we define ourselves narrowly—by the tasks we perform or the settings in which we work—rather than by the unique expertise and methods we bring. For example, identifying as an “expert in human behavior and mental health” rather than a “clinician” expands the lens through which we view our impact. This shift allows greater adaptability in a changing world and strengthens our capacity to lead across diverse contexts.

■ **How we see ourselves.** At its core, psychology is the “science of people.” Whether we are clinicians, researchers, educators, or applied scientists, our fundamental purpose is to use this science to improve the human condition. While the ways we work will continue to evolve, our commitment to understanding and enhancing human experience must remain our compass. That is our constant.

The present moment calls for more than adjustment—it calls for reflection and redefinition. Now is the time to ask not only what we are doing, but who we are becoming. ■

We must evolve technologically, while maintaining our strong scientific foundation in human behavior.





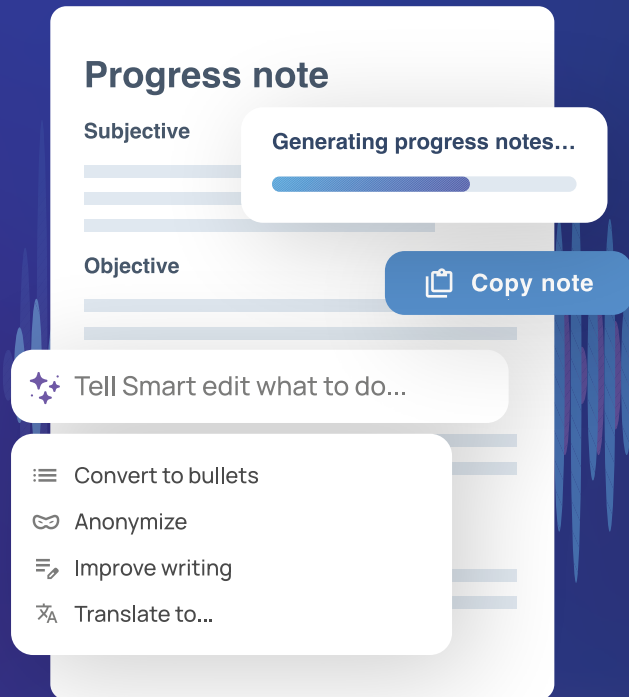
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In Brief

COMPILED BY CHRIS PALMER, PhD

People tend to assume those who are close to them share their personal values and beliefs.



Wishful perceiving bias

People often misperceive the values and beliefs of those with whom they are close and assume they see things the same way, according to a study in the *Journal of Personality and Social Psychology*. In six studies spanning four countries (Finland, Israel, Italy, and Poland), more than 2,200 participants responded to surveys about the values and beliefs of their spouses or romantic partners, children, parents, and close friends, as well as how closely these individuals aligned

with participants' personal values and beliefs. Participants tended to assume their close others shared their own values, even when controlling for the others' actual values and beliefs. The effect was stronger in closer relationships. The researchers suggest one consequence of this bias is that if children perceive their parents' values as similar to their own, they may not learn their parents' real values.

DOI: 10.1037/pspi0000482

📷 In U.S., volunteering is more valued than family care

Americans believe volunteering to help strangers is more virtuous than providing care for family or friends, according to research in the *Journal of Personality and Social Psychology*. In the first of five studies with 7,326 participants in the United States, researchers found that Americans in lower, versus higher, social class contexts perceived that they contribute less to society and believed others would agree. The next four studies revealed the reasons:

(a) Americans across social status perceive helping strangers as more altruistic and more of a societal contribution than helping family, and (b) in lower social class contexts individuals tend to engage in relatively more family care and less volunteering. These studies highlight a form of psychological inequality by which people in lower social class contexts perceive the type of help that is more accessible to them and more widely practiced as less of a contribution.

DOI: 10.1037/pspa0000411

Stress associated with psychopathological states

Most people experience a variety of temporary psychopathological states on stressful days, according to a study in the *Journal of Psychopathology and Clinical Science*. Researchers assessed 13,493 daily surveys from 408 participants in the United States about the occurrence and severity of various stressful events, such as arguments and issues related to work or home. Participants also rated the intensity of their negative emotions at those times,

📷 Across social classes, Americans generally perceive helping strangers as a purer form of altruism than helping one's own family.





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such as fear and sadness, and completed measures assessing psychopathology states. On days with increased stress, participants reported higher levels of psychopathology states in different domains (e.g., antagonism, detachment, disinhibition, and negative affectivity). In addition, the researchers found an association between higher levels of trait psychopathology and stronger psychopathology responses, but this association was not always specific to the corresponding domain (e.g., a higher level of trait antagonism associated with stronger detachment responses).

DOI: 10.1037/abn0000954

Lonely but loved

Lonely people underestimate how much their loved ones care about them, according to research in the *Journal*

of Personality and Social Psychology. Researchers conducted three studies with 255 undergraduate students and 447 romantic couples to assess participants' loneliness and perceptions of care from their loved ones. They found loneliness was associated with worse perceptions of relationship partners' care, independent of the partners' self-reported regard and care for the participants, informant reports from close friends, and observer ratings of partners' support behaviors. In addition, loneliness indirectly predicted lower relationship quality (e.g., satisfaction, commitment) and lower relationship-promoting behaviors (e.g., self-disclosure, offers of support). These results were independent of self-esteem and attachment insecurity.

DOI: 10.1037/pspi0000451

Narcissism linked to ostracism

Narcissists feel (and, in fact, may be) ostracized more frequently than their less self-absorbed peers, according to research in the *Journal of Personality and Social Psychology*. Researchers' surveys of 1,592 individuals in Germany indicated that people with higher grandiose narcissism scores reported experiencing significantly more ostracism than those with lower narcissism scores. In a separate study, 323 participants logged moments when they felt excluded over 14 days. Those with higher narcissism scores reported feeling excluded more frequently, in accordance with the initial survey data. Next, six studies involving more than 2,500 participants revealed that narcissists are more sensitive to ambiguous (but not unambiguous)



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📷 People tend to perceive guilt in criminal suspects who exercise their right to remain silent, potentially eroding legal protections and negatively influencing investigations.

exclusion cues and are more often excluded because of their narcissistic traits. Finally, 14 years of data from a national survey in New Zealand involving 72,289 participants suggested that changes in feelings of exclusion preceded changes in narcissism levels 1 year later—and vice versa—indicating that ostracism seems to solidify narcissistic traits over time.

DOI: 10.1037/pspp0000547

📷 **Miranda rights, suspects wronged?**

People tend to perceive criminal suspects who exercise their right to remain silent or request a lawyer as more likely to be guilty compared with

those who waive these rights, according to research in *Law and Human Behavior*. In the first of two studies, researchers asked 256 undergraduate students in the United States to play the role of a police officer investigating a series of crimes in which the suspect either invoked their Miranda rights, sat in silence, or spoke to police. Participants perceived the suspects as guiltier if they invoked their right to silence or remained silent compared with those who waived their rights and spoke to police. Participants also allocated more time to investigating such suspects. A second study with 119 students pursuing degrees in law enforcement or related fields



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replicated these results. The researchers suggest that this “Miranda penalty” bias may erode suspects’ legal protections and negatively influence investigations and prosecutions.

DOI: 10.1037/lhb0000587

📌 The complexity of well-being

Average life-satisfaction scores fail to adequately capture the well-being of countries, as this measure omits relevant information like the extent of suffering and inequality, suggests a study in the *Journal of Personality and Social Psychology*. Researchers analyzed nationally representative data from 3,035,971 participants across 148 countries drawn from the 2005–2022 Gallup World Poll and the 1981–2021 World Values Survey. They found that life-satisfaction scores were not evenly



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📌 Average life-satisfaction scores do not accurately capture well-being across countries because they omit factors like suffering and inequality.

distributed, suggesting that the scores’ means and standard deviations could not adequately capture other qualities of well-being. After re-ranking countries by degree of inequality, the researchers found that the rank of 56 of the 148 countries moved up or down by at least 20 spots compared with the mean life-satisfaction rankings. Finally, increased suffering or inequality accompanied increases in average life-satisfaction scores at the country level between 9% and 46% of the time.

DOI: 10.1037/pspp0000549

Time, culture shape moral compasses

Relative time and cultural differences begin influencing people's moral compasses around age 8 or 9, suggests research in *Developmental Psychology*. Researchers asked 346 children ages 6 to 9 in the United States and China about their moral and immoral actions in hypothetical scenarios occurring in the past week or the coming week. By 8 and 9 years old, the attitudes of Western children matched those of previously studied Western adults: They considered future good acts more deserving of reward and praise than those performed the week prior. The opposite was true among Chinese children. Trends among 6- and 7-year-olds were similar to those of the 8- and 9-year-olds but not statistically significant. Chinese children's moral reasoning emphasized social connectedness and conformity, whereas U.S. children's moral reasoning focused on individuality and personal choices.

DOI: 10.1037/dev0001825

Vocalized goals boost older adult cognition

Older adults can improve some aspects of their cognitive functioning by vocalizing periodic reminders of their goals, suggests research in *Psychology and Aging*. Eighty younger (ages 18 to 35) and 78 older (ages 65 and older) participants completed a Stroop task in which most trials were congruent (the color of the letters matched the words the letters spelled), a condition that tends to make participants forget the goal of identifying the colors, not the words spelled. Every 24 trials, half of the participants in each age group read aloud a goal-reminder statement ("The goal is to name the color of the letters, not the word the letters spell") or a non-goal statement ("I am participating in a psychology study").

Older participants who vocalized goal reminders had shorter reaction times in the incongruent trials, when the color of the letters and the word were mismatched, than those who vocalized the non-goal statement. However, this benefit was short-lived, lasting for about 12 trials. Vocalizing goals or not made no difference for younger adults' performance on the Stroop task.

DOI: 10.1037/pag0000882

Humility lowers anger

Humility is associated with lower levels of anger and less likelihood of attributing hostility to others in ambiguous social situations, according to research in *Personality and Individual Differences*. In two studies with 278 participants in the United States, researchers found that those

who scored higher on cognitive and general humility reported less anger and fewer hostile attributions when interpreting ambiguous situations. Furthermore, humility was associated with lower levels of physical aggression, verbal aggression, and hostility. In a third study, 96 participants were randomly assigned to a condition that included tasks meant to evoke humility or a control condition that included self-reflection tasks. Participants in the humility-evoking group reported lower emotional experiences of anger, but their hostile attributions or behavioral aggression did not differ from those in the control condition. The findings suggest that humility mainly influences the emotional side of anger rather than the cognitive or behavioral aspects.

DOI: 10.1016/j.paid.2024.112980

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📷 Perceptions of posed versus spontaneous expressions

According to research in *Emotion*, people's perceptions of facial expressions can vary widely depending on whether those expressions are posed or spontaneous. Researchers asked 2,408 participants to judge the emotions of three models displaying 1,244 dynamic facial expressions of eight emotions (anger, disgust, fear, sadness, joy, pride, compassion, and love). They found that both Western (Dutch) and non-Western (Chinese) participants were much better at recognizing emotions in posed compared with spontaneous expressions. Furthermore, they observed a "negativity bias" with posed expressions. Specifically, participants were better at recognizing negative emotions than positive

emotions when expressions were posed, while they better recognized positive emotions than negative emotions when expressions were spontaneous. The findings question the generalizability of psychological research and clinical assessments involving the identification of emotions from facial expressions, which typically use posed expressions as stimuli.

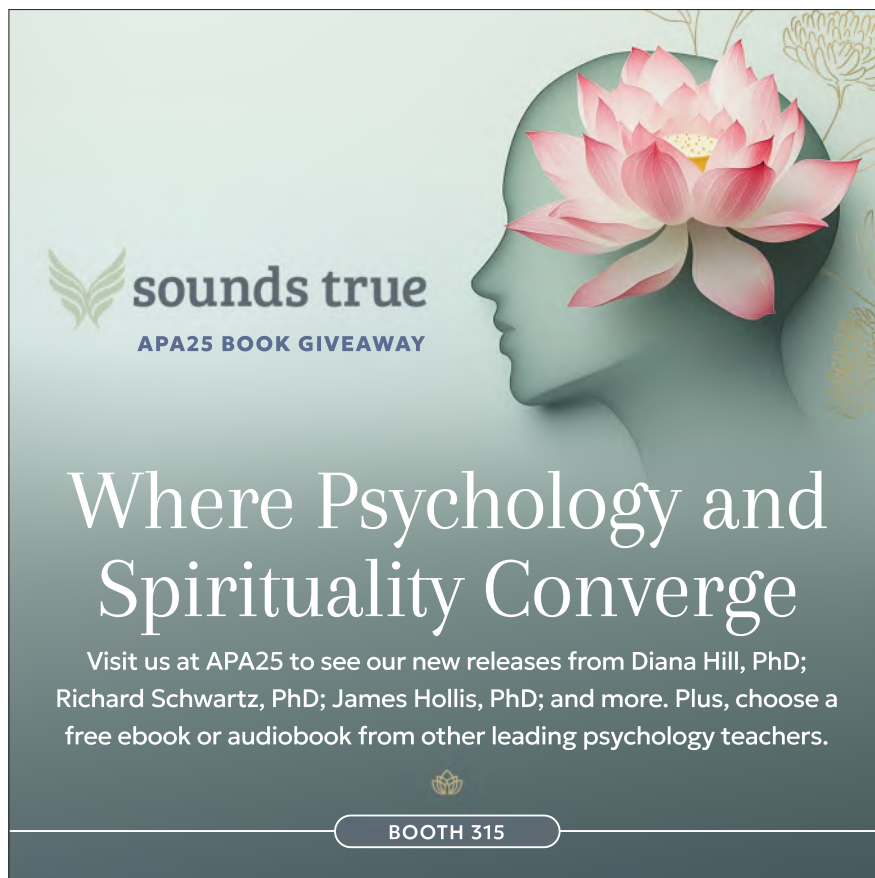
DOI: 10.1037/emo0001473

Reframing gender gap angers, motivates women

Reframing the gender gap in political leadership positions from "women are underrepresented" to "men are overrepresented" elicits anger from women (but not men) and motivates actions to narrow the gap, suggests research in the *Journal of Experimental Social*



📷 People seem to be better at recognizing negative posed expressions but positive spontaneous expressions.



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📷 Lousy weather is associated with an increase in posts about weather—and about other topics too.

Psychology. In three pilot studies and a fourth registered study with more than 10,000 total participants, mock news stories framing the gap as men's overrepresentation in political (but not business) leadership elicited more anger among women and increased their perceptions that the gap is unjust. Furthermore, the pilot studies revealed that anger at the disparity was associated with stronger intentions and behaviors to close the gap, including reading more about changing the status quo, writing stronger letters supporting legislation to address gender disparity, and feeling more motivation to donate to gender-bias reduction programs.

DOI: 10.1016/j.jesp.2024.104709

📷 Bad weather boosts social posts

People use social media more when the weather is bad, according to a study in *Psychological Science*. Researchers paired more than 3.5 billion Facebook and Twitter (now X) posts from more than 300,000 individuals with weather data over the contiguous United States between 2009 and 2016. They found that when temperatures dropped or spiked and precipitation increased, people used social media more. The highest increase they found, 35%, occurred on days colder than 23 °F with 0.6 to 0.8 inches of precipitation. The largest increases rivaled major events when social media activity often spikes, such as the Boston Marathon or Mardi Gras. And lousy weather was associated with increases in weather-related posts as well as non-weather posts.

DOI: 10.1177/09567976241306099



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Accepting advice? Prepare to accept culpability

People who follow advice counter to their intuition feel more responsible for their decisions if things go wrong than if they had not been influenced by another opinion, according to research in *Personality and Social Psychology Bulletin*. In a set of five studies, researchers gave a total of 3,200 participants the choice between two lotteries to participate in, one of which clearly had a better set of prizes. An adviser offered participants input, always recommending the lottery with the worst prizes. Most participants accepted the advice, and most of them also followed it. This group expressed greater feelings of culpability and the perception that they had control over the lotteries' outcomes than those who made their

decisions independently. This effect occurred regardless of whether the input was solicited or unsolicited but only when participants went against their better judgment—not when they rejected poor suggestions or followed input that aligned with their own judgment.

DOI: 10.1177/01461672251319380

Early adversity's rippling effects

Children are 71% more likely to develop mental health problems between the ages of 5 and 18 if the firstborn child in their family experienced early adversity, according to a study in *The Lancet Public Health*. Using electronic health records of 333,048 mothers and their 534,904 children in the United Kingdom, researchers assessed adverse childhood experiences in firstborn

children during the period 1 year before and 2 years following their birth, including child maltreatment, intimate partner violence, maternal substance misuse, maternal mental health problems, adverse family environments (such as homelessness), and high-risk presentations of child maltreatment. More than one third (37.1%) of firstborn children had at least one adverse childhood experience. Mothers whose firstborn children were exposed to adversity had 1.71 times as many children with mental health problems. Firstborn children with adverse childhood experiences and their siblings were also more likely to have been admitted to the emergency department and have contact with mental health professionals.

DOI: 10.1016/S2468-2667(24)00301-3



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📷 Creativity circuit

Creativity maps onto a common brain circuit centered in the frontal cortex, damage to which appears to be associated with decreases and paradoxical increases in creativity seen in some brain diseases, according to a study in *JAMA Network Open*. Researchers performed a meta-analysis of 36 neuroimaging studies that reported increased brain activity during creative tasks such as drawing, writing, and making music in 857 healthy participants. About 86% of the studies reported brain regions associated with creativity that formed a common brain circuit with negative connectivity with the right frontal pole (i.e., one area is active while the other area is inactive). In a separate pool of patients, damage to this circuit by lesions (56 patients) or neurodegenerative disease (4,804 patients) was associated with both decreases and increases in creativity. In the cases of increased creativity, negative connectivity between the circuit and the right frontal pole may be consistent with the hypothesis that creativity can sometimes depend on silencing self-censoring judgments that otherwise inhibit free association and idea generation.

DOI: 10.1001/jamanetworkopen.2024.59297



📷 Creativity links to a brain circuit in the frontal cortex, damage to which can both hinder and enhance creativity, depending on how it affects self-censorship.

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Psychologists' Perceptions of Using AI Tools in Practice

Practitioners may hesitate to use AI tools because of ethical concerns

CORY PAGE, MPH, MPP, KAREN STAMM, PhD, AND MERON ASSEFA, MS

AS OF SEPTEMBER 2024, only 29% of psychologists had used artificial intelligence (AI) tools in their practice within the previous 12 months, with 11% using AI monthly or more often. For psychologists who used AI tools in their practice, the most common uses were writing assistance (58%), content generation such as generating text or images (36%), and article summarization (29%).

When asked to identify the top benefits of using AI tools in psychology, psychologists reported that AI improves operational efficiencies (33%), helps psychologists consume published scientific data (21%), and improves patient education (20%). As for top concerns, psychologists noted that AI can lead to potential breaches of sensitive data (59%) and cause unanticipated social harms (54%), and biased input can lead to biased outputs (54%). More than half (52%) reported that they did not know of any benefits of using AI, while only

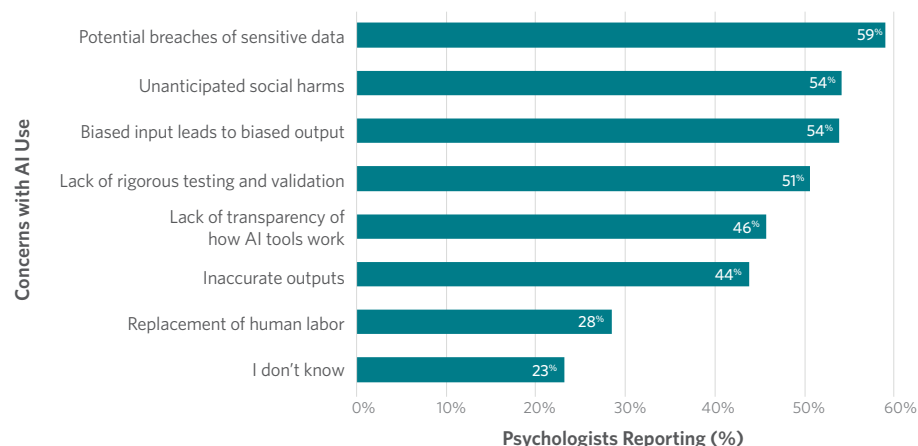
23% reported that they did not know of any concerns. Similarly, more psychologists identified concerns with AI than identified benefits. These findings emphasize the importance of bringing ethical rigor—especially

protecting the privacy and confidentiality of sensitive information—to the development of AI tools. AI tools that do not address ethical obligations will face challenges in adoption by behavioral health practitioners.

Figure 1. Top Benefits of Using AI in Practice



Figure 2. Top Concerns with AI Use in Practice



SOURCES

American Psychological Association. (2024). *Barriers to care in a changing practice environment: 2024 Practitioner Pulse Survey*. <https://www.apa.org/pubs/reports/practitioner/2024>

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Psychology Under Siege

Psychologists face unprecedented challenges amid federal actions and funding cuts

BY ZARA ABRAMS



THIS YEAR'S TORRENT of executive orders, budget cuts, and other federal actions has not spared psychologists. Billions of dollars in research funding have been canceled or paused, while threats to revoke further funds play out publicly on campuses across the country. Principles core to the discipline of psychology—such as understanding and reducing health disparities—are suddenly controversial, leaving many uncertain about the future of their work (Connelly, E., *PEN America*, April 28, 2025).

AT A GLANCE

- Sweeping cuts to research funding, including topics such as misinformation and health disparities, have hit psychologists especially hard.
- Attacks on student loan repayment programs and other key funding sources are putting the future psychology workforce at risk.
- Psychologists are organizing with other educators, scientists, and practitioners to stand up for academic freedom, research, and mental health care.

“All of higher education is under attack,” said Sue Orsillo, PhD, APA’s head of education. “But certain fields, psychology among them, face additional threats given the focus of the discipline.”

Psychology practitioners are also on uncertain ground. Deep cuts to federal health agencies—including the U.S. Department of Health and Human Services (HHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), and the Veterans Administration (VA)—have wiped out jobs and more than \$12 billion in funding for mental health care, addiction treatment, and disease tracking. Additional threats to Medicare, Medicaid, and student loan repayment programs further risk public access to care and the stability of the mental health workforce.

“The impact has already been wide-ranging and across the board, from practice to education to research,” said London Breedlove, PsyD, a licensed clinical psychologist and director of professional affairs for the Washington State Psychological Association. “This has caused a tremendous amount of uncertainty, confusion, and concern, both about the future of the field and how to deal with the crises we’re facing today.”

While the scope and pace of these changes have been disorienting, psychologists are not standing still. Across the country, they’re mobilizing by educating the public about the real-world consequences of new

policies, contacting legislators at the state and federal levels, and building coalitions with other scientists, educators, and health care professionals to push for research-backed decisions and continued access to services.

“Things are changing so fast that it’s been hard to respond, but if we don’t act, the threat is so much greater,” said Yale School of Public Health psychology professor Jeannette Ickovics, PhD. “It will take courage, but we as psychologists have a critical role to play in defending our programs, policies, and institutions.”

Research under fire

The swift and substantial cuts to scientific research have baffled many, especially given that investing in research has historically proven to be one of the best uses of tax dollars. Each dollar invested returns about \$5 in economic gain, on top of social benefits such as better health and quality of life (Jones, B., *The Reporter*, April 5, 2022).

Nevertheless, sweeping cuts to the National Institutes of Health (NIH), National Science Foundation (NSF), Centers for Disease Control and Prevention (CDC), and other agencies have wreaked havoc across the sciences. Topics that psychologists study are among the hardest hit. Projects focused on misinformation and health disparities have been cancelled en masse, as well as 45% of those on vaccine hesitancy (Kozlov, M., & Ryan, C., *Nature News*, April 10, 2025; Scire, S.,

Nieman Lab, April 21, 2025). Cuts to the Institute of Education Sciences has also halted psychologists' research on autism and school-based bullying.

Ickovics stopped her research on urban green space and health when an environmental justice grant from NASA was abruptly terminated. In Texas, clinical psychologist Alfonso Mercado, PhD, is seeking new funding for his humanitarian work with immigrant families after federal grant offers disappeared from government websites. And after months of lab-wide training on the collection of a cutting-edge blood test for Alzheimer's disease, psychologist Duke Han, PhD, of the University of Southern California, remains in limbo about whether third-year funds for his 5-year grant will ever arrive.

"Everything that's happening with these federal science funding agencies has incredible trickle-down effects," Han said. "It takes days to tear down something that has taken years to build up."

Even a brief pause in funding can derail longitudinal projects that rely on regular data collection, jeopardizing research on early development and aging (including Han's studies of financial decision-making and dementia), as well as therapeutic trials.

Many of the grants cut are training grants, including those that help first-generation and minority students pursue careers in the sciences. After NIH proposed a 15% cap on indirect costs—which help universities pay for lab facilities, administrative staff, and other essential resources—many schools paused graduate admissions and some even rescinded offers amid financial uncertainty. Now, those cuts are happening more quietly, Orsillo said.

"What's tough is that a lot of this is under the radar," she said.

"Understandably, colleges and university departments don't want a lot of attention on it, but we're hearing that many are reducing the number of graduate students they're accepting due to lost grant funding."

That will have generational impacts, Han said, as high school and undergraduate students who may have pursued a career in psychology turn toward occupations that seem more financially viable.

Funding cuts are not the only threat to research. Key public datasets—including the CDC's Behavioral Risk Factor Surveillance System, which has monitored health care behavior and access for more than 40 years, Youth Risk Behavior Surveillance System, and Social Vulnerability Index—were removed from government websites. While some were later reinstated, in part because of court orders, their futures are uncertain.

"The removal and restriction of these resources not only undermines trust in data but also trust in science overall," said Ickovics, who is also the chair of APA's Board of Scientific Affairs. "It's also an indicator of how vulnerable we are to the swift and sweeping elimination of data. It can happen in an instant."

Pressure on campus

Psychologists in higher education face further stress and uncertainty as their institutions grapple with a growing list of demands from the federal government. That started with a "Dear Colleague" letter in February, which ordered the breakdown of equity, diversity, and inclusion (EDI) programs and put many university administrations at odds with their students and faculty.

"A lot of places were already pre-complying, but there's an ambiguity to it," said Jason Malousek, PsyD, who is the federal advocacy coordinator for

the Kansas Psychological Association. "What are we complying with? Is it even legal? But if we don't comply, can they come after us?"

Then the demands escalated to what many say are grave threats to academic freedom and university self-governance. With billions in federal funding on the line, the Trump administration has demanded audits of academic departments it says lack ideological diversity, as well as data on international students, particularly those involved in pro-Palestinian protests. Columbia initially capitulated; Harvard resisted and filed a lawsuit against the federal government.

As of May 20, more than 60 universities were under investigation for allegedly failing to police antisemitism on campus. Psychologists say this assault has affected the classroom environment in ways that leaves both students and educators on edge.

"There's a tremendous amount of fear and both implicit and explicit communication around what we can and can't say," said psychologist Riana Elyse Anderson, PhD, an associate professor at the Columbia School of Social Work who studies ways to reduce race-related stress in Black families.

For example, students at Columbia are no longer encouraged to record lectures. At Seton Hall University in New Jersey, Susan Nolan, PhD, said more and more students worry about appearing "political" in class and when submitting coursework. Despite that unease, she said it's critical for students to learn the science behind systemic racism, how discrimination harms mental health, and the facts about gender identity.

"We teach about social justice and racial oppression in psychology, because those parts of our history have led to inequities in health," Malousek said. "Now, experts are being told we

can no longer talk about that because it's unpatriotic or un-American."

Educators also fear for the fate of their international students. Doctoral students in health service psychology programs, for example, must often reapply for employment authorization in order to complete their required internships. Renewal is usually smooth, but students and their advisers are concerned about delays and denials in the current political climate, Orsillo said.

Threats to practice

Despite the ongoing mental health crisis, in March the administration wiped out about \$1 billion in COVID-era SAMHSA funding for mental health care and addiction treatment. Proposed cuts to Medicare and Medicaid, the country's biggest payer for behavioral health services, would be an even bigger blow to patients and practitioners alike. The costs would shift to states, many of which are already facing budget

shortfalls (Williams, E., et al., Kaiser Family Foundation, March 24, 2025).

For patients, these cuts mean fewer options for preventive care and early intervention—and more mental health emergencies. Without funding, services such as trauma-informed care for children or psychotherapy for adults with mood disorders are harder to access. People slip through the cracks until their conditions worsen, often showing up in emergency rooms or the criminal justice system, Breedlove said. It's a short-term cut with long-term consequences.

"For a lot of psychologists, this is terrifying," said Breedlove, who directs the integrated behavioral health program at the University of Washington. "We're afraid for the patients we serve and for vulnerable individuals across the country," she said, because many stand to lose access to essential care.

Also on the chopping block: student loan repayment programs, which many new psychologists rely on to stay in the field. Public Service Loan Forgiveness and other programs reduce or erase federal student debt for psychologists who work in VA hospitals, community mental health centers, and other essential public service jobs after getting licensed.

"Despite the need for more mental and behavioral health providers, we're going to see fewer individuals able to enter the field and fewer able to continue to work in the public service sector, which is already the area most hard hit," said Molly Gabriel-Champine, PhD, a clinical psychologist who directs the behavioral medicine training program for internal medicine residents at McLaren Flint Hospital in Michigan.

Grants that support internship and postdoctoral positions in underserved areas, another critical piece of the workforce pipeline, have also abruptly ended. When Health Resources and Services Administration (HRSA) funding was cut with little warning, the University

CREATING AWARENESS

RECONNECTING THE PUBLIC WITH SCIENCE

Billions in cuts to scientific research have rattled scientists in nearly every discipline across all 50 states. But drawing public concern to the issue has been a tougher task.

"It's hard to express how damaging these freezes and cancellations are, and a lot of people don't understand how devastating this is for the scientific progress of our country," said Duke Han, PhD, a professor of psychology and family medicine at the University of Southern California who is experiencing delays in funding for his work on Alzheimer's disease.

A pair of psychologists devised a clever solution. In February, Jessica Cantlon, PhD, of Carnegie Mellon University, and Steven Piantadosi, PhD, of the University of California, Berkeley, launched Science Homecoming, which mobilizes scientists to write op-eds in their hometown newspapers to remind readers that science is worth investing in. The articles illustrate the importance of research—and the dangers of defunding it—with a personal touch.

"The idea is to keep science at the forefront of people's minds," Cantlon said. "When scientists are off quietly working in labs to save people's lives, it's easy for people to forget about us because science is this slow, gradual process."

Researchers often leave home to work in cities or college towns where labs are located, leaving small towns and suburbs without an authentic connection to scientists or scientific evidence.

For her hometown paper in Lake County, Indiana, Cantlon wrote about her path to becoming a scientist. She highlighted people and places in the community that nurtured that passion, including a local bookstore and her high school guidance counselor. She said her personal connection to the town helped the op-ed enter the local "chatter network," which got people talking about science.

The campaign provides some basic guidance on what to write but encourages scientists to share their stories in ways that resonate with their hometown communities. For example: One Georgia native who studies how plants respond to climate change discussed what those findings mean for a local economy deeply tied to agriculture.

"Though scientists may leave home, many are still working on issues that their home communities care about," Cantlon said.

“Despite the need for more mental and behavioral health providers, we’re going to see fewer individuals able to enter the field and fewer able to continue to work in the public service sector.”

Molly Gabriel-Champine, PhD

Clinical psychologist, McLaren Flint Hospital

of Washington was forced to eliminate three spots from its long-standing internship program.

“These grants are really important in terms of supporting psychology internships and postdocs in places like trauma centers, hospitals, and rural clinics—places that desperately need mental health services,” Breedlove said.

Standing up for science

Hundreds of lawsuits have challenged this year’s executive actions, including the cap on indirect research costs, the removal of public health data from government websites, and the shutdown of student loan repayment programs (Litigation Tracker: Legal Challenges to Trump Administration Actions, *Just Security*, 2025).

In the meantime, psychologists who are taking action say getting accurate and up-to-date information is a top priority. The field needs clarity on what orders are active, proposed, and rescinded, Breedlove said, so that people can organize and respond.

“It can be hard to find a stable source of information, because the ground just keeps shifting,” they said.

STAT News is a helpful starting point. APA and APA Services, Inc., are also tracking legislation that threatens the field, as well as actions psychologists can take, through the APA/APASI Response Center.

Advocating for science can start small. When talking with friends and colleagues, use science to explain how budget cuts and other executive actions are already causing harm. Then broaden those conversations in concentric circles, Ickovics said, to

reach decision-makers in your department, institution, and discipline.

Keep in mind that university leaders are facing tough choices and aren’t likely eager to comply with executive orders but may have to make some concessions, Malousek said. Psychologists can help shape internal efforts to find creative, balanced solutions, which won’t always be as simple as whether to comply or resist.

Blogs and social media posts are one way to reach the public, said Nolan, who cowrites the *Misinformation Desk* blog on *Psychology Today*. Another effort to help scientists reach the public is Science Homecoming, which mobilizes researchers to write op-eds in their hometown newspapers (see sidebar).

“Those of us who have the privilege to speak out need to be doing it,” Nolan said. “Quite rightly, a lot of people do not feel safe right now, but those of us who have the protections that I am lucky enough to have—we need to be loud.”

Given that many do not feel safe to speak out, collective action is essential, Ickovics said. In April, more than 220 higher education leaders signed a joint American Association of Colleges and Universities statement condemning the recent executive actions. APA also coordinated a science alliance statement from nearly 50 scientific organizations. Several coalitions have formed, including the Coalition for Action in Higher Education and a new mutual defense pact among Big Ten schools. The latter, founded by two Rutgers University professors, draws inspiration from NATO in its model of collective defense for academic freedom.

Getting involved with legislative advocacy can also start small. Join your state psychological association, sign up for federal and state action alerts, and vote at every level. Despite the alarming changes, psychologists now have a powerful opportunity to serve as ambassadors for science.

“During these uncertain times, our work in advocacy is more important than ever,” said Mercado, who is the chair of APA’s Advocacy Coordinating Committee. “Advocacy is part of our code of ethics as psychologists, and now is the time to step up, speak out, and leverage our science.” ■

ADDITIONAL RESOURCES

APA/APASI Response Center
APA, 2025

Tracking Trump’s higher-ed agenda
Chronicle of Higher Education, 2025

Litigation tracker: Legal challenges to Trump administration actions
Just Security, 2025

Everyday advocacy
Monitor on Psychology, July/August 2025

Global Research, Local Interventions

Findings from international research collaborations are paying off with community-level solutions around the globe

BY STEPHANIE PAPPAS

IN MANY PARTS of the world, people struggling with mental health often lack somewhere to turn—and may not even realize that their needs deserve attention. But growing networks of psychologists, public health experts, nongovernmental organizations (NGOs), government agencies, and health systems are building scalable programs to support them. These programs pull from international research and cross-cultural collaborations to make a difference locally.

Inexpensive, scalable programs are more important than ever given the destruction of the U.S. Agency for International Development, deep cuts in U.S. funding for global health, and a wobbly funding outlook from the European Union, where many countries are also reducing foreign aid budgets, according to the global development news organization Devex.

“It’s the biggest setback I’ve ever seen for helping children and families,” Niels Peter Rygaard, an occupational psychologist in Denmark who works with high-risk children and youth, said of the cuts. Rygaard is the CEO of the Fairstart Foundation, an organization that educates mental health staff for partner organizations worldwide.

The need for help, on the other hand, is only increasing, he said. “The crisis for families and children is growing constantly,” he said. “We need to scale up what we do.”

From research to the real world

The gap between research and implementation is a problem the world over, but perhaps nowhere more so than in low- and middle-income countries, where resources for mental and behavioral health are few. It was this gap that led to the founding in 2014 of Youth Impact, a Botswana-based global health and education program that works to scale evidence-based interventions across international borders. Today, Youth Impact has worked with partners in more than 25 countries and has agreements in place with the governments of five countries to implement and scale programs to reduce HIV and teen pregnancy and improve basic literacy and numeracy.

The catalyst for the organization was a conversation between cofounders Moitshepi Matsheng and Noam Angrist, PhD, about a notable study in Kenya that found that an education program giving teenage girls facts about HIV infection rates in older men reduced teen pregnancies by 28% (Dupas, P., *American Economic Journal: Applied Economics*, Vol. 3, No. 1, 2011). The United Nations and World Health Organization had praised the study as an opportunity to inform girls about the risks of getting into relationships with adult men, Angrist recalls, but Matsheng was frustrated to find that it had never been scaled beyond the initial randomized controlled trial.

AT A GLANCE

- Inexpensive, scalable interventions for mental and behavioral health are increasingly important amid worsening humanitarian crises and deep cuts in U.S. funding for global health.
- When working across countries and cultures, interventions need to be adapted and retested to ensure they’re relevant and culturally appropriate; Western approaches such as randomized controlled trials are often inadequate.
- Organizations such as the Fairstart Foundation and Youth Impact work with partners across communities and national borders to implement and scale interventions to mitigate challenges involving mental health, teen pregnancy, literacy and numeracy, caregiving, disability stigma, and more.

Matsheng and Angrist got a start-up grant to test the program in Botswana and found mixed results. They revised the program to be more relevant to the local context and tried again—this time, with positive results. The tweaked program now runs in Botswana under the name Choices and is delivered by fellow young people, which was also shown to boost efficacy. With these changes, the 90-minute intervention has been shown to reduce teen pregnancy (a proxy for unprotected sex) by 40% (*BMC Public Health*, Vol. 19, 2019).

The story of Youth Impact’s start illustrates one of the key challenges of transforming research into action: the need for flexibility. Especially when working across countries, programs



In rural Botswana, where discussing disability is taboo, a research collaboration to improve inclusion for people with physical disabilities helped lead to low-cost strategies to improve accessibility—such as an adapted sports program at a local primary school.

need to be adapted and retested and tested again to ensure they're relevant and culturally appropriate. Often, when programs are implemented, data collection drops away, said Claire Cullen, PhD, Youth Impact's head of research. "We are very strong believers in monitoring data and measuring implementation fidelity," Cullen said.

This often means that randomized controlled trials (RCTs), the gold standard in Western psychology for understanding whether an intervention works, are inadequate when applying research in different cultural contexts. Youth Impact uses A/B testing, common in the tech industry, to quickly evaluate whether tweaks to programs work. This provides more agility and responsiveness to different contexts than slower, more rigid RCTs. In India, researchers testing the Nae Umeed program for supporting caregivers of people with mental illness have used a pre/post experimental design to evaluate impact (Bailie, C.

R., et al., *Global Mental Health*, Vol. 10, 2023). "Nae Umeed consists of support groups, typically comprising women living in poverty, and the program is designed to be responsive to the women's schedules and unique circumstances," said Kaaren Mathias, MD, a public health physician at the University of Canterbury in New Zealand who advises the program.

Women may not be able to attend every session, and the delivery might vary depending on the facilitator and the group interests. RCTs, on the other hand, require very standardized delivery and recruitment processes. "We're keen to explore rigorous evaluation," Mathias said, "but not to believe that the RCT is the only way to do it."

Putting the community first

Sometimes, an RCT is simply unacceptable to the community where the implementation is occurring. That was the case for the Community Partners in Care (CPIC) study, an

effort to integrate depression screening and intervention into primary care in an underserved community in Los Angeles in the early 2000s. The study was first conceived as an RCT with a usual care arm, said Bowen Chung, MD, MSHS, a professor-in-residence of psychiatry and biobehavioral sciences at the University of California, Los Angeles. But the community said, "We can't give the other arm nothing," Chung said. In response, the researchers gave both arms of the study the same evidence-based toolkits to promote improvements in depression screening, medication management, and cognitive behavioral therapy. The community engagement arm, however, also included co-planning for implementation with providers and community members, as well as additional training and follow-up.

Though both arms of the intervention improved mental health-related quality of life, the community engagement model showed a greater

effect (Wells, K. B., et al., *Journal of General Internal Medicine*, Vol. 28, No. 10, 2013).

This experience was emblematic of community-based participatory research, a method of designing research projects with the full cooperation of the community. This mindset often permeates successful local interventions; without it, programs tend to fizzle and flop.

Rygaard's Fairstart program teaches NGO and government partners to train local parents, foster parents, social workers, teachers, orphanage staff, and refugee staff in attachment-based care. The research team adapts the curriculum to fit local needs and parenting traditions. "We go to the country in question; we talk to everybody in the NGO or government agency on all levels, from leaders to caregivers; we do interviews and make videos of daily care," Rygaard said.

Many caregivers in these programs are rural women who are isolated from other foster parents and have had little formal education, Rygaard said. The goal is to use attachment research to help them emotionally support the often-traumatized children coming into their care. One woman in the program described her 12-year-old foster son as often disobedient. They'd argue, and sometimes she'd beat him with a stick, and the boy would run away, returning when he realized he had no place else to go. After getting Fairstart training, the woman began to look for ways to connect with the child and realized he had a talent for raising chickens. Poultry husbandry gave the child a role he could take pride in and earned the family enough money to purchase a Jeep.

The key advantage of the program, which takes advantage of online classrooms to train staff who then disseminate the training within their



Caregivers at Casa de la Esperanza in Tijuana, Mexico, celebrate completing attachment-based care training using Fairstart Foundation's Spanish curriculum to support children's emotional well-being.

countries, is that it's both adaptable and scalable, Rygaard said. It costs less than a dollar to train a child's caregiver for a day. So far, 990 students in 38 countries trained by Fairstart have trained the caregivers of about 100,000 children, he said.

Caregivers of another sort were the focus of a dementia awareness course developed by Charlotte Stoner, PhD, a senior lecturer in psychology at the University of Greenwich in London. In trying to implement cognitive stimulation therapy, a kind of psychological intervention for dementia, Stoner and her team found that many de facto caregivers in the countries they were targeting (India, Brazil, and Tanzania) had little opportunity for learning about the medical diagnosis of dementia or dementia treatments. They realized they needed an educational campaign for caregivers—and they didn't want it to start from a Western perspective.

Instead, they sat down with their collaborators in the three countries and established a consensus on basic definitions and symptoms, and then they included country-specific statistics, myths, and misconceptions. They also customized how the awareness course would be publicized in each country, based on their local partners and the health system involved. In Tanzania, a clinical psychologist advertised the program on the radio. In India, it was delivered through NGOs, and in Brazil through a private hospital. An initial study found that the course appealed to the caregiver audience (Stoner, C. R., et al., *Dementia*, Vol. 21, No. 2, 2021). The COVID-19 pandemic disrupted the wider implementation of the program, but Stoner is now working on a grant application to expand it to migrant communities in the United Kingdom.

Building on a firm foundation

Working with trusted people and organizations on the ground can be a huge boon when programs involve sensitive subjects. In Los Angeles, the CPIC researchers partnered with barbers, beauty shops, senior centers, and youth centers to spread the word about depression screening. In India, researchers looking to identify and support people with common mental health problems turned to community networks, including self-help groups run by women and farmers' clubs run by men. "We firmly believe that people in communities have their own ways of dealing with stress and distress," said Kaustubh Joag, a psychiatrist and senior research fellow at the Center for Mental Health Law and Policy in Pune. "We need to draw upon this social capital. They have their own networks."

Joag is the coleader of Atmiyata, an initiative dedicated to outreach around common mental health issues. Atmiyata works within local networks with volunteers called Champions, who are trained to note signs of distress in their neighbors and to provide six sessions of counseling to those who need them. An RCT found that participants in the intervention showed significant recovery from their depression or anxiety symptoms at the end of the 3-month study period as well as at an 8-month follow-up (*PLOS ONE*, Vol. 18, No. 6, 2023).

The program, originally funded by a grant from Grand Challenges Canada, is now funded by domestic foundations. It is active in 2,500 villages and is moving into new regions of India, including urban areas, Joag said. He and his coleader, Jasmine Kalha, will soon start working with Queen Mary University of London to adapt the program for communities in Newham, East London. "It's all deeply rooted in the communities,



Atmiyata "Champions" in Pune are part of a mental health effort in 2,500 villages in India.

and how then any community can utilize the core of it," Joag said.

Community ties also helped strengthen a collaboration in Botswana to improve inclusion for people with physical disabilities (*Disability and Health Journal*, Vol. 15, No. 3, 2022). Discussing disability is taboo in rural Botswana, said Courtney Jost, PhD, MPH, an instructor at Oregon State University, so she spent 2 years talking with community advocates there to build trust. Ultimately, villagers with disabilities felt comfortable enough to form a committee. Jost and her team supported the committee as it developed an educational program that busted myths about disability and suggested low-cost ways to improve accessibility and inclusivity in town. "Now that community working group is taking those programs and implementing them," Jost said. They're also developing their own programs, including a support group for parents of kids with disabilities.

"Ultimately our goal as researchers is to motivate at the beginning but work with the community to the point where they don't need us anymore," Jost said. ■

FURTHER READING

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American Psychologist, 2018

Some practical guidelines for successful child mental health interventions - exemplified by a global intervention program
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Congress, E., et al. (Eds.)
Emerald Publishing, 2024

Psychological treatments for the world: Lessons from low- and middle-income countries
Singla, D. R., et al.
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Giebel, C., et al.
International Journal for Equity in Health, 2024

Taking a Stand Against Book Bans

Bans on books limit public access to a full range of ideas. APA, psychologists, and authors are working to keep information available to everyone.

BY RACHEL BROOKS

THE PACE AND scope of book bans has increased dramatically since the White House push to end equity, diversity, and inclusion (EDI) initiatives across universities, cultural institutions, and science. And federal policy is now laying the groundwork to make it easier to ban books. On Jan. 24, the U.S. Department of Education said it would stop investigating schools that banned books from their libraries, dismissing pending allegations and rescinding previous department guidance that said these bans could violate civil rights laws. And on April 4, the U.S. Naval Academy removed 381 books from its Nimitz Library under an order by Defense Secretary Pete Hegseth's office. Topics on the pull list include the Holocaust, environmental racism, and gender studies, as well as books like Maya Angelou's 1969 autobiography *I Know Why the Caged Bird Sings*, long celebrated for its powerful insights on racism during the Jim Crow era and its innovative memoir style.

According to PEN America, a nonprofit dedicated to protecting free expression worldwide, most U.S. censorship targets books featuring characters of color or other marginalized identities. The organization counted 10,046 book bans in public schools during the 2023–24 school year

alone, with Florida (4,561) and Iowa (3,671) leading the nation (Meehan, K., et al., PEN America, Nov. 1, 2024). That statistic includes books that address issues of race and racism, gender, and ethnic diversity—topics that can improve children's motivation to read and reading proficiency (*The Impact of a Diverse Classroom Library*, First Book, 2023) as well as reduce social divides, according to research (Cameron, L., et al., *Child Development*, Vol. 77, No. 5, 2006; Kim, S. J., et al., *Early Education and Development*, Vol. 27, No. 3, 2016).

“Making sure that children see themselves represented in the books that they read gives them a sense of belonging that empowers them to engage in school,” said Terry Stancin, PhD, emerita professor of pediatrics at Case Western Reserve University in Cleveland.

Unrestricted access to books exposes people, including children, to critical material about history and human behavior—and prepares future psychologists to be culturally competent. “It's valuable, not just for students planning to go into the psychology field or related fields,” but simply “to know as a human being how you and other people work,” said Jacqueline Toner, PhD, a clinical psychologist and author of children's books published by APA's Magination Press.

AT A GLANCE

- Book bans are surging. Books about nontraditional family structures, LGBTQ+ topics, and people of diverse racial-ethnic backgrounds are being removed at much higher rates than other material.
- Research shows that diverse books can increase children's reading time and reading levels and reduce in-group favoritism.
- Psychologists able to help are advocating locally and at the national level, writing to their representatives, contributing to research gaps, and collaborating with other stakeholders.
- Access to books with diverse views readies children to engage in an interconnected world—and prepares future psychologists to be culturally competent. APA Journals affirms its policy against condoning censorship in the scientific review and publication process.

As book bans continue to materialize, psychologists are working hard on the front lines of censorship, raising awareness, informing and advising education policymakers, and partnering with literacy organizations, such as the American Library Association (ALA) and We Need Diverse Books, to keep books with culturally diverse content available. Efforts by APA aim to advocate for open access to literature, support authors of banned books through its publishing house, and share strategies for how psychologists can champion access in their local communities.

“We have to acknowledge that we don’t know everything, but we have extensive research that supports the positive influence of inclusion on children who are marginalized and on academic success,” Stancin said. She encourages psychologists to focus on the psychological science on these issues. “That’s the basis of how we should be functioning.”

The landscape of banning

Proponents of bans often argue that they protect children from harm, namely, exposure to sexually explicit or violent material, mental illness, or other content deemed age inappropriate. According to the ALA’s Office for Intellectual Freedom, 72% of bans in 2024 were pushed by a vocal minority (organized groups and government entities), affecting books in classrooms, libraries, and school curricula. Frequently banned books this year include children’s picture books depicting gender and sexual diversity or racial injustice topics, as well as novels like Toni Morrison’s *The Bluest Eye*, for its depictions of slavery, racism, and sexual violence, and Margaret Atwood’s *The Handmaid’s Tale*, for its political and social messaging and sexual content.

But according to Christopher Ferguson, PhD, a professor of psychology at Stetson University in DeLand, Florida, most of these challenges emanate from a psychology of fear—the “assumption that kids’ behavior is highly malleable and that simply reading a book or series of books is going to have a strong impact on their behavior.” However, in a study of 282 adolescents, he found little evidence that reading such books (a list of 30 titles frequently challenged from 2003 to 2013) was related to negative behavior in terms of civic involvement, mental health, school grade point average, or crime. In fact, in some cases, this reading was associated with positive outcomes like better civic and volunteering behavior (*Psychology of Aesthetics, Creativity, and the Arts*, Vol. 8, No. 3, 2014).

What is more, sometimes resistance to certain books is based on assumptions made by people who have not read them. In 2018, psychologists Ann Hazzard, PhD, Marianne Celano, PhD, and Marietta Collins, PhD, coauthored *Something Happened in Our Town* (Magination Press), a picture book about a police shooting that draws on their experiences working with an underserved population in Atlanta, Georgia. The book—both a *New York Times* best-seller and the sixth-most banned book of 2020—includes an appendix for parents and caregivers, with guidance for discussing racial bias and injustice with children.

In 2021, MacArthur Elementary School in Binghamton, New York, featured *Something Happened in Our Town* on its website as the book of the month, inciting local controversy. The Binghamton Police Benevolent Association released



Something Happened in Our Town: A Child's Story About Racial Injustice was a 2020 Top 10 banned book, criticized for divisive language.

a statement that the book promotes “anti-police” views with language that “works to undermine public safety” (the book’s appendix clarifies that it does not do that). When discussing the book in a webinar with Collins and Celano, many parents, school board members, and police officers in a local school district said they had not read the story despite their opposition to its messaging.

“Once we urged them to read the book, and especially the materials at the back of the book, they were a lot more open to having it included in their curriculum,” Collins said.

Psychologists involved in this topic also believe that issues raised in books considered to be controversial can lead to beneficial dialogues between children and mentors.

In urban or well-resourced communities, where adolescents can visit different libraries or search the internet, “banning books sets up a dichotomy that is never successful, where I might sneak around and get the books you tell me not to, and then I have no guidance to help me understand what I’m reading,” said Sharon Berry, PhD, a clinical psychologist in Minneapolis who incorporates novels and self-help books into her practice.

Pediatrician and children's book author Sayantani DasGupta, MD, MPH, who is on the faculty of the master's program in narrative medicine at Columbia University, added that books can be an antidote to digital overload. Children's books, including those that are banned, are thoughtfully created by authors, editors, and publishers and then selected by teachers and librarians, while the online world is largely unregulated, she said. "Books invite the reader to interact critically and actively, not to passively consume information in the way the internet often encourages," said DasGupta, who is also a founding member of the national coalition Authors Against Book Bans. In a study of more than 10,000 U.S. adolescents, early childhood reading for pleasure was associated with better cognitive

performance, lower scores for psychopathological problems, and larger total brain cortical areas and volumes in adolescence (Sun, Y.-J., et al., *Psychological Medicine*, Vol. 54, No. 2, 2024).

If parents worry about the content of a book their child wants to read, they might consult a third party to help them navigate, or read it together, Berry added. However, a single group of parents should not be trying to enforce their preferences on others, Berry said.

The importance of diverse reading material

Research shows that stories featuring marginalized characters have positive effects. For example, Hazzard and Celano's work in *Supporting Students' Intellectual Freedom in Schools: The Right to Read* (Sachdeva, D. E., et al. [Eds.], IGI Global, 2024) highlights how picture books can foster positive ethnic-racial identities, influencing debates on book challenges.

For instance, reading about diverse populations can improve educational outcomes and challenge favoritism toward in-group members, such as those who share the same ethnicity, background, or values, according to Natalia Kucirkova, PhD, a professor at the University of Stavanger, Norway, and The Open University, United Kingdom, who has applied developmental psychology and literary theory to her studies of early childhood literacy.

"Well-crafted stories that feature protagonists who are different from the reader—and that encourage readers to empathize with these characters—can help reduce bias and promote empathy toward out-group members," she said (see *Frontiers in Psychology*, Vol. 10, 2019).

Interventions in school settings support the theory that diverse books can weaken in-group favoritism and encourage cross-race friendships. In a 2017 study, U.K. researchers found that 4- to 6-year-olds tended to self-select lunch seats near race-like peers (McKeown, S., et al., *Journal of Community & Applied Social Psychology*, Vol. 27, No. 5, 2017). Although the effect was short-lived (48 hours), after a teacher read aloud a book about valuing diversity, the students abandoned racially segregated behavior.

Other work shows that restricting access to diverse perspectives "could hinder children's readiness to engage in a pluralistic and interconnected world," Kucirkova said, pointing to the developmental assets of books that highlight diverse backgrounds or stories about immigrants and refugees, people with disabilities, or religious minorities (see *Reading Psychology*, Vol. 46, No. 2, 2025). "Through narrative storybooks, children mentally simulate social situations and imagine themselves in the place of the characters," she

RESOURCES

HOW PSYCHOLOGISTS CAN HELP

- Read APA's amicus brief on a case currently pending before the Supreme Court to better understand APA's work to inform lawmakers.
- Be aware of advocacy organizations' actions to raise awareness: see the work of the American Library Association's Office for Intellectual Freedom, PEN America, We Need Diverse Books, Brooklyn Public Library's Books Unbanned, and the National Coalition Against Censorship.
- Write to elected officials and state representatives; speak up at school board and council meetings (find details here: updates.apaservices.org).
- Leverage psychological science to address the motivations behind book bans in a constructive way and engage with the media (e.g., consider writing an op-ed).
- Close the literature gap: Psychological scientists might consider initiating studies on the short-term and long-term impact of book bans on children's development of biases, academic interests, and awareness of social and cultural issues.
- Developmental and child psychologists can consider using diverse picture books in their practices. Some titles from Magination Press that appear on diverse books lists: *Lulu the One and Only* by Lynnette Mawhinney, PhD; *Marvelous Maravilloso: Me and My Beautiful Family* by Carrie Lara, PsyD; *This Day in June* by Gayle Pitman, PhD; *They're So Flamboyant* by Michael Genhart, PhD; *Home* by Tonya Lippert, PhD; *Jacob's Missing Book* by Sarah and Ian Hoffman; *Papa, Daddy, and Riley* by Seamus Kirst; *Rhythm* by Jackie Azúa Kramer.

said. Books presenting unfamiliar perspectives are “essential for fostering vicarious experiences—that is, children’s ability to imagine lives very different from their own.”

Advocacy and action

Psychologists are finding ways beyond academic work to leverage their training in these efforts. Allison Bashe, PhD, a clinical psychologist in Pennsylvania who specializes in treatment for adolescents and adults, addressed her local school board when 13 books—the majority of which were written by or about people with a marginalized identity—were challenged unsuccessfully in 2023. Bashe argued that books are “not a substitute for therapy or group therapy,” but that it can be comforting for children to understand they are not alone in an experience.

The definition of systemic racism in the publishing process also entered Bashe’s remarks. Even as the school library retained the 13 challenged books, it proposed that titles published earlier than two generations ago would be designated as “classic” and protected from bans. Yet some authors from ethnic minorities and Indigenous groups may have experienced barriers to getting published several decades ago, said Bashe, who holds a BA in both English and psychology. Books that are being published today also have merit, she said.

Other psychologists are sharing their thoughts and expertise in letters to their governors and state representatives (find links to email a letter to your own representatives at www.apaservices.org/advocacy/actions).

Celano and Collins’ efforts have catapulted psychology into arguments against book censorship. Their advocacy has included interviews with journalists, media, and nonprofit organizations fighting censorship;

presentations to parents, educators, and behavioral health professionals about their banned book; a state policy campaign in Georgia; and readings at schools and libraries across the country.

APA Publishing, meanwhile, remains committed to its “Freedom of scientific inquiry and publication” policy, adopted in 2000 (*Monitor on Psychology*, July/August, 2001). The policy affirms that a healthy science requires freedom of inquiry and expression and that editors must be free to publish controversial findings without risk of censorship as long as they align with standard ethical and scientific principles.

“It’s important for us as a society publisher to be able to publish research that is broadly applicable to the discipline,” including to the diverse populations that psychologists serve, said Rose Sokol, PhD, APA’s journals and books publisher. That extends to books in APA’s children’s book imprint, Magination Press. Children need to be able to learn how to evaluate and consume information when it matches their lives and when it does not, and books that shed light on various communities can help them do that, Sokol said.

“Despite the increase in book banning and censorship challenges, Magination Press remains unchanged. We are committed to APA’s mission, and we will continue to publish books that champion inclusion and belonging for all children and teens,” said Kristine Enderle, editorial director of Magination Press. “Kids need to see themselves, their experiences, their communities, and their families in books and feel welcomed and respected in our world.” Also important is for psychologists to team up with others in relevant disciplines such as physicians, educators, librarians, and

advocacy groups, in both civic and private settings, according to DasGupta. She strongly believes that “our combined expertise has the weight of collective social force.” The narrative medicine program that she cofounded at Columbia, for example, brings together social workers, physicians, psychologists, artists, and academics to improve health care from an equity and patient-centered perspective.

Increasingly, health professionals are engaging in advocacy across their varied life roles: as community members, parents, library patrons, and voters. Psychologists can emphasize that a full range of books teaches students to be critical interpreters of their world, a skill essential for evidence-based practice in clinical and research careers—and for an educated and democratic society. ■

FURTHER READING

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Charlotte Sullivan Wild
author blog, 2025

Top 10 and frequently challenged books archive
American Library Association, Office for Intellectual Freedom

Who’s in and who’s out at the Naval Academy’s library?
Ismay, J.
The New York Times, April 11, 2025

Book bans harm kids
Scientific American, Nov. 19, 2024



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APA ELECTIONS

Meet the Candidates for 2026 APA President

APA members nominated the following finalists who will appear on the ballot on August 1–September 15.

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Meet the Candidates for APA's 2027 President

Members will elect the association's next president this summer

MEMBER NOMINATIONS ARE IN. Following are the president-elect candidates known at the time of publication. Read on for more information on each candidate's experience and priorities. Find additional information on the candidates on the President-Elect Ballot by scanning the QR code on the previous page or visiting <https://my.apa.org>. The winning psychologist will serve as APA's 2026 president-elect and 2027 president.

Kalyani Gopal, PhD, HSPP

Championing Resilience and Innovation

Building Clinical Practice

Reimagining Governance and Policy

Investing in Training

Developing Global Outreach

Growing Resilience

Elevating Social Justice



At this pivotal moment—marked by technological upheaval, political polarization, climate change, and a sweeping mental health crisis—psychological science has never been more essential. I understand the urgent need to balance academic excellence with greater accountability, application, accessibility, and inclusion across settings and communities.

I have lived leadership roles in psychology at every level: globally as President of the Psychology Coalition at the United Nations, nationally as President of APA's Division 12, and locally as President of the Illinois Psychological Association. As a leader, I have seen psychology shape policy, promote innovation, and foster global healing. This year, we proudly host the first Psychologists' Youth Mental Health Global Summit at the UN.

If elected APA/APASi President-Elect, I will champion resilience by bridging critical gaps across our field through four key priorities:

1. **Bringing psychological science to societal change**—shaping mental health policy, addressing marginalized populations, advancing AI ethics, combating misinformation, and building climate resilience. I run a shelter for women survivors of sex-trafficking, helping families rise from homelessness to restored dignity.

2. **Strengthening the future of psychology**—advancing education, training, and research to keep our field competitive and impactful.

3. **Uniting diverse perspectives**—fostering dialogue and connection in times of division.

4. **Expanding APA's global reach**—building international collaboration and global resilience.

This is a time for leadership that is bold yet steady, principled yet pragmatic.

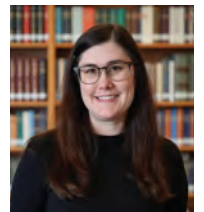
I humbly ask for your support to **BRIDGE** science, justice, and global progress.

Noelle Lefforge, PhD, MHA, CGP, ABPP

Today, psychologists are facing extraordinary challenges. Now is the time to champion psychology, psychological science, and APA.

We must combat anti-intellectualism and steadfastly promote and expand psychological science. Now is the time to uphold our education and training standards for a diverse healthcare workforce who can deliver culturally responsive services to *all* communities, particularly the underserved. We must insist on our commitment to equity, diversity, and inclusion, building upon our progress. Now is the time to advocate for our scientists, their funding, and their opportunities to improve the world. We must increase healthcare access and equity, expanding the reach of evidence-based psychological services. Now is the time to embrace psychology as a multifaceted profession that values doctoral and master's level clinicians. We must act as moral global citizens and join with world disciplines to protect and celebrate humanity.

Every psychologist improves the human condition. APA must prioritize supporting and empowering our work. To



forge our future, we must uplift psychology students and ensure that a career in psychology is financially attainable and rooted in integrity.

I am the candidate who understands APA's inner workings and has a consistent history of courageously standing up for social justice. I am the advocate who has and who will hold APA's leadership accountable to our values and sustain APA as a membership-driven organization. We must demand expediency and precision from those in key positions responsible for carrying out APA's mission.

This election matters. Fellows, Members, voting-Associates, and eligible-Graduate Students Members: vote to be heard.

I acknowledge these challenging times, and I commit to facing them head-on. Forge ahead with me, Noelle Lefforge, for APA President.

Visit Noelle4APA.com to learn more about my campaign.

Joseph Pachman, MD, PhD, ABPP

Rather than reinvent ourselves, psychologists need to build upon our scientist-practitioner model in order to effectively solve future challenges. To better address the current mental health crisis, including overcoming obstacles for underserved populations in obtaining comprehensive mental health service, a uniform training path for psychologists who wish to prescribe medication, within the scope of practice, needs to be adopted. Well trained psychologists would be able to safely provide less disjointed mental health care, including the authority to "unprescribe" when appropriate. Given our educational foundation, there will also be significant opportunities for more meaningful research in this space.

In order to address issues regarding consumer and large payer confusion regarding professional competence, ABPP certification needs to be recast to function as equivalent to fellow status in medicine, and a more achievable board-certification process be developed for psychologists. Presently, while almost 90% of physicians are board certified, less than 5% of practicing psychologists are board certified. This impacts issues related to fair and reasonable reimbursement.

There is a need for enhanced coordination regarding behavioral health training for pediatricians, occupational medicine physicians, and other primary care providers, as well as increased guidance for families regarding isolation and social media use, including barriers to school attendance. Psychologists need to continue to lead with research on emerging technologies, such as AI, telehealth, and mental



health tracking via apps and wearable devices.

Above all, we need to recognize the importance of the impact of psychology on society, especially in these challenging times. This includes continuing to embrace EDI initiatives and cross-cultural research. The challenge for psychologists is to remain focused on working together to achieve our mission.

Linda M. Woolf, PhD

As psychologists, we have the power to transform individuals' lives, promote well-being, and build communities that thrive. Yet, psychology stands at a crossroads, facing many challenges—barriers to care, mental health AI chatbots, threats to research funding, replication concerns, anti-science biases, workplace insecurities, educational disparities, attacks on diversity, and broader societal/global challenges. In these turbulent times, our commitment to psychology's transformative power is more vital than ever. It is this spirit that drives my campaign: **Many Voices, One Psychology.**

Across clinical settings, schools, organizations, and communities, psychologists represent diverse voices and experiences. Our strength is collaboration—listening to one another, bridging divides, and building a representative profession for all. Through dialogue and partnership with Divisions, SPTAs, Ethnic Psychological Associations, national organizations, and global alliances, we can create a stronger, more resilient voice for psychology. Our diversity becomes the foundation of our collective power.

This commitment spans practice, science, education, and advocacy, grounded in three core values: human rights, respect for persons and peoples, and psychological science. Human rights affirm everyone's dignity, essential for well-being. When rights are denied, we must advocate boldly for justice. Respect demands honoring autonomy, cultural identity, and inclusion. Through genuine engagement, we foster trust, empower communities, and advance equity. Psychological science underpins all we do. Amid rising misinformation, APA must fiercely defend evidence-based, culturally relevant knowledge shaping education, health care, policy, and more.

Together, by centering diversity, defending rights, and championing science, we will build a stronger, more inclusive future for psychology.



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5 Questions for Momo Hayakawa

The developmental psychologist infuses science into a new PBS KIDS series that focuses on building essential skills in young children

BY EFUA ANDOH

SIXTY-FIVE PERCENT of youth now 15 years old and younger will work jobs that have not yet been invented, according to McCrindle, an Australian research firm. As technology and the workforce continue to evolve at rapid speed, today's children may benefit from honing essential skills and competencies while also being exposed to potential careers. Momo Hayakawa, PhD, the managing director of child development and research at Twin Cities PBS in St. Paul, Minnesota, oversees the research for *Skillsville*, PBS's latest animated offering designed to nurture essential skills for children ages 4 to 8 as they prepare for the world of work. She applies her training as a developmental psychologist to ensure the show is age appropriate and builds executive functioning and self-regulation skills. The television show is complemented by digital games as well as hands-on activities, live-action self-regulation strategy videos, ebooks, and virtual field trips that are free for after-school programs, libraries, and families.

How does *Skillsville* help young children build the skills needed for their future careers?

Skillsville supports early childhood learning and develops the foundational skills kids need. We decided early on that the three curricular pillars for our content are career exposure, executive functioning [EF] skills, and self-regulation strategies. Those form the foundation for every



episode and our digital and analog content. In every episode, the series presents a career, such as entrepreneur or game tester, and we make sure to showcase both common and uncommon careers. We want kids to explore different careers while learning how to manage everyday challenges that require EF skills. Every episode focuses on an EF skill, such as planning and prioritizing, feeling calm, or focusing. The three main characters, Dev, Cora, and Rae, use a self-regulation strategy such as making a list or a stretching exercise. That enhances their executive functioning skills so they can overcome challenges that they experience both in the digital world of *Skillsville* and in their lives. By introducing these concepts of self-regulation strategies and EF to our young audience in ways that are relatable, *Skillsville* encourages kids to develop the foundation for workforce readiness.

What suggests that kids ages 4 to 8 need career readiness training?

With our research partners [Rockman et al Cooperative], we conducted a needs assessment with over 560 educators, families, and children to understand what areas they needed support in and what kinds of things the kids were into. We found that caregivers and educators were desperate for strategies to support children's EF skills. Kids in kindergarten to second grade were easily distracted. They would quickly quit a task if it was challenging and they were having a tough time emotionally. Children at this age don't need to know what classes that they need to take to pursue a specific career. What they really need are strategies to help them to focus or think differently and to persist in a task. I wanted to expose them to different kinds of careers because that's what kids can handle at this age.

For each episode, we conduct extensive formative research throughout every phase of development with kids ages 4 to 8 across the nation. Research covers character appeal, the names of the characters, and how they look—from the storyboard to the preliminary animated sequence and then to final animation. We make sure that the kids understand the content and find it engaging. We use methodology from experimental and developmental psychology to make sure we're asking the right questions to get responses that will help us improve the content.

This interview with Dr. Momo Hayakawa was conducted before the U.S. Department of Education terminated funding for Skillsville, a PBS Kids program. At press time, it remained uncertain whether all 22 episodes of the season would air.

How do you blend science with storytelling in a way that makes learning exciting for young viewers?

We conduct extensive formative testing. It's so important that we listen to these kindergarteners through second graders and also observe, because sometimes it's not just what they say. You'll see a classroom of kids watching an episode, and they're so into it that they physically stand up and move their bodies closer to the screen because they just want to be immersed in the world of *Skillsville*. That's when you know we're doing something right. I love when the kids turn to each other and start thinking of solutions [to a challenge in the episode] on their own. Like "I would do this," or "Dev should really do this." When they're having that conversation that means their wheels are spinning. They're understanding the content. That's gold.

You have expanded *Skillsville* into a gamified universe. How do you make that content fun, educational, and safe for young audiences?

Skillsville goes beyond academics, and we integrate creativity and emotional regulation and problem-solving into its storytelling and gameplay. Characters need to think creatively and collaborate to solve problems, whether they're organizing a virtual city or managing a role-playing task. The characters' varying personalities help kids see the value of using their unique strengths to overcome challenges. These are social skills that will serve them well in school and later in life. We also have analog activities like paper games and role-play activities so they can extend the learnings from the show and the digital games into their real-world lives, practicing these skills with their classmates or family and friends.

What do you hope the long-term outcomes of *Skillsville* will be?

Over the next 2 years, my focus is going to be on community engagement and understanding the impact that our content has on our viewers. We've planned a couple of quasi-experimental design studies to understand what aspects of our curriculum really stick with kids ages 4 to 8 and how the impacts or the takeaways might differ by grade level. With my background as a developmental psychologist, I'm always interested in, "What did the kindergarteners get out of it? How is that different from what the second graders got out of this?" We've done some pilot studies, and we're building off of that data. It's exciting to see more after-school programs use *Skillsville* and learn about the impact that it's having on children and families. This is an area where practices from psychology can be even more integrated to create meaningful and entertaining experiences for kids. ■

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The Mental Health Effects of Immigration Control

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

Recent efforts to ramp up immigration control are likely to negatively impact immigrants' mental health and inhibit their engagement in mental health services

BY SRISHTI KATURI, MA, & CYNTHIA J. NAJDOWSKI, PhD, UNIVERSITY AT ALBANY

ON MARCH 15, 2025, President Donald Trump invoked the Alien Enemies Act—historically employed only during wartime—so U.S. Immigration and Customs Enforcement (ICE) could immediately remove Venezuelan citizens alleged to be terrorists from the United States. That same day, ICE deported Kilmar Abrego Garcia to El Salvador's Center of Terrorism Confinement, claiming he belonged to a street gang the administration had designated as a terrorist organization. These actions were part of Trump's movement to execute "the largest deportation effort in American history," according to a statement from the White House. The legality of these actions has already been contested in the courts. A class action suit arguing against the use of the Alien Enemies Act to circumvent established rules prompted a temporary order halting immigrant removals. On April 7, the U.S. Supreme Court vacated the restraining order but affirmed immigrant detainees' rights to notification and challenge. Three days later, the court ruled that Garcia's removal violated those rights and ordered the government to "facilitate" his release to the United States. (As of May 20, it had not.)

Time will tell whether courts will continue to rule in favor of due process and limit attempts to broaden ICE's scope of authority. Meanwhile, psychologists should consider the effects of restrictive policies on immigrant populations, even those policies that are ultimately reversed. Research that looked at the effects of restrictive immigration actions taken during Trump's first presidential term may offer a glimpse of what's to come.

Studies show that the anti-immigration rhetoric and policy of that period heightened fear of deportation and stress in immigrant communities. In contrast to the relative sense of safety experienced prior to 2016, after Trump's election undocumented immigrant people reported having more intrusive status-related worries that negatively impacted their daily functioning (Offidani-Bertrand, C., *SSM – Mental Health*, Vol. 3,

2023). Several studies revealed increases in panic attacks, anxiety, depression, feelings of vulnerability, and fear of encounters with immigration authorities (e.g., Dadras, O., & Hazratzai, M., *The Lancet Regional Health – Americas*, Vol. 44, 2025; Olukotun, O., et al., *Behavioral Sciences*, Vol. 9, No. 12, 2019).

While restrictive immigration policies negatively impact immigrant people's psychological well-being, they decrease the likelihood that immigrant people will receive the mental health care they need (Cha, B., et al., *Social Science & Medicine*, Vol. 233, 2019). For instance, undocumented students have reported avoiding seeking care because they believe providers cannot address the immigration issues at the root of their stress and, therefore, cannot provide any relief. Even when they overcome this barrier and seek services, they are reluctant to disclose their undocumented status out of fear of being detained or deported or for stigma concerns, making it difficult for mental health providers to support them effectively.

Psychologists have several important roles to play in addressing these mental health impacts of anti-immigrant policies. When policies that facilitate detention or deportation are challenged in the courts, scholars can serve as court experts or file amicus briefs to inform courts of the psychological harms caused by such restrictive policies. Providers can make their services more accessible to those affected by shifts in immigration control and enforcement, including by working with interpreters to overcome language barriers and implementing trauma-informed interventions, as suggested by the APA Task Force on Immigration and Health (*Psychological Science and Immigration Today*, 2024). Finally, researchers should adopt culturally sensitive, inclusive, and decolonized approaches; foster true partnerships with immigrant communities; and examine systemic impacts to better understand immigrant people's needs and develop interventions to meet them. ■



AT ISSUE

What is psychologists' role in addressing the mental health impacts of anti-immigrant policies?

A trio of new APA guidelines that complement one another can help psychologists personalize evidence-based treatments for adults with PTSD and complex trauma.



CE Corner

Three new APA guidelines broaden the view on treating PTSD and trauma

BY STEPHANIE PAPPAS

A TRIO OF NEW APA guidelines on treating post-traumatic stress disorder (PTSD) and complex trauma aim to help psychologists broaden their practice with adults who have experienced traumatic events and guide clinicians on how to personalize treatments while still relying on evidence-based practice.

The latest *Clinical Practice Guideline for the Treatment of PTSD in Adults* was approved by the APA Council in February, joining the professional practice *Guidelines for Working with Adults with Complex Trauma Histories* and *Guidelines on Key Considerations for Working With Adults With PTSD and Traumatic Stress Disorders*, both approved in August 2024. The latter two guidelines are the first of their kind, while the *Clinical Practice Guideline for the Treatment of PTSD in Adults* is an update of the 2017 APA guideline on the same subject.

All three guidelines expand on the treatment of PTSD and trauma. While the 2017 guideline worked from only one systematic review of research, the updated guideline now draws from 15 systematic reviews of interventions and takes into account a broader array of outcomes than PTSD symptoms alone. Meanwhile, the new professional practice guidelines focus on broader competencies around working with persons who have been exposed to trauma. These guidelines do not recommend certain interventions but provide frameworks for clinicians to think about training, professional development, and the context in which they might meet traumatized persons. For example, is the trauma a one-time, life-threatening accident, or an ongoing personal trauma, as in domestic

violence or childhood sexual abuse? Might the person be involved with the legal system, possibly exacerbating their problems? Are there cultural considerations or generational patterns of trauma at play?

The result is three guideline documents that complement each other, coming at a time when psychologists are more attuned than ever to the ubiquity of traumatic experiences.

“The world has been going through chronic trauma since 2020,” said Robin McLeod, PhD, senior director for strategic relations and leadership on the Practice team at APA. “It’s not only the pandemic but national and world conflicts that have led to political disruption, war, and displacement. We know that chronic trauma has a huge impact on long-term physical health and that it is our young people who are most impacted. Psychologists, recognizing this, are honing their ability to integrate an understanding of trauma into their work with everyone. These guidelines provide clinical and professional support for this integration.”

Clinical practice with PTSD

The newly approved clinical practice guideline focuses on interventions for post-traumatic stress disorder. Compared with the previous guide-

line, the new document pays more attention to complex presentations of PTSD. And while the critical outcomes the guideline development panel looked at involved the reduction in PTSD symptoms such as intrusive, distressing memories of the trauma, outbursts of anger, or sleep disturbances, they also considered the impact of interventions on other important outcomes, including substance use, affect

CE CREDITS: 1

Learning objectives

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

- 1 Identify interventions for PTSD and trauma with the strongest evidence base.
- 2 Discuss special considerations that psychologists should weigh when providing trauma-informed care.
- 3 Define complex trauma and explain ways in which psychologists may need to adjust their approach in treating complex trauma survivors.

For more information on earning

CE credit for this article, go to

www.apa.org/ed/ce/resources/ce-corner.

dysregulation, suicidal ideation, and dissociation.

“There was more emphasis on including outcomes that address complexity,” said Lori Zoellner, PhD, a professor of psychology at the University of Washington who chaired the guideline panel. “We paid attention to clinically meaningful change, quality of life, and functioning. So we purposely took a broad approach.”

Drawing from 15 systematic reviews, the guideline developers found three interventions that reached the highest standard for evidence. Psychotherapy over pharmacotherapy defines the recommended interventions. Adults with PTSD can be treated with cognitive processing therapy (a cognitive behavioral therapy-based program that walks patients through processing trauma by examining trauma-related beliefs), prolonged exposure therapy (an approach that guides patients through facing trauma-related reminders and memories), and trauma-focused cognitive behavioral therapy (a combination that often includes psychoeducation, relaxation, cognitive restructuring, and exposure therapy components).

“These interventions were rated as recommended because there are many high-quality studies that show large effects,” Zoellner said. “They’re done by independent research groups, and they have a consistent pattern of findings across both the critical outcomes and the important outcomes, and the quality of science is generally rated as either moderate or high. They have good science behind them.”

The second tier of interventions is also viewed as effective, with the guideline likewise suggesting the use of these interventions. The research base for these second-tier interventions is not as strong: The studies may not be as high in quality or

showed more variability for important outcomes. Among the suggested interventions were eye movement desensitization and reprocessing (EMDR), which guides patients to revisit traumatic memories while engaging in bilateral movements with their eyes or hands; cognitive therapy, which involves reevaluating trauma-related beliefs; and narrative exposure therapy, which aims to help patients build a narrative to contextualize their trauma. The guideline also suggests offering selective serotonin reuptake inhibitors (SSRIs) or serotonin and norepinephrine reuptake inhibitors (SNRIs).

The panel also delved into the evidence for many emerging treatments that have become popular, particularly MDMA-assisted therapy and ketamine for PTSD. They found that, so far, the evidence base is simply insufficient to recommend for or against these treatments. Many of the studies that have been done are small or at risk of bias, or the treatment protocols are unclear. Other interventions and comparative effectiveness studies were also reviewed, and the evidence base for those is growing, Zoellner said. “We’re awaiting better clinical trials,” she added.

The guideline also urges clinicians to consider barriers to treatment and ways to overcome those barriers, and to share decision-making with patients, considering factors like the setting where the treatment will be delivered and the time and resources the patient must devote to therapy. The guideline also outlines some key factors that effective therapies seem to share, such as teaching patients to manage negative emotions about themselves.

“The point is to help these people let go of some of their symptoms so that [they] can get back to a quality of

KEY POINTS

1

Guidelines for treating PTSD and trauma are increasingly focusing on the broader context of the trauma and a wide array of symptoms and related outcomes a patient might experience.

2

For treating PTSD symptoms, cognitive processing therapy, prolonged exposure therapy, and trauma-focused cognitive behavioral therapy show the strongest evidence to date.

3

Emerging treatments such as MDMA-assisted therapy or ketamine are not yet supported by sufficient evidence.

4

A strong grounding in trauma-informed care and an understanding of how trauma affects developmental phases and manifests differently over the life span can help psychologists treat complex trauma cases.

life and a life they want to live,” said Priscilla Schulz, LCSW, a clinical social worker in Seattle and vice chair of the guideline committee.

Professional practice for PTSD

Meanwhile, the *Guidelines on Key Considerations for Working With Adults With PTSD and Traumatic Stress Disorders* gives professionals a broader base for approaching practice with people who have experienced trauma.

“Our job was not to approve any specific type of therapy,” said guideline panel chair Lenore Walker, EdD, ABPP, a forensic psychologist and professor emeritus at Nova Southeastern University in Florida, “but rather to

address how the general practitioner who is going to work with somebody who has faced trauma should behave—the guidelines are to help them in making all kinds of choices.”

The guideline starts by urging psychologists to take a cross-disciplinary, culturally responsive approach to assessing and treating trauma, keeping up with the rapidly evolving research in this area. Patients may come into the psychologist’s office with preexisting notions of what trauma is and how to treat it, possibly gleaned from social

media and self-help books. Some of that information may be accurate, while some is not, and psychologists may need to help patients sift the good from the bad. Most clinical training programs are light on education around trauma, Walker said, but there are numerous continuing-education options available. Such programs can help clinicians understand the biopsychosocial, cultural, and intersectional complexities of trauma, as can seeking consultation from more experienced mentors and colleagues. Professional

peer-to-peer support can be particularly important for preventing secondary trauma and burnout, the guideline notes. Even steps such as taking more breaks on days when seeing trauma survivors can help.

Given the regulations around treating victims of violence—such as mandatory reporting laws for child abuse—a large portion of the guideline focuses on legal frameworks. Laws vary by state, and psychologists are encouraged to understand their legal responsibilities around what must be reported and how to assess whether a patient might be a threat to themselves or to others. Psychologists may also find themselves working with patients who are entangled in the legal system, Walker said. Practitioners may want to familiarize themselves with the court system to be able to discuss the impact of this involvement on the patient’s mental health and day-to-day life and logistics. They may also want to make choices about treatment with legal proceedings in mind; for example, choosing to treat trauma with hypnosis or exposure therapy might alter the patient’s memory of the traumatic event, which might affect their ability to pursue a legal case.

The guideline encourages psychologists to consider how patients from different cultures might experience and express trauma. A holistic assessment strategy, pulling from multiple sources of information, may help psychologists consider a patient’s life circumstances and overall health.

The guideline also encourages psychologists to adhere to the principles of trauma-informed care. Trauma-informed care recognizes that most people with behavioral health disorders have some experience of trauma in their lives. This approach encourages screening patients for

The clinical practice guideline for PTSD urges clinicians to address barriers to treatment and to share decision-making with patients, considering factors like the time and resources patients devote to therapy.



trauma history and responding to trauma with a mixture of compassion and respect. People who have experienced trauma already have their own forms of resilience and coping skills, and clinicians can build their patients' confidence and trust by acknowledging what has worked for them.

The guideline outlines some specific types of trauma that might bring a person to a therapist, such as sexual harassment, immigrating because of war or persecution, or racism and intergenerational discrimination. Psychologists can also consider the impact of systemic racism and generational trauma on their patients, as well as the impact of barriers to getting treatment and care. For example, telehealth might be a good option for a veteran whose combat-related trauma triggers anxiety, hypervigilance, or aggression when driving, or for a person who has a history of medical trauma and thus experiences anxiety in a clinic setting.

The guideline underscores that “each trauma is different, and each person is different,” Walker said.

Complex trauma

The other professional practice guideline, jointly produced with the International Society for the Study of Trauma and Dissociation, focuses on adults with complex trauma histories. The complexity of trauma is along a continuum, but generally someone with complex trauma is likely to have experienced multiple traumatic events or to have been victimized repeatedly, typically in an interpersonal, intentional way, such as in an emotionally or physically abusive relationship. Often, trauma that happens earlier in development, or in multiple developmental phases across the life span, presents with more complex sequelae.



Taken together, the three guidelines provide psychologists with a strong sense of the evidence base for treatments as well as the complexity of treating individuals with their own histories, goals, and symptoms.

These factors are included in the diagnosis of complex PTSD, which is included in the 11th edition of the *International Classification of Diseases (ICD-11)* of the World Health Organization. As in the *Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition)* definition of PTSD, a diagnosis of complex PTSD requires exposure to or experiencing events or circumstances that overwhelm the ability to cope, including those involving direct interpersonal and emotional threats. These result in the development of symptoms that meet the original three criteria of PTSD (reexperiencing the trauma in the present, numbing and shutting out reminders of the trauma, and physiological hyperarousal and hypervigilance). But three

additional criteria under the heading “disturbances in self-regulation” are also required. These are difficulties in identifying and regulating emotions, negative self-concept and low self-worth, and problems maintaining or forming relationships.

The *DSM-5* does not have a separate diagnosis called complex PTSD, but the developers of the *DSM-5* and the developers of the *ICD-11* worked together to make the *DSM-5* PTSD criteria and *ICD-11* complex PTSD criteria somewhat similar. For example, the *DSM-5* PTSD diagnosis includes components such as estrangement from others and negative views of self. Clinicians and researchers debate whether these conditions are fully different.

Whether or not a person meets the diagnostic criteria for complex PTSD, a complex trauma history can lead to more complicated symptoms, said Christine Courtois, PhD, ABPP, a counseling psychologist and consultant on trauma psychology and treatment who chaired the complex trauma guideline development panel. Often, trauma that happens earlier in development, or in multiple developmental phases across the life span, presents with more complex symptoms. For example, it may lead to the development of dissociation as a defense and coping mechanism.

“When you’re treating complex PTSD, you have more things to treat,” Courtois said. “Because many of these individuals didn’t get what they needed in childhood to help them develop themselves in a positive sense and to develop emotional regulation skills, that becomes part of the therapy.”

To assist clinicians in treating these patients, the guideline uses the acronym HISTORY. “H” stands for taking a humanistic approach, acknowledging that complex trauma patients may have experienced inhumane treatment at the hands of those they should have been able to trust, including authority figures and professionals (recognized as betrayal or relational trauma). Psychologists can redress these betrayals not only by choosing interventions to undo past harms but by helping patients become and feel safe in the present day, fostering their personal agency, and reinforcing their sense of self-efficacy.

“I” stands for integrative solutions, encouraging psychologists to take a personalized, patient-centered approach to treatment. This might mean, for example, augmenting traditional evidence-based therapies with evidence-informed, nontraditional

therapies such as mindfulness or yoga. Or it might mean helping a patient tackle present-day problems in relationships or daily functioning before digging into the root of the trauma.

“S,” for “sequence,” also addresses the importance of assessing a patient’s readiness before beginning an intervention aimed at addressing the trauma history. “It’s important to have a base of safety and to teach some stabilization skills,” Courtois said.

The “T” in HISTORY stands for “timeline,” emphasizing the importance of taking a developmental view. This can include considering both when the trauma occurred and the person’s current stage of development. For example, a high school student may present different symptoms than a person near the end of life, Courtois said. As older adults experience health problems or cognitive decline, they may find past traumas resurfacing, including traumas they have never told anyone about.

Whatever the presentation, the guideline urges a transdiagnostic view of symptoms and outcomes. Therefore, the “O” of the guideline acronym stands for “outcomes” and encourages psychologists to assess all problems of a patient and tailor treatment according to the individual’s unique needs. Consistent with a patient-centered approach, there is no “one size fits all,” said Paul Frewen, PhD, a clinical psychologist at Western University in Ontario who cochaired the development of the complex trauma guideline. “We need this flexibility to meet the person where they are,” Frewen said.

All this work is predicated on the therapeutic relationship (the “R” of the acronym), which emphasizes the importance of the therapeutic alliance in predicting outcomes. It is important to be responsive, reliable, trustworthy, and consistent, Courtois said, in order

to provide the individual with a different relational experience that can become a template for the patient’s outside relationships.

Finally, the guideline encourages psychologists to help patients find the “why” (or the “Y” in the acronym) for what happened to them. Exploring these existential questions can help people reappraise the trauma and understand that they were not to blame.

Taken together, these three guidelines should give psychologists a strong sense of the evidence base for treatments as well as the complexity of treating individuals with their own histories, goals, and symptoms.

“While trauma makes a person feel little and small, squashed, tiny,” Frewen said, “through therapy they’re able to become more fully themselves, and open up and broaden and build.” ■

FURTHER READING

Effects of current treatments for trauma survivors with posttraumatic stress disorder on reducing a negative self-concept: A systematic review and meta-analysis

Banz, L., et al.
European Journal of Psychotraumatology, 2022

Treating complex traumatic stress disorders in adults

Ford, J. D., & Courtois, C. A. (Eds.)
Guilford Press, 2020

Therapeutic alliance in psychological therapy for posttraumatic stress disorder: A systematic review and meta-analysis

Howard, R., et al.
Clinical Psychology & Psychotherapy, 2022



EVERYDAY ADVOCACY

Psychologists in any setting
can take small actions that
add up to meaningful change

BY ZARA ABRAMS



FOR MOST OF HIS CAREER, Duke Han, PhD, has focused mainly on his research program, which centers on cognitive aging and early signs of Alzheimer’s disease. But when massive National Institutes of Health (NIH) budget cuts threatened the future of that work, Han joined other APA Council of Representatives members on Hill Day, where he spoke to members of Congress about the dangers of slashing funds.



APA members advocate at the U.S. Capitol.

In February, Han told congressional leaders that he is often asked by research participants whether there is any hope for treating or curing Alzheimer's disease—and that, based on recent breakthroughs, for the first time in the 20 years he has studied the disease, his answer was yes. But pulling support from NIH would devastate that progress.

“Being a part of Hill Day was one of the most meaningful professional activities I’ve ever done, particularly given the current times,” said Han, who is a professor of psychology and family medicine at the University of Southern California. “I’ve never seen this level of threat to scientific progress, and it’s been really sobering to come to terms with.”

Standing up for science doesn’t require a trip to Capitol Hill. Everyday actions—talking with a neighbor, sharing accurate information on social media, and emailing members of Congress—are also forms of advocacy.

“While large-scale advocacy garners attention, it’s often the smaller, consistent efforts that sustain progress,” said Katherine B. McGuire, APA’s chief advocacy officer. “Psychologists advocating for equitable mental health resources in schools or providing expert insights on local policy initiatives play a critical role in shaping healthier communities. Every action adds up.”

Psychologists already have the skills to succeed with advocacy, which at its core is about conversations and relationships, said Megan Mooney, PhD, a psychologist in private practice in Houston, Texas, whose advocacy work focuses on supporting LGBTQ+ youth. “Relationships are what move the ball forward on topics where we know the science is solid,” she said.

Beyond the skills they possess, some argue psychologists also have



Advocacy can be achieved through small-scale, everyday actions like talking with neighbors, sharing accurate information online, and emailing Congress members.

“

People tend to think advocacy is just being as loud as you can be in as many places as possible. There are times to be loud, but there’s also a lot of work that can be done quietly and behind the scenes.”

Amy R. Beck, PhD

Legislative chair and federal advocacy coordinator, Missouri Psychological Association

an ethical imperative to engage in advocacy that advances societal well-being—even in small ways.

“I believe that advocacy is no longer a choice. It really is a duty and responsibility to the next generation,” said Ana M. Ureña Rosario, PhD, who graduated from Alliant International University in San Diego in May and

chairs the American Psychological Association of Graduate Students. “This is a time when we must use our voices to create change.”

Finding your voice

Getting started can be as simple as diving deeper into a cause that feels personally or professionally relevant.

“Focusing on the things that are of interest to you, that you’re already passionate about, is the easiest way to move forward in the advocacy world,” Mooney said.

For Amy R. Beck, PhD, that opportunity came during her first job after graduate school. Working as a pediatric psychologist with an underserved population, she treated children who faced high rates of poverty, obesity, and weight stigma. She soon realized that most of those issues could not be solved in the therapy room.

“My job is to treat these children, but if the thing causing the problem is systemic, then my job is actually to treat the system, meaning advocacy is medically necessary,” said Beck, who is based in Kansas City, Missouri, and now works as a clinical psychologist at the Black Girl Doctor, a virtual therapy practice that specializes in the mental health and wellness of professional Black women.

Beck joined the Missouri Psychological Association, where she is now the legislative chair and federal advocacy coordinator, a liaison that organizes psychologists at the state level to help advance APA’s federal advocacy priorities. After more than a decade on the ground in a red state, Beck gained firsthand insights into what works in today’s political climate. Often, that’s a low-profile approach.

“People tend to think advocacy is just being as loud as you can be in as many places as possible,” she said. “There are times to be loud, but there’s also a lot of work that can be done quietly and behind the scenes.”

For example, when federal funding for medical education at children’s hospitals was on the chopping block in 2023, Beck was outraged. She quickly penned an op-ed to draw public attention to the issue. But a senior colleague gently explained that a quieter strategy was likely to be more effective. Beck shifted course and developed a campaign urging members of APA Div. 54 (Society of Pediatric Psychology) to write letters to Congress about how cutting funding would undermine pediatric psychology practice. In the end, the funding was granted, with very little publicity on the issue.

Psychologists tend to shy away from advocacy work for several reasons: They feel they don’t have time, they fear it won’t boost their career (or even worse, could threaten their job security), and they worry that they lack the training to make real change. Mooney has answers for each of those concerns. Small actions hold value, most institutions value employees who stand up for science in an appropriate way, and psychologists already have many of the skills required to do advocacy work. Active listening, flexible thinking, emotion regulation, relationship building, and the ability to communicate science to nonexperts—these are the makings of an effective advocate.



Getting started in advocacy can be as simple as focusing on causes that are personally or professionally relevant.

“

I’ve never seen this level of threat to scientific progress, and it’s been really sobering to come to terms with.”

Duke Han, PhD

Professor and researcher, University of Southern California

“Psychologists are uniquely equipped to advocate for change. Their training in understanding human behavior, effective communication, and conflict resolution allows them to engage policymakers with evidence-based solutions,” McGuire said. “Applying psychological science to public policy is not just valuable—it’s essential.”

How to get involved

There's no one-size-fits-all approach to advocacy. Whatever your career stage, work setting, or time constraints, you can make an impact. Here's advice from seasoned advocates on how to do so effectively.

Start simply by talking about what matters.

To build confidence, Mooney suggests speaking with friends, family, or neighbors about issues that matter to you as a psychologist. "Focus on evidence-based care, science, and social justice issues. Simply having conversations is a form of advocacy," she said.

For example, when Beck hears people make judgments about others based on their body size, she shares what she knows about the psychological harms of weight stigma.

Join your state, provincial, or territorial psychological association (SPTA).

"People may not realize that as a dues-paying member of their professional guild, they are already supporting advocacy efforts," said Molly Gabriel-Champine, PhD, a clinical psychologist who directs the behavioral medicine training program for internal medicine residents at McLaren Flint Hospital in Michigan. "A significant portion of dues supports the SPTA's advocacy efforts to benefit the profession, such as seeking to raise reimbursement rates or securing federal funding for psychology trainees."

Next, find a committee or task force that aligns with your interests. Most SPTAs have one focused on advocacy or legislative affairs, but other groups—such as the insurance committee—often take on advocacy work, too. Students and early career professionals are welcome, and joining usually doesn't require a significant time commitment, said Gabriel-Champine, who is the federal

advocacy coordinator for the Michigan Psychological Association.

Support APA's federal advocacy efforts by signing up for action alerts.

APA's 2025 advocacy priorities include ensuring equitable access to evidence-based health and behavioral health care, strengthening Medicaid and other safety net programs, and promoting human rights in a range of settings. Sign up to stay informed about advocacy actions you can take to support these efforts, such as sending a message to your congressperson. These alerts help psychologists speak out together on issues that matter across the nation. Many SPTAs also provide action alerts.

"Contacting your congressperson about these issues helps show that there's a groundswell, that this isn't just a one-off," Gabriel-Champine said. "It's a very simple way to get involved, and it really takes just 2 minutes."

Broaden your idea of what "counts" as advocacy.

Legislative policy change—at the local, state, and federal levels—is what comes to mind for most when they hear the word "advocacy." But advocacy work can take a variety of forms, including amicus briefs that influence legal outcomes (judiciary advocacy), comments on agency rules (regulatory advocacy), and leveraging public opinion to drive policy change (media advocacy).





Seek additional training in advocacy. Nonprofits, universities, and medical centers offer media training. APA and many state, provincial, and territorial psychological associations provide guidance, helping psychologists effectively communicate and advocate for change while protecting personal information.

“Psychologists can even do advocacy work within their organization, for instance, by recommending that institutions amend policies and procedures to align with social and behavioral science,” Mooney said.

Consider getting additional training. When Beck entered the advocacy world, she sought guidance from leaders with more experience. First, she completed civil disobedience training with the Poor People’s Campaign, where she even practiced getting arrested. She also accessed The OpEd Project, which offers free and paid virtual resources, where she learned to write opinion pieces and letters to the editor.

Nonprofits, universities, and medical centers typically offer media training to their faculty and staff. APA also offers guidance and training, as do many SPTAs.

“If you’re going to go on the record somewhere, you also have to be mindful of what that means for you and your family. Everybody has their personal risk tolerance for having their name out in the public sphere,” said Mooney, who removed her personal information from various online sources when she began working on a lawsuit to protect gender-affirming care in Texas. APA offers additional guidance for protecting yourself online.

Tailor your approach for your setting and career stage. Many psychologists who work at nonprofits or medical centers refrain from advocacy work because they think it’s against the rules, Mooney said, but that’s typically not true. Communications professionals at your organization can help you find the best approach, such as providing a caveat that you’re

speaking as a private citizen when you contact lawmakers or post on social media.

“They can help provide guardrails so that you feel confident you are speaking in a way that represents science and your values within the bounds of what’s acceptable to your employer,” Mooney said.

Students often worry that they lack the expertise to advocate, but Ureña Rosario said graduate school is an ideal time to get involved. The California Psychological Association, for example, organizes an annual Lobby Day that students are encouraged to attend.

“It’s really important that we share our stories and our experiences, because it helps decision-makers understand how they can support us. They do care and they want us in these spaces,” Ureña Rosario said.

Tell a story. When Kendra Westerhaus, PhD, finds herself talking to someone with different views, she welcomes the challenge. Taking the view that disagreement likely stems from mismatched values or priorities, she looks for a narrative that can help establish common ground.

“If I can find some commonalities in priorities or values, that’s a good starting point to get us on the same page and working toward a common goal,” said Westerhaus, a child psychologist in Pocatello, Idaho, who is the federal advocacy coordinator for the Idaho Psychological Association.

On a recent visit to Washington, D.C., to lobby to preserve funding for psychology training programs, she faced pushback from legislators whose priority was to balance the federal budget. To illustrate how reducing funding affects constituents, she described the long waiting lists for care in Idaho. A child waiting to be assessed for autism might wait 1, 2, or 3 years to see a psychologist—missing a critical window of opportunity to intervene early.

“Your representatives want to hear from you. Boots-on-the-ground stories of what you’re seeing generally matter more to them than purely what the data says,” Gabriel-Champine said.

If you’re pressed for time, contribute in other ways. If you only have time to make a financial contribution, that goes a long way, Beck said. Look for a community agency that supports a cause you value or support APA’s federal advocacy efforts through the Psychology Political Action Committee (Psychology PAC). Psychology PAC is a nonpartisan organization run by APA Services that supports candidates for federal office who back the field of psychology and related societal challenges.

Don’t give up before your start. This work can feel overwhelming at first, “so there’s a tendency to say: I’m not going to do anything,” Beck said. “And that guarantees that nothing will change.”

Instead, take pride in small actions, such as emailing your congressperson, speaking at a community meeting, or supporting a client who is navigating systemic barriers to care.

“Everyday advocacy may not make headlines, but its ripple effects are profound,” McGuire said. “Every conversation is an opportunity to reduce stigma, raise awareness, and influence policy from the ground up.” ■

TEACHING CONNECTIONS

LESSONS ON ADVOCACY

The following prompts can support high school and undergraduate educators in discussing psychological advocacy in the classroom.

- 1 What are some current social or political issues where sharing psychological insights could make a difference? How might psychologists get involved?
- 2 Imagine you are a psychologist working in a school setting. Outside of work, what advocacy actions could you take to improve well-being among your students?
- 3 Can advocacy ever interfere with a psychologist’s professional duties? What are some ways to stay objective?
- 4 What are some challenges or risks psychologists face when they speak out publicly, and how might these be overcome?

APA RESOURCES

Take specific action and stay informed with these APA guides and publications:

Take Action Now

Use this easy tool to locate and email your representative. Also, sign up for action alerts to get notified about advocacy campaigns, including when and how to contact your congressional representatives.
apaservices.org/advocacy/actions

APA/APASI Response Center

News from APA and APA Services about new executive orders and rapidly evolving federal policy and ideas on how to help. Click on the action alerts for each issue to quickly compose a message to email to your congressional representative.
updates.apaservices.org

Psychologists’ Guide to Advocacy

Get advice for developing relationships with state and federal legislators and access the APA Services Voter Guide, which outlines where psychology shows up on the ballot during major election cycles.
apaservices.org/advocacy/get-involved/guide

APA’s 2025 Advocacy Priorities

Get a detailed breakdown of APA’s federal advocacy objectives, which range from protecting the psychology workforce, research infrastructure, and regulatory environment to promoting health equity and human rights.
apaservices.org/advocacy/actions/advocacy-priorities

Washington Update

Subscribe to this newsletter for biweekly updates on APA’s federal advocacy efforts.
apaservices.org/advocacy/news

How to work with the media

Get tips for media advocacy, including how to navigate print, radio, and television interviews. Find out more about media training opportunities and learn how to build relationships with journalists.
apa.org/pubs/authors/working-with-media





Medical Aid in Dying Brings a Compassionate Close to Life

For terminally ill patients with less than 6 months to live, psychologists can offer support and evaluations to fulfill patient wishes for medical assistance in dying

BY EFUA ANDOH

In May 2025, Delaware's governor signed legislation to make it the 11th state to legalize medical assistance in dying (MAiD). This end-of-life option will now be available to more than 1 in 5 Americans. Since Oregon first authorized MAiD in 1997, legalization has steadily expanded—with nine states and the District of Columbia adopting similar laws since 2013 and 14 others currently considering related legislation.

The momentum reaches beyond the United States. In November 2024, British lawmakers advanced a landmark bill to legalize assisted dying in England and Wales. If passed, England and Wales will join 19 other countries and jurisdictions around the world where MAiD is legal.

As this movement gains traction, psychologists are taking on crucial roles in end-of-life care. They conduct assessments of patients' capacity to consent to MAiD and collaborate closely with other providers. They also provide necessary emotional support to both patients and their families. By clearly understanding and communicating the patient's wishes, psychologists create a supportive environment centered on patient well-being and autonomy.

The assisted dying process

"Assistance in dying" and "assisted suicide" are often used interchangeably but there are critical differences. Assisted suicide—illegal in all U.S. states—is the term commonly used when a person actively aids another person in ending their life. For example, this could involve a person providing a lethal dose of medication to a patient living in a state where MAiD is not legal or to a patient living in a MAiD state who is too deteriorated to self-administer the lethal drugs.

MAiD, in contrast, involves a medical professional prescribing medication to a terminally ill patient to self-administer at a time of their choosing (that is, sooner than might occur from their disease's natural progression). MAiD is a patient-centered process that gives terminally ill patients autonomy and control over their end-of-life health care options, avoiding excruciating or prolonged suffering.

In the United States, MAiD consists of a series of steps and safeguards to ensure a patient's decision to end their life meets legal and ethical requirements. A terminally ill patient requesting MAiD must:

- Be at least 18 years old;
- Be a resident of the state where they wish to die (Oregon and Vermont are the only states that exempt the residency requirement);
- Have a prognosis of 6 months or less left to live (to be determined by two health care providers according to jurisdiction requirements);
- Demonstrate the capacity to consent (as determined by the prescribing physician);
- Be able to administer a lethal dose without assistance.

Hawaii is the only state that requires a mental health evaluation of all MAiD patients. Other states require

AT A GLANCE

- Medical assistance in dying (MAiD) is a patient-centered process that gives terminally ill patients control over their end-of-life options.
- Psychologists play a critical role in supporting patients in making end-of-life decisions and helping patients' families accept and honor those wishes.
- Psychologists may be called on to assess the patient's capacity to consent to MAiD.

it only if the prescribing physician doubts a patient's ability to provide informed consent. In these instances, a licensed psychiatrist or psychologist would perform a capacity evaluation to ensure that the patient's judgment is not impaired by any cognitive or psychological concerns. In addition, patients must provide a written statement (witnessed by another person) to at least two qualified clinicians confirming their understanding and decision. Once all of these requirements are met, the physician can prescribe the medication that the patient will self-administer (Treem, J., *Journal of the Advanced Practitioner in Oncology*, Vol. 14, No. 3, 2023).

Psychologists play a critical role in ensuring that MAiD decisions are made in a way that meets these requirements while honoring the patient's autonomy. "Desire for hastened death is not the same thing as suicidal ideation. That and assessment of capacity are huge



Psychologists identify and treat underlying psychological conditions that might influence terminally ill patients' request for medical assistance in dying (MAiD).

areas in which psychology can be of great service, to better understand and ethically delineate those guardrails," said Rebecca Allen, PhD, ABPP, a professor of psychology and executive director of the Alabama Research Institute on Aging.

Assessing and alleviating suffering

"Suffering has different components to it. There's the physical, which oftentimes people think about when they think about medical assistance in dying," said Melissa Henry, PhD, a psychologist and associate professor at

McGill University's Gerald Bronfman Department of Oncology. "But there's also the psychological, social, and existential aspects. There are a lot of fears that people experience when they're thinking about the end of their life."

A thorough evaluation of a patient's suffering is crucial in MAiD, yet there is a dearth of standardized clinical practice guidelines. To address this gap, Henry coauthored a comprehensive scoping review of 537 clinical practice documents related to assisted dying (*Psycho-Oncology*, Vol. 32, No. 9, 2023). The review revealed that while many

interventions focused on active listening and managing physical symptoms, there was a notable absence of guidance on other aspects of suffering.

Recognizing this shortfall, Henry led a diverse group of researchers, clinicians, policymakers, patient representatives, and family caregivers at a 2-day Canadian Institutes of Health Research (CIHR)-funded research planning and dissemination conference followed by the Delphi Study. This collaborative effort resulted in a report featuring 15 sets of recommendations aimed at alleviating all facets of suffering for MAiD recipients. Key recommendations

included integrating social determinants of health into MAiD evaluations and introducing psychosocial care services early in the disease trajectory.

Putting patients first

“I have tremendous humility and respect for the difficulty, vulnerability, and fear [patients experience],” said Steven Tovian, PhD, ABPP, a clinical health psychologist and professor of psychiatry and behavioral sciences at Northwestern University’s Feinberg School of Medicine. Tovian has more than 45 years of clinical experience working with cancer patients in terminal stages of their illness. “Being available to a patient at the end of their lives is truly a gift. It’s a humbling experience for me, and I treat it as such. I have no preconceived agenda items that I impose upon families or patients. I watch, I listen, and I let the patient lead.”

For a terminally ill patient, deciding how to end their final days is often the most challenging choice they will ever face. In addition, family and caregiver relationships add another layer of complexity, Tovian said, as each member may have strong opinions and feelings about end-of-life decisions and assisted dying, in particular. Many family members are struggling

with anticipatory grief. Patients themselves may feel guilty about the strain their illness places on loved ones. “Many cancer patients at end of life feel that they’ve been a financial and emotional burden on their loved ones, and that is not sufficient reason,” said Tovian. “The burden needs to be looked at and evaluated and considered. Not that it should be ignored, but it’s not the reason why we help an individual to die.”

Researchers have found that the grief and bereavement experiences of families are affected by their closeness to the patient and interactions with their health care providers. Involving loved ones in the planning process for MAiD and allowing the death to serve as a meaningful ritual or ceremony for family and friends to say goodbye can be helpful (Yan, H., et al., *BMJ Supportive & Palliative Care*, Vol. 13, No. 4, 2023).

“The emotional, psychological, and spiritual outcomes are largely dependent on the level of communication that has occurred, initially between the patient, their providers, the family, et cetera,” said Allen. “The more a family can engage in advance planning and some of the meaning-making and relationship repairing or relationship building, the better.”

Tracy Franklin, PhD, ABPP, a geropsychologist who previously interfaced with End of Life Choices in Portland, Oregon, played a crucial role in supporting terminally ill patients and their families. Franklin advocates for compassionate discussions with family to find a path forward that everyone can accept even if full agreement isn’t possible. “We can’t make everybody in every situation feel good about it. But if we can make the patient feel good and everybody else feel okay, and that they will respect the patient’s wishes without cutting them off, then that’s a win,” she said.

Public attitudes toward assisted dying

Although MAiD accounts for less than 1% of deaths in the U.S. jurisdictions where it’s legal, public support is notably strong. An August 2024 Gallup poll revealed 2 in 3 Americans believe doctors should be permitted to assist terminally ill patients to end their lives upon request. While there appears to be a broad public desire for MAiD, data show a lack of awareness that this is a legal end-of-life option.

Elissa Kozlov, PhD, a clinical psychologist and assistant professor at Rutgers School of Public Health, surveyed more than 3,200 people

“Being available to a patient at the end of their lives is truly a gift. It’s a humbling experience for me, and I treat it as such. I have no preconceived agenda items that I impose upon families or patients. I watch, I listen, and I let the patient lead.”

Steven Tovian, PhD, ABPP

Clinical health psychologist and professor, Northwestern University



Psychologists provide essential emotional support to patients and their families during the decision-making process. For patients, this includes alleviating feelings of depression or guilt. For family members, psychologists can address anticipatory grief or assist them in prioritizing the patient's wishes.

nationwide to gauge their awareness and attitudes toward MAiD (*JAMA Network Open*, Vol. 8, No. 2, 2025). She oversampled individuals from underrepresented groups to better facilitate subgroup analyses. The results revealed a striking lack of awareness about MAiD's legality.

More than half of 3,227 respondents (51.3%) were unsure if MAiD was legal in the United States, and 50.8% didn't know if it was legal in their state. Those in states where MAiD is legal were more aware of its legality in the United States than those from states where it was not. Forty-four percent of overall respondents reported that they would consider MAiD if diagnosed with a terminal illness. This included 43.2% of Asian, 34.0% of Black, and 41.9% of Hispanic respondents.

According to Kozlov, these findings reveal a stark disconnect between those who desire MAiD as an end-of-life option and those who would use it if they knew about it. Better public education and awareness about MAiD's availability may be required especially among diverse communities. "About 20% of all Americans live in a state where there's legal health care available to them that they do not know about," she said. "To me, that suggests that perhaps this legal health care option is not being implemented in an equitable way."

Kozlov emphasized the need to prioritize the wishes of terminally ill patients at end of life. "We need to understand how MAiD fits into the end-of-life health care landscape, especially when thinking about patient-centered care," said Kozlov. "People are dying in the hospital and are receiving



Psychologists should use a specialized tool or assessments to assure patients' decisions to request MAiD are informed, voluntary, and free from coercion.

aggressive discretionary treatments up until the day they die despite many people saying that this is not what they would want at end of life. More research is needed to better understand how MAiD fits into end-of-life care.”

Assessing patients' capacity to consent to MAiD

Psychologists play a crucial role in providing compassionate care while also making sure that patients are competent to choose MAiD. Although capacity assessments are typically performed only when a physician doubts a patient's ability to consent, psychologists are specifically trained to ensure that the patient's decision is informed, voluntary, and uninhibited by cognitive or mental health concerns.

To help ensure the integrity of the process, psychologists have developed multiple tools for evaluating patients' capacity to consent to MAiD, such as a guide for creating optimal conditions—accounting for the patient's limited energy, necessary accommodations such as glasses or hearing aids, and preferred style of communication (written, verbal, or both) (Carpenter, B., & Merz, C., in Moye, J. [Ed.], *Assessing Capacities of Older Adults: A Casebook to Guide Difficult Decisions*, APA, 2020).

Evaluators must screen patients for four skills that demonstrate their decision-making capacity: the ability to understand relevant information, the ability to appreciate their disorder and its medical consequences, the ability to reason about their treatment options, and the ability to communicate a choice (Grisso, T., & Appelbaum, P. S., *Assessing Competence to Consent to Treatment: A Guide for Physicians and Other Health Professionals*, Oxford University Press, 1998).

Brian Goodyear, PhD, a clinical psychologist based in Honolulu, Hawaii, has been at the forefront of conducting capacity assessments since Hawaii legalized MAiD in 2018. Goodyear typically begins his evaluations by establishing a rapport with the patient. He then proceeds to conduct his assessment in three parts. First, he performs a brief mental status exam to rule out significant cognitive impairment. Next, he interviews patients about their illness, prognosis, and reasons for requesting MAiD and assesses their understanding of other palliative care options. He concludes with an exploration of the patient's psychosocial history.

“I will always ask, ‘Is this entirely your decision?’ and ‘Have you been pressured in any way to make this decision?’”

Goodyear said. This step ensures that patients, some of whom may be vulnerable because of illness, are not being coerced or manipulated.

Elissa Kolva, PhD, a clinical psychologist and associate professor of medicine at the University of Colorado Anschutz Medical Campus, has conducted significant research on decision-making capacity and psychological aspects of MAiD. Her work includes developing methods to assess decisional capacity in terminally ill patients who have requested assisted dying, particularly for those with complex psychological or cognitive issues (*Journal of Aid-in-Dying Medicine*, 2023).

The semi-structured capacity assessment tool she and her coauthors developed provides a list of prompts to ascertain the patients' understanding of their medical diagnosis, disease prognosis, what MAiD entails, including its benefits and risks, and other potential options.

Kolva has also contributed to efforts aimed at reducing patient burden in responding to capacity assessment questions, such as developing a shortened version of the Schedule of Attitudes Toward Hastened Death scale (*Psychological Assessment*, Vol. 29, No. 3, 2017). Her research emphasizes the importance of efficiently assessing the desire for hastened death while also making sure the process is thorough and doesn't cause patients unnecessary discomfort (*The American Journal of Geriatric Psychiatry*, Vol. 26, No. 5, 2018).

Research indicates terminally ill patients who choose to use MAiD rarely lack the decision-making capacity to consent. Following California's legalization of MAiD in 2015, the University of California, San Francisco's UCSF Health required all

MAiD requesters to undergo mandatory mental health assessments. A review of those patients' records revealed none lacked decision-making capacity as a result of psychiatric conditions. The study's authors concluded that mandatory mental health evaluations did not identify patients who were unable to make decisions about MAiD and may have created barriers for seriously ill patients. As a result, UCSF Health revised its policy to require mental health assessments only under specific clinical circumstances (Dinh, M. T., et al., *Journal of the Academy of Consultation-Liaison Psychiatry*, Vol. 66, No. 2, 2025).

In Hawaii, mental health evaluations for all MAiD cases are mandatory. However, in a study published last year, Goodyear analyzed 161 cases for which he had conducted mental health evaluations. A tiny proportion of the patients (2.48%) were found to lack the necessary decisional capacity to consent because of rapid deterioration in their cognitive functioning after initial consultation with the attending provider (*Journal of Forensic Psychology*, Vol. 9, No. 1, 2024). "I've come to the conclusion that mandatory mental capacity evaluations are not really necessary. Most of the patients, very clearly, do have the capacity," Goodyear said. He added that in all his evaluations, he has never seen any patients who were so severely depressed that he had to disqualify them.

Kolva coauthored another study with 108 adults to better understand how brain functions affect decision-making in terminally ill cancer patients. More than half of them (58%) had advanced cancer and were receiving palliative care. While the terminally ill patients did have some impairments to brain function, these impairments were not related to their

decision-making abilities (*Archives of Clinical Neuropsychology*, Vol. 35, No. 1, 2019). These findings suggest that the necessity of blanket mental health assessments in MAiD cases may be minimal.

"The majority of folks facing serious illness and death are our older folks. People are very quick in our society to decide that older folks can't make decisions for themselves, or don't know what they're doing. That only makes their experience psychologically, sometimes also physically, worse," Franklin said. "Honoring people's autonomy and their ability to make these decisions and to have relief from suffering, to me, is part of my duty as a psychologist in geriatrics and palliative care." ■

FURTHER READING

Medical assistance in dying for mental illness: A complex intervention requiring a correspondingly complex evaluation approach

Bastidas-Bilbao, H., et al. *The British Journal of Psychiatry*, 2024

Medical assistance in dying (MAiD): Ethical considerations for psychologists

Koocher, G. P., et al. *Professional Psychology: Research and Practice*, 2023

The role of psychologists in requests to hasten death: A literature and legislation review and an agenda for future research

Marina, S., et al. *International Journal of Psychology*, 2021

Role of mental health professionals in death with dignity

Koepp, R. Center for Mental Health and Aging, Nov. 4, 2024



Health care providers are beginning to understand the psychological effects of GLP-1 medications. While they can reduce disordered eating symptoms, they may also lead to new obsessions and societal stigmas, requiring support from mental health professionals.

Psychologists *Are Shaping a New Era* of Weight Loss

As drugs like Ozempic continue to gain widespread appeal, psychologists are studying—and treating—their mental health effects

BY ANNA MEDARIS

AT FIRST, MEGHAN DRESSLER wasn't interested in taking a glucagon-like peptide-1 (GLP-1) receptor agonist, the class of popular diabetes and weight-loss medications that includes Ozempic and Wegovy. The New York City-based lawyer had spent much of her life cycling through restrictive diets like Jenny Craig and Weight Watchers, only to put the pounds back on every time. Why would an expensive injectable medication lacking long-term data work any better?

But in early 2024 at age 41, Dressler's joints hurt. Her sleep suffered. Her community theater performances left her zapped. So her doctor prescribed Zepbound, a cousin of the original GLP-1s. Within a year, Dressler lost 70 pounds. Unlike the commercial diets, she said, "I have every intention of sticking with it."

Dressler is among the 12% of U.S. adults who have used a GLP-1, according to a 2024 KFF poll. Four in 10 of them had taken the jabs (most GLP-1s are delivered via injection) primarily to lose weight. Mental health professionals are taking note. Researchers are tracking the drugs' positive and negative effects on mood

AT A GLANCE

- GLP-1 drugs can transform the health of people with obesity, quiet "food noise," and may level the weight-loss playing field.
- Research on the drugs' mental health effects is mixed. Experts worry widespread use could fuel sizeism and eating disorders.
- Psychologists are helping GLP-1 patients develop healthy behaviors and manage body image, identity, and relationship changes.

as well as their potential to quell some disordered eating symptoms while exacerbating others. Some psychologists are studying how the medications' mechanisms might also advance treatments for drug, alcohol, and behavioral addictions (see sidebar, page 72).

Clinical psychologists, meanwhile, are helping patients navigate what happens on the inside when everything changes on the outside. Dressler, for one, is working with a therapist to address an emerging obsession with the dropping number on the scale. She's also learning to field questions—and judgments—about how she pays for the drugs and what she eats. She's realizing she's traded one set of societal stigmas for another. Her weekly sessions, she said, have “saved” her.

“It's a no-win situation in that you're taking control of your health; you're doing what for years people have been saying—‘obese people are a strain on the health care industry’—and all of that,” Dressler said. “Then there's something that's available that helps some people, and now it's, ‘You're not doing it the right way.’”

Indeed, while the medications' positives include their ability to improve health and relieve the stigma of “failing” to lose weight, they also have the potential to increase weight stigma, medicalize larger bodies, and shame people for both taking the perceived “easy way out”—or *not* taking it. A. Janet Tomiyama, PhD, a health psychologist at the University of California, Los Angeles (UCLA), wrote in a 2025 commentary. “From a social identity perspective,” she added, “GLP-1 medications could even be perceived as a tool to eradicate an entire social group—those that identify as higher weight” (*Annals of Behavioral Medicine*, Vol. 59, No. 1, 2025).

Psychologists, then, “have a really important role to play on the medical

team,” said Amy Walters, PhD, a licensed psychologist and the director of behavioral health for St. Luke's Humphreys Diabetes Center in Boise, Idaho, where she works with people who have endocrine conditions and metabolic disease. “We can help patients become more knowledgeable. We can work with the emotional

side of things, help support the health behavior change, screen and treat disordered eating behaviors that might develop, or address anxiety or depression that goes alongside it. We can help people develop a healthy relationship with food and a more comfortable relationship with their bodies while really promoting health at every size.”

TikTok weight-loss medication promoter Ashley Dunham administers her weekly shot of Ozempic.



“It’s not just about the weight loss. It’s about the sense of mastery and self-efficacy, that feeling of ‘I learned how to do something, it was really difficult to do, and I was able to sustain it, and I feel an incredible sense of accomplishment.’”

Dina Goldstein Silverman, PhD

Lead psychologist, Cooper University Hospital and associate professor of clinical psychiatry, Cooper Medical School of Rowan University

The promise

Broadly, GLP-1 receptor agonists like semaglutide and liraglutide (Ozempic, Wegovy, Saxenda, and others) and GLP-1/glucose-dependent insulinotropic polypeptide (GIP) receptor agonists like tirzepatide (Zepbound, Mounjaro) work by mimicking hormones that affect appetite and blood sugar.

While some of these drugs have been around for decades to treat diabetes, more and more are earning approval from the U.S. Food and Drug Administration (FDA) to treat obesity and overweight, too. In those patients, they’ve been shown to lead to a 10%–20% reduction in body weight over 9 to 15 months by suppressing appetite, slowing digestion, and boosting satiety.

The at-home injections, when prescribed alongside lifestyle changes like diet and exercise, are also largely effective at improving cardiometabolic risk factors like blood pressure and cholesterol, as well as self-reported physical functioning. Side effects—namely gastrointestinal distress—tend to be mild to moderate and “transient,” initial research showed (Wilding, J. P. H., et al., *The New England Journal of Medicine*, Vol. 384, No. 11, 2021).

The medications are “providing hope for our patients,” said Rachel Goldman, PhD, a clinical psychologist in New York City who specializes in cognitive behavioral therapy and health behavior change. “For individuals struggling with obesity—and for anybody who tries to make a behavior change over and over again without success—they think something’s wrong with them. They internalize that bias. There’s shame; there’s guilt. And that really gets in the way of them continuing to try. But the GLP-1s put them on an even playing field.”

“It’s not just about the weight loss,” added Dina Goldstein Silverman, PhD, lead psychologist at Cooper University Hospital and an associate professor of clinical psychiatry at Cooper Medical School of Rowan University in Camden, New Jersey. “It’s about the sense of mastery and self-efficacy, that feeling of ‘I learned how to do something, it was really difficult to do, and I was able to sustain it, and I feel an incredible sense of accomplishment.’”

Another bonus for some GLP-1 patients: a quieting of so-called “food noise,” or what psychologists might call food-related intrusive thoughts. “I don’t concentrate on food the way I did

before,” Dressler said. “I was always concerned: When am I going to eat? What am I going to eat? Am I going to be full? Am I going to be hungry again? It was always a constant thing in the back of my mind that I never realized I had until it was gone.”

That lack of background chatter leaves a wider opening for psychological and other positive interventions to take hold, said Goldman, who’s also a clinical assistant professor in the Department of Psychiatry at NYU Langone Health. “With less food noise, people have more energy and time and space to think about and do other things,” she said.

There are caveats, however. For some, internal chow-focused chatter could be indicative of disordered eating. As with the famous World War II-era Minnesota Starvation Experiment—in which men couldn’t stop fantasizing, reading, and talking about food when they were deprived of it—some psychologists say the cure for food noise isn’t muting it with medication but rather answering it with, well, food.

“If you have food noise and you’re always obsessing, maybe you need to eat; you’re hungry,” said Charlotte

Markey, PhD, a professor of psychology and chair of the health sciences department at Rutgers University. “Food noise is very real for a lot of people, but is a pharmacological solution the best solution for that?”

Mixed effects on mood

When GLP-1s for weight loss entered the mainstream, Sera Lavelle, PhD, a clinical psychologist in New York City who specializes in emotional eating and other issues, was struck by an uncannily similar shift in her patients who took them. “I noticed this kind of flat affect like, ‘What’s the point of life?’ Not suicidal, but just this lack of pleasure,” Lavelle said.

Indeed, while the meds seem to blunt many unhelpful desires, like wanting excessive processed foods, booze, or gaming, they could also “deplete your dopamine response to any enjoyable activity,” said Lavelle, who’s also CEO and cofounder of Bea Better Eating, an AI-based app that uses psychological principles to

change mindsets around food. “You’re cutting off feelings of looking forward to sex with your partner; you’re cutting off the high you get from a good conversation with a loved one; you might not feel that rush from getting a job promotion.”

The research related to Lavelle’s observations is mixed. One large 2024 study in the journal *Scientific Reports* found that people with obesity who were on GLP-1s had a slightly elevated risk of anxiety and suicidal behavior when compared with controls, and almost double the risk of major depression. (Kornelius, E., et al., *Scientific Reports*, Vol. 14, Article 24433, 2024). Then, an April 2025 paper demonstrated how GLP-1s might drive depression and suicidal ideation in people with a genetic predisposition toward low dopamine function (Sharafshah, A., et al., *Current Neuropharmacology*, Vol. 23, No. 8, 2025).

Meanwhile, a case report presented at the 2024 American Psychiatric

Association annual meeting included the example of a 42-year-old woman who developed “behavioral disruptions, protracted nihilistic delusions,” and an attempted self-strangulation just 3 weeks after beginning Ozempic. When she quit the drug, the thoughts and actions slowly reversed.

On the other hand, a 2024 study led by University of Pennsylvania psychologist Thomas A. Wadden, PhD—and funded by Novo Nordisk, the maker of semaglutide—found that GLP-1 takers without known psychopathology weren’t any more likely to develop depression or suicidal thoughts or actions than controls. They even had a “small but statistically significant” reduction in depressive symptoms (*JAMA Internal Medicine*, Vol. 184, No. 11, 2024).

The FDA and the European Medicines Agency (EMA) both conducted reviews of the evidence on suicide and deemed the drugs safe—for now.

“These medications impact neurotransmitters, and so they can have an impact on mood,” Walters said. “We’ve seen people who really feel like it boosts their mood, and I’ve seen others who feel like they struggle more with depression or irritability. It’s definitely something that [health professionals] want to be assessing and monitoring and then treating if it comes up.”

Physical and financial challenges

Some psychologists are concerned about the drugs’ physical side effects, too. Though rare, one observational study found a link between GLP-1s and blindness. Other research has shown that, like most methods of weight loss, as much as 60% of the pounds shed on GLP-1s can come from lean mass like muscles (Neeland, I. J., et al., *Diabetes, Obesity and*



GLP-1 receptor agonists, like Ozempic, Victoza, and Wegovy, mimic hormones affecting appetite and blood sugar. Approved for obesity treatment, they can reduce body weight by 10%–20% and improve cardiometabolic risk factors, and side effects are generally mild.



Even the common, minor side effects of GLP-1s can take a mental and emotional toll, which may explain why half of users discontinue the medication within a year.

Metabolism, Vol. 26, No. S4, 2024). Muscle depletion, in turn, is linked with bone issues like osteoporosis. As common with diets, stopping the drug usually means weight regain, but the long-term effects of continuing the injections for life remain to be seen.

“Once the excitement about the drugs dies down, we’re likely to be in the same position we’ve always been in, which is that to be comfortable in your own skin, to have a positive sense of your body, you have to do more internal work than external work,” said Markey, author of *Adultish: The Body Image Book for Life*. Her recent study showed that “body appreciation”—which includes a desire to care for the body and an acceptance of physical imperfections—may make people less likely to be interested in using GLP-1s for weight loss (*Body Image*, Vol. 53, 2025).

Even the most common and seemingly benign side effects like nausea and constipation can take a mental and emotional toll, Goldstein has found. “Feeling uncomfortable physically—when that’s happening, it’s the only thing you can think about,” she said.

As such, one report in *JAMA Network Open* found that 50% of people who were on GLP-1s for obesity but not diabetes stopped taking the medications within a year. Those who developed adverse gastrointestinal effects while taking

the drug were among those more likely to stop. Other factors influencing the likelihood of discontinuing use of the medication within a year included Black or Hispanic race or ethnicity, being a Medicare or Medicaid enrollee, and living in areas with very high levels of social needs, indicating socioeconomic status may be a factor as well (Do, D., et al., *JAMA Network Open*, Vol. 7, No. 5, 2024).

“An interruption in access can cause weight cycling, reduce the effectiveness long term, and increase side effects,” said Michael Stanton, PhD, a clinical health psychologist and a professor of public health at California State University, East Bay, where he studies the psychosocial determinants of obesity.

While in some ways the drugs might help shore up some racial and socioeconomic disparities—offering a new way to manage weight for people who have limited access to healthy food and safe places to exercise, for example—in other ways, they can exacerbate disparities, Stanton said. “People who don’t have access to adequate health care now have even less access to the most advanced weight-loss methods, and people who already have resources have even more access to losing weight,” Stanton said.

Even people in bigger bodies who simply don’t want to lose weight, regardless of health care access, could be

tangentially penalized as the drugs proliferate. After all, there's strong evidence that weight stigma hurts mental and physical health and is linked to unhealthy eating behaviors like binge eating (see March 2022 *Monitor*). "We need to be careful to not create a new problem with these meds, even though we're potentially solving-*ish* one problem," Stanton added. The drugs' ubiquity "might reinforce weight stigma and medical bias by focusing on medication over addressing the systemic causes of obesity."

For example, doctors may be a little too eager to dish out prescriptions based on someone's looks rather than their health markers. Culture matters, too: What's an unhealthy body mass index in an Asian patient may be a healthy BMI in a Black patient, research has shown. "We wouldn't want someone who has a normal, healthy weight to be taking medication that is going to reduce their weight to an unhealthy level," Stanton said.

At the same time, experts don't want people who are already not eating enough to take a medication that reinforces restrictive behaviors. But it's happening. After all,

the drugs—and especially non-FDA-approved compounded varieties, which come with their own set of risks—are easily accessible via telehealth platforms and loosely regulated "medical spas." If you don't meet the body mass index criteria for a prescription, you can simply lie. "It breaks my heart—it's people with anorexia, people with bulimia who just want to cut off their appetite," Lavelle said.

Where psychology shines

Dressler is about two thirds of the way to her goal of losing 100 pounds total. These days, when she takes dance classes, she bends in a way she didn't know was possible before. When she sees a Broadway show, she more easily slides into her seat. But what's made her more physically comfortable is also, at times, making her emotionally uneasy.

"I've reached this point where so many people are starting to notice and comment and it's positive, but it sort of gives me that feeling of, 'Yeah, I was uncomfortable before, but I didn't feel *that* horrible,'" she said. "I don't want to hate who I was before. I just want to feel even better with who I am now."

ADDITIONAL USES

THE PROMISE OF GLP-1S IN TREATING SUBSTANCE USE DISORDERS

Soon after injectable drugs like Wegovy earned U.S. Food and Drug Administration (FDA) approval for weight loss, anecdotes about their ability to curb the desire for addictive substances like alcohol started circulating in popular culture.

Researchers weren't surprised. For more than a decade, they've been using animal models to look at glucagon-like peptide-1 (GLP-1) receptor agonists as a potential intervention for addictions. In February 2025, the first randomized controlled trial of semaglutide's effect on alcohol use showed that people with alcohol use disorder who took low doses of semaglutide had fewer heavy drinking days, fewer drinks when they did drink, fewer cravings, and less alcohol intake in the lab when compared with a placebo. Those who smoked cigarettes lit up less often, too (Hendershot, C. S., et al., *JAMA Psychiatry*, Vol. 82, No. 4, 2025).

"Our findings validate the pre-clinical work as well as the patient reports that have been coming out," said psychologist and lead study author Christian Hendershot, PhD, a professor and director of clinical research at the University of Southern California Institute for Addiction Science.

The drugs' effects on consumption appeared at least on par with other pharmaceutical interventions for alcohol use disorder, and future work should evaluate whether semaglutide works even better if paired with therapeutic interventions like cognitive behavioral therapy, Hendershot said. Since study participants

weren't actively trying to cut down on drinking, the drug could also show different effects in people aiming for sobriety—and potentially stronger effects if delivered at higher doses. Alternatively, it could become an appropriate intervention for those looking to reduce but not eliminate their alcohol consumption, Hendershot said.

Scientists aren't entirely sure why semaglutide curbs alcohol cravings, but it's likely doing so in the same way it suppresses appetite: by interfering with the brain's reward system and inducing satiety. Just like people with obesity don't stop eating entirely while on Wegovy, people in the study didn't drink any less frequently—they just consumed less each time they drank, on average.

More clinical trials are needed before drugs like Ozempic might earn FDA approval for treating addiction. The current study was small with a relatively short trial period, and it didn't address the question of whether on-the-market (and so higher-dosed) formulations of semaglutide are safe for people who drink to excess but don't have a high body mass index. Still, psychologists should pay attention, Hendershot said.

"Psychologists will be seeing an increasing number of patients who are taking GLP-1 receptor agonists, so we should be aware of both the general aspects of these medications, including safety and side effects, but also potential secondary effects on mental health outcomes, including substance use."



Psychologists stress the need for emotional support for patients taking GLP-1s, as the medications can trigger body image struggles, grief over lifestyle changes, and relationship tensions.

FURTHER READING

The burden of weight stigma

Abrams, Z., *Monitor on Psychology*, March 2022

How weight-loss drugs can upend a marriage

Miller, L., *The New York Times Sunday Magazine*, Feb. 2, 2025

Behavioral medicine in the GLP-1 era

Tomiyama, A. J., *Annals of Behavioral Medicine*, 2025

Use of glucagon-like peptide-1 receptor agonists in eating disorder populations

Bartel, S. et al.
International Journal of Eating Disorders, 2024

That's where psychologists can come in. For example, they can help patients on GLP-1s strengthen their body image and deal with body dysmorphia as their brains try to "catch up" with what their eyes see in the mirror, Goldman said. She also often helps patients work through grief that can arise when old pleasures—nightly ice cream with a partner, happy hour with coworkers—leave them feeling flat. "We can look at it like a loss and grieve it, but we also need to find something different," she said. "If that brought you joy, what else can you do?"

Other psychologists, including Lavelle, offer eye movement desensitization therapy (EMDR) to treat people who used food to cope with a traumatic event like sexual abuse. "I've had people lose weight and start to get very scared ... because all of a sudden, men start looking at them," she said.

Psychologists can help patients with more practical matters, too, like making sure they're getting enough protein, engaging in resistance exercise, and eating a variety of foods to help prevent muscle loss and malnourishment. "We really want to promote a healthy relationship with food and a healthy rate of weight loss, because we know from studying weight management that if people lose weight too rapidly in the wrong way, they can lose muscle and bone mass and struggle to sustain their weight loss," Walters said.

Then there are the relationship issues. "Just watching my patients drop 100 pounds—it's transformative in a positive way. It helps their diabetes; it helps their ability to walk, to exercise," Stanton said. "In addition, it almost always causes friction with the family and their loved ones."

In fact, one 2018 study in Sweden found that married people who underwent bariatric surgery were more

likely to divorce or separate than those in a control group. Bariatric patients who'd been single were more likely to tie the knot (Bruze, G., et al., *JAMA Surgery*, Vol. 153, No. 7, 2018). No matter the method of weight loss, Goldman said, "you're going to have the same emotional challenges," including shifts in your relationships, social life, routines, and body image. "That doesn't mean that your relationship is going to end—it just means we need to put protective factors in place," she added.

Ultimately, psychologists agree: These medications aren't going anywhere and psychology plays a vital role. "In a perfect world, everybody on a GLP-1 would see a behavioral health provider because these medications are really impacting people's thoughts, emotions, and behaviors," Goldman said. "And I mean: *thoughts, emotions, behaviors*. Hello! That's psychology, right?" ■



Chavous



Haahs



Thomas



Morris



Turner

Psychologists in the News

TABBYE M. CHAVOUS, PhD, has been named executive director of the American Educational Research Association (AERA). A nationally recognized scholar and leader, Chavous brings more than 25 years of experience in education, psychology, and equity-focused leadership. She currently serves as vice provost for equity and inclusion and chief diversity officer at the University of Michigan, where she is also a professor of education and psychology. Her research centers on identity development, motivation, and educational climates for marginalized students.

Caravel Autism Health has appointed **ADAM HAHS, PhD, BCBA-D, LBA**, as chief clinical officer. An expert in applied behavior analysis (ABA), Haahs brings more than 20 years of experience as a researcher, professor, and clinical leader. He previously served as chief science officer at Hopebridge Autism Therapy Centers and directed the ABA Master's program at Arizona State University. His work includes contributions to outcome measurement for autism care and research on artificial intelligence in autism therapy for children. At Caravel, he will lead innovation and quality initiatives through the Clinical Center of Excellence.

ANITA THOMAS, PhD, has been named provost of Meredith College, a women's liberal arts and coed graduate school in Raleigh, North Carolina. She previously served as president of North Central College in Illinois (2023–2024), becoming its first woman and person of color in that role. Earlier, she was executive vice president and provost at St. Catherine University in St. Paul, Minnesota. An academic psychologist, her research focuses on racial identity, identity socialization, and culturally affirming counseling for African American families.

Emeritus professor **ROBIN MORRIS, PhD**, received the International Neuropsychological Society's Distinguished Career Award at its annual meeting in New Orleans. A leading figure in neuropsychology, Morris is based at King's College London's Institute of Psychiatry, Psychology & Neuroscience and serves as an honorary consultant at King's College Hospital. He has authored more than 350 papers, trained dozens of clinical psychologists, and received multiple honors. His research focuses on memory, consciousness, and executive function across various neurological and psychiatric conditions. Since retiring in 2018, he remains active in research and teaching.

SHERRY TURNER, PhD, was appointed president of Hartford International University for Religion and Peace (HIU), and its first African American leader. Turner brings decades of experience in higher education leadership, including roles at Rhodes College, the United Negro College Fund's Institute for Capacity Building, and the Atlanta University Center Consortium. She has also held senior positions at Spelman and Mount Holyoke Colleges. An ordained Baptist minister and advocate for interfaith dialogue, she will also serve as professor of psychology and practice at HIU.

JIM DENNISTON, PhD, has been named permanent vice president for academic affairs and provost at Wright State University. Since joining the university in 2022 as founding dean of the College of Health, Education and Human Services, he has led strategic planning, academic restructuring, and the launch of a new aviation science and technology degree program. Previously, he held leadership roles at Appalachian State University, where he helped launch a PsyD program and modernize the psychology curriculum. A former American Council on Education fellow, he is also a published researcher in associative learning. ■



The key to productive conversations about firearm access and secure storage is framing the conversation in a way that respects patients' values. Instead of focusing on gun control, clinicians should emphasize small, practical changes, like storing a firearm with a trusted family member.

Finding Common Ground: Navigating Firearm Safety Discussions

Talking about firearm safety in clinical settings is increasingly critical yet fraught with political and personal sensitivities. Psychologists and physicians share strategies on how to frame these conversations with patients.

BY LUCY TU

WHEN PSYCHOLOGIST MICHAEL ANESTIS, PhD, and his research team first met John*, the longtime firearm owner did not hide his skepticism about their discussion of secure firearm storage. “This is very stupid,” John told his counselor.

Anestis and his colleagues did not try to change John’s mind. As part of Project Safe Guard, a 2-year study on firearm suicide prevention, the researchers were using motivational interviewing—a technique that relies on open-ended questions and reflective listening—to understand, rather than challenge, participants’ perspectives. They asked participants how they stored their firearms, why they chose those methods, and what they would do if someone in their home were suicidal. Then, the researchers followed up 3 and 6 months later to see if anything had changed. At John’s

*Name changed to protect their privacy.

3-month follow-up, his stance remained firm: “I told you I wouldn’t make any of these changes because it’s a bunch of garbage.”

But before his 6-month follow-up, John and his fiancée separated. Shortly after, he gathered his seven firearms and handed them to his brother for safekeeping. “If I hadn’t had that first or second conversation with you, I would have attempted suicide,” he later told Anestis’s team.

The intervention involved no pressure or orders, just a conversation about firearms and storage practices. And when the moment came, John felt empowered to make a choice that saved his own life.

John was one of 232 firearm-owning members of the Mississippi National Guard who participated in Anestis’s study, published in 2021 (*American Journal of Public Health*,

Vol. 111, No. 2, 2021). The researchers found that providing free cable locks and administering lethal means counseling, where clinicians assess suicide risk and encourage safer storage of objects like firearms and medications, led to significant changes in how participants stored their guns. The findings reinforced Anestis's belief in an approach to suicide prevention that "meets firearm owners where they're at."

More than half of suicides in the United States involve a firearm, making guns both the most common and the deadliest means of suicide (Kaczowski, W., et al., *Morbidity and Mortality Weekly Report*, Vol. 72, No. 48, 2023). Over the past 2 decades, findings like these have inspired new prevention strategies aimed at creating more time and space between firearms and someone experiencing a life crisis. Yet building the trust needed to implement these life-saving strategies remains difficult, especially given the charged political debates surrounding national gun policies. "There was very much an 'us against them' mentality across both sides of the issue," said Anestis, who is also the executive director of the New Jersey Gun Violence Research Center at Rutgers.

For providers trained in medicine and psychology, predicting who will attempt suicide is a challenging puzzle. About 30% of those who die by suicide have a health care visit in the week before their attempt, and about half have seen a provider within the past month (Ahmedani, B. K., et al., *Preventive Medicine*, Vol. 127, 2019). This makes firearm safety discussions in clinical settings increasingly crucial yet fraught with political and personal sensitivities.

In recent years, however, an unexpected alliance has emerged. Government officials, scientists,

professional organizations like APA, and pro-gun leaders have begun working together toward a shared goal of saving lives. Collaborative efforts range from health care provider-led lethal means counseling to national education campaigns promoting secure firearm storage (Lemle, R. B., *American Psychologist*, Vol. 79, No. 9, 2024).

These partnerships also offer a model for clinicians to approach firearm conversations in their practice—conversations that, when handled with care, can ripple outward and help shift cultural norms. "Our job isn't to label people as bad or uninformed, or to force everyone to change," Anestis said. "It's to position people within their own value system to make healthy choices and stay safe."

For some, like John, that conversation is all it takes.

The line between life and loss

Although there is no single path to recovery, most people who survive a suicide attempt go on to live out their full, natural lives: 9 out of 10 will not die by suicide at a later date, and two thirds will never attempt again (Owens, D., et al., *British Journal of Psychiatry*, Vol. 181, 2002). But the difference between survival and tragedy is not solely a matter of chance: It can come down to what is within reach.

Firearms are uniquely lethal, with a gunshot proving fatal in about 90% of suicide attempts. By contrast, intentional overdoses lead to death only about 3% of the time (Conner, A., et al., *Annals of Internal Medicine*, Vol. 171, No. 12, 2019). Many people think about suicide, but only a fraction act on those thoughts. When they do, the decision is often fleeting, with moments of acute risk lasting only minutes or hours. If a firearm is

accessible in that brief, volatile window, the likelihood of death skyrockets.

Society expects mental health professionals to anticipate these crises and intervene before it is too late. After all, people trust mechanics to keep their brakes from failing and primary-care doctors to catch developing illnesses. But suicidal crises can emerge suddenly, making it difficult to predict when someone will attempt to take their own life, according to psychologists who study suicidality. In one major literature review of people who died by suicide, about half had denied experiencing suicidal thoughts when screened a week or month before their deaths. Another meta-analysis of suicide risk among psychiatric patients found that standard assessment tools were so unreliable that those labeled "high risk" were actually less likely to die by suicide than those deemed "low risk" (Obegi, J. H., *General Hospital Psychiatry*, Vol. 72, 2021; Large, M., et al., *PLOS ONE*, Vol. 11, No. 6, 2016).

Providers can look for common warning signs—certain psychiatric diagnoses, recent trauma, losing a loved one to suicide—but suicide is an "incredibly heterogeneous" phenomenon, said Anestis. "There is a lot of variability in the events and thoughts that lead up to self-harm," and rarely a single cause.

Another part of the problem, according to Anestis, is that many health care providers receive limited formal training in suicide risk assessment and intervention, particularly concerning firearm access. Only 12 states require health care professionals to complete suicide prevention training despite robust evidence that such training increases providers' confidence in assessing and treating suicide risk. Even among those states, only Washington state explicitly requires



In addition to direct conversations about firearm safety, providers can connect patients with resources that support safe decision-making outside of clinical settings.

that training include guidance on evaluating access to lethal means (“State Policy Can Improve Suicide Prevention in Health Care Settings,” The Pew Charitable Trusts, March 6, 2025; Stuber, J., et al., *Psychiatric Services*, Vol. 74, No. 1, 2023). “People don’t get enough suicide prevention training in general,” Anestis said. “When you zoom in closer and ask about assessing firearm access and lethal means counseling, the gaps are even larger.”

That gap is hazardous given how prevalent firearm suicide is, especially within certain communities, said Russell Lemle, PhD, a senior policy analyst for the Veterans Healthcare Policy Institute. In 2014, recognizing that veterans die by suicide at 1.5 times the rate of nonveteran adults and that firearms account for over two thirds of veteran suicides, he launched a pilot lethal means safety program within the San Francisco Veterans Affairs Health Care System. The program trained providers to counsel veterans on reducing access to several lethal means, including medications and sharp instruments, but was tailored to the unique role of firearms in veterans’ lives. (About 50% of veterans report owning a firearm, compared with 22% of Americans,

and one third of veterans report storing at least one firearm loaded and unlocked.) Six years later, the federal Department of Veterans Affairs (VA) expanded that initiative, mandating a version of the training for all 200,000 VA health care providers and Veterans Crisis Line responders (Cleveland, E. C., et al., *Injury Epidemiology*, Vol. 4, No. 33, 2017; Nichter, B., et al., *Journal of Affective Disorders*, Vol. 351, 2024).

“In terms of training its mental health workforce, the VA is way ahead of many other institutions,” Lemle said. “Effective suicide prevention requires an understanding of firearm suicide prevention.”

Ensuring a safe environment

Without proper suicide prevention training, many providers are left trying to predict the near unpredictable. But while pinpointing exactly when someone will attempt suicide is difficult, evaluating access to lethal means is a proven way to save lives.

That is why emergency medicine physician Emmy Betz, MD, MPH, believes providers should expand their focus from predicting suicidal behavior to also preventing access to deadly methods during periods of

crisis. “Because suicide risk can fluctuate, it’s especially important to make the environment as safe as possible for someone struggling through a difficult time,” said Betz, who is also the founding director of the Firearm Injury Prevention Initiative at the University of Colorado School of Medicine.

Emergency departments, like the one where Betz works, are critical sites for identifying people at risk of suicide. Each year, nearly 650,000 emergency room visits are directly related to suicidal behavior. Yet Betz’s research has found that lethal means assessment, specifically asking about a patient’s access to firearms, is far from routine. In a review of 800 emergency department charts of patients who screened positive for suicide risk, only 18% included documentation that a provider had discussed firearm or other lethal means access despite most clinicians acknowledging the importance of these conversations (*Psychiatry Research*, Vol. 260, 2018).

Some states have sought to pass laws restricting clinicians from routinely asking about firearm ownership or recording that information in medical charts. While often framed as efforts to protect patients from discrimination based on gun ownership, such laws can also hinder important conversations about firearm suicide prevention (Parmet, W. E., et al., *The New England Journal of Medicine*, Vol. 376, No. 20, 2017). Even in the absence of explicit legal barriers, some providers hesitate to raise the topic out of concern for alienating patients, especially as firearm ownership becomes increasingly politicized. Others may simply lack experience with firearms themselves and feel unqualified to discuss secure storage practices.

Betz understands that hesitation firsthand. She did not grow up around firearms, and her medical training

never covered firearm safety. So, a few years ago, Betz enrolled in a firearms training course led by another physician. “My time at the gun range taught me that maybe it’s not my favorite activity,” she said. “But neither is skydiving or rock climbing, and that doesn’t mean I can’t appreciate why other people enjoy or take pride in it.” While she does not believe every clinician needs firearms training, the experience helped her develop what she calls “cultural humility” in understanding how her patients think about gun ownership.

Anestis agrees that basic firearm literacy is essential for health care providers working with at-risk patients. “You don’t need to be an expert, but you should know the difference between a handgun and a rifle,” he said. “And you need to understand the storage options available so when you’re helping someone problem-solve how to make their home environment safer, you have something useful to say.”

That kind of thoughtful approach does more than build rapport. When health care providers discuss firearm access and secure storage, suicidal patients are 4 times less likely to attempt suicide or die by suicide. The key, according to Betz and Anestis, is framing the conversation in a way that respects patients’ values. Instead of focusing on gun control, clinicians should emphasize small, practical changes, like storing a firearm with a trusted family member or at a local gun range until a mental health crisis passes (Boggs, J. M., et al., *Journal of General Internal Medicine*, Vol. 35, No. 6, 2020; Abaya, R., et al., *The New England Journal of Medicine*, Vol. 389, No. 18, 2023).

While out-of-home storage is considered the most secure option, it may not be feasible or align with every patient’s preferences. “In-home

access is important for many firearm owners to feel secure in their living space,” said Lemle. “We can acknowledge that out-of-home storage is the safest method while also recognizing that it may not align with some patients’ values. It’s not an all-or-nothing conversation.”

For those who prefer to keep firearms at home, clinicians can suggest strategies such as storing the firearm in a lockbox and placing the key in a less accessible location or giving it to a loved one. “The main point is putting some time and distance between a firearm and someone who is considering suicide,” Anestis said. The strategy is akin to using a designated driver after drinking: You are not taking away someone’s driver’s license or ability to drive forever but making sure they stay safe until the immediate risk has passed.

Firearm owners echo this sentiment. In multiple studies, patients reported being more receptive to discussions about gun safety when clinicians used language that aligned with their perspectives. Words like “temporary” and “voluntary” resonated better than “restriction,” and “access” felt less intrusive than “ownership.” When clinicians meet patients where they are, conversations are more productive, and outcomes improve (Khazanov, G. K., et al., *Journal of Psychiatric Practice*, Vol. 30, No. 2, 2024).

In addition to direct conversations, providers can connect patients with resources that support safe decision-making outside of clinical settings. One such resource is Lock to Live, a free online tool developed by Betz that guides users through evaluating and securing potential hazards in their homes, including firearms, sharp objects, and medications. The site offers information on costs, legal requirements for firearm transfers,

and practical strategies for securing medications while allowing for daily access. Betz also leads the Pause to Protect program, which supports firearm businesses in suicide prevention efforts and provides an online map of businesses willing to temporarily store firearms.

For Betz, the goal is not to demonize firearms but to make these lifesaving decisions easier. “We know suicide risk shifts, sometimes within hours,” she said. “Our job is to help people get through those moments safely.”

Challenging assumptions

In the mid-1990s, the Centers for Disease Control and Prevention (CDC) was barred from using federal funds to “advocate or promote gun control,” a restriction that effectively shut down research into firearm violence. That chilling effect remained until 2018, when Congress clarified that the CDC could, in fact, fund research on the issue.

By then, researchers had already begun expanding “the scope and quality of gun-related research,” determined to answer long-overdue questions about firearm-related deaths (Cook, P. J., & Donohue, J. J., *Science*, Vol. 358, No. 6368, 2017). The new federal funding declaration reflected both the progress and the urgency of that work. It also energized scientists, clinicians, and policymakers to study gun deaths in new ways, including by distinguishing firearm suicide as an issue separate from firearm violence.

That distinction is crucial, according to Lemle. High-profile crimes and mass shootings dominate headlines, defining the national imagination of firearms while leaving suicide largely in the shadows, despite it accounting for most firearm-related deaths. Lumping suicide into broader

discussions of firearm violence also creates a misleading equivalence: In homicide, the gun user is the perpetrator; in suicide, the user is the victim.

Lemle has spent years trying to bring that nuance to the forefront of discussions on the psychology of firearm-related harm. Witnessing gun-related violence increases the likelihood of suicidal ideation as well as depression, post-traumatic stress symptoms, and anxiety. These effects diffuse and shape the cumulative mental and physical health of entire communities, which, in turn, can contribute to even higher levels of neighborhood violence (Guidi, J., et al., *Psychotherapy and Psychosomatics*, Vol. 90, No. 1, 2021; Semenza, D. C., et al., *Journal of Urban Health*, Vol. 100, No. 6, 2023). But while firearm suicide and violence intersect, conflating them can be dangerous, especially for people struggling with suicidal thoughts. “The vast majority of individuals with mental illness are not violent,” Lemle explained. In fact, they are far more likely to be victims than perpetrators (Swanson, J. W., et al., *Annals of Epidemiology*, Vol. 25, No. 5, 2015; DeAngelis, T., *Monitor on Psychology*, April/May 2021).

For psychologists and public health experts, the challenge involves addressing firearm suicide without reinforcing the stigma that prevents people from seeking help. According to Lemle, that begins with changing the conversation, both in clinical settings and in the way the public understands and talks about firearm suicide: not as an issue of crime or punishment, but one of access, timing, and intervention. “If Americans are going to take firearm suicide seriously, they first need to see it for what it is,” he said.

One of the most effective forms of intervention can happen in spaces where firearm owners already

gather. In January, Lemle joined a panel on firearm suicide prevention at the National Shooting Sports Foundation’s SHOT Show, a trade event that attracts more than 60,000 attendees from the shooting sports, hunting, and firearm manufacturing industries. “To have an open conversation about firearm suicide prevention at the heart of this event speaks to how far we’ve come,” Lemle said. “We’ve stopped talking past each other and started listening.”

Other initiatives like Gun Storage Check Week, held in June and September, bring together firearm manufacturers, suicide prevention groups, law enforcement, and veterans’ organizations to promote safe storage through a unified message to “Make Sure It’s Secure.” Meanwhile, states have increasingly adopted policies to distribute free cable gun locks and offer rebates for gun safes, measures that promote safety while respecting gun owners’ autonomy. Federal efforts to expand these programs, particularly for veterans, are already underway.

For psychologists like Lemle, this momentum is a hopeful sign. Trust between health experts and firearm advocates has been hard-won, built on a shared recognition of loss. Many of the firearm owners now championing secure storage have lost someone—a friend, sibling, or child—to suicide. They know better than most that access to a firearm in a moment of crisis can mean the difference between life and death.

This understanding is reshaping norms in the firearm-owning community. Conversations that once felt impossible are now happening in clinics, firearm shops, and living rooms. Lemle believes the future of firearm suicide prevention will be measured in quiet victories: a firearm locked away before a moment of crisis, a

friend asking the right question at the right time, a family having a conversation they might have once avoided. “We’ve reached a new frontier, and I’m deeply encouraged by the coalitions of pro-firearm advocates, clinicians, policymakers, and more coming together on this,” Lemle said.

Cultural change often happens slowly, then all at once. The hope, Lemle said, is that one day, secure storage will be as instinctive as buckling a seat belt—not a political statement but a reflex. And that when someone is in crisis, they will have more than just a firearm within reach. ■

If you or someone you know may be considering suicide or is in crisis, call or text 988 to reach the Suicide & Crisis Lifeline.

FURTHER READING

Physician counseling on firearm safety: A new kind of cultural competence

Betz, M. E., & Wintemute, G. J. *JAMA*, 2015

APA adopts resolution on secure firearms storage to prevent suicides

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Bridging the sociopolitical divide: Transforming efforts to prevent firearm suicide

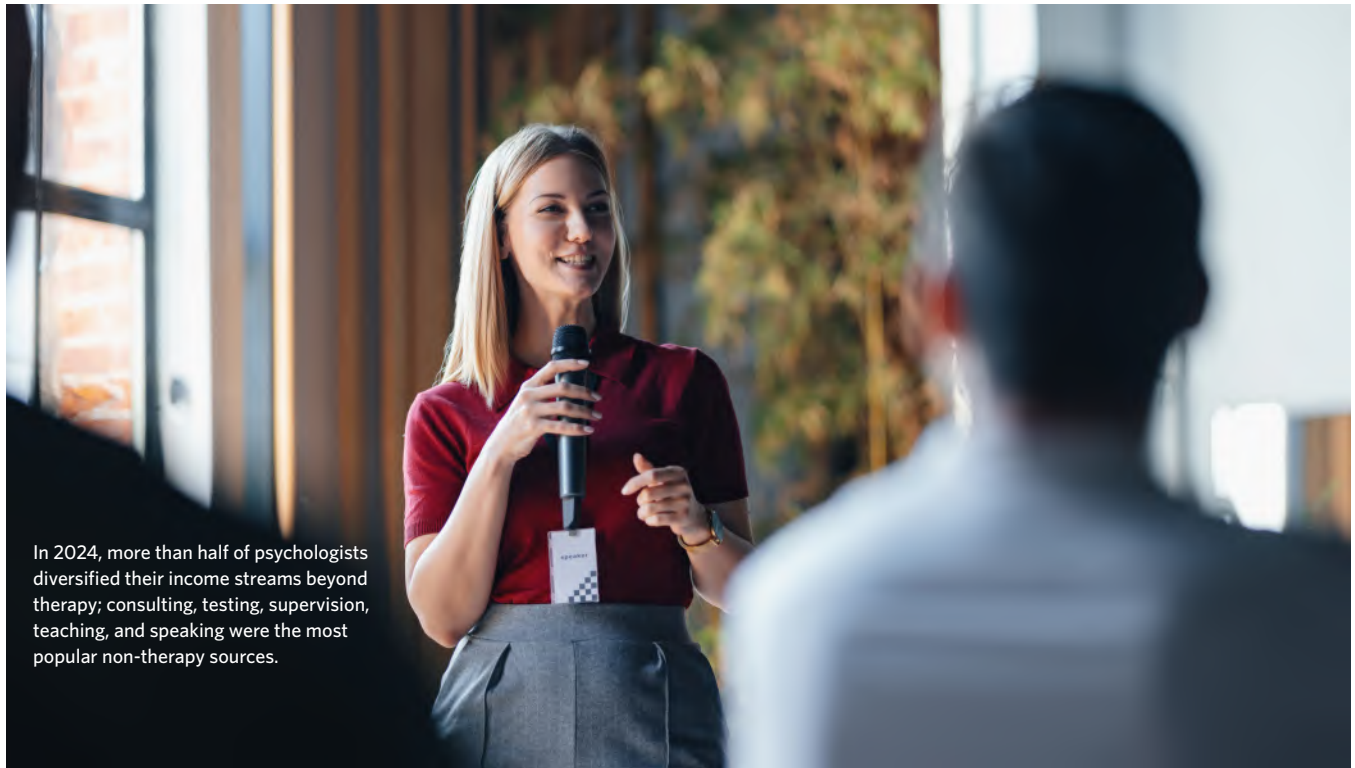
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The lasting impact of exposure to gun violence

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Means matter: Lethal means counseling

Harvard School of Public Health, 2025



In 2024, more than half of psychologists diversified their income streams beyond therapy; consulting, testing, supervision, teaching, and speaking were the most popular non-therapy sources.

Pursuing Additional Income Streams in an Uncertain Economy

Practitioners are diversifying their services to buffer their practices against economic instability

BY EFUA ANDOH

CLIFTON BERWISE, PhD, never expected his clinical expertise would lead him to the cutting edge of digital mental health. In 2020, while he was working as a staff psychologist at the University of Delaware, a former supervisor approached him about assisting a digital mental health initiative focused on improving mental health outcomes for Black Americans experiencing racism. Berwise agreed and developed a suite of evidence-based tools for dissemination on a wellness app named Happify, now rebranded as Happify by Twill.

Berwise's college counseling background proved key to communicating mental health concepts in relatable, user-friendly ways. For example, via the app, users were able to gain insights on the impact of microaggressions and receive recommendations for adaptive ways to respond such as developing a mindfulness practice.

"This experience opened my eyes to the growing world of digital mental health—and the need for psychologists in this space," he said. He is now clinical strategy senior lead for digital content at Modern Health, a mental health benefit that assists employers with employee mental well-being. Berwise shapes the platform's clinical self-guided resources, making sure they are grounded in psychological science and reflect the users' needs.

In 2024, more than half of psychologists (52%) diversified their income streams beyond therapy, according to Heard's *2025 Financial State of Private Practice Report*. Consulting topped the list of non-therapy income sources for psychologists (17.8%), while testing (14.8%), supervision (14.4%), teaching (14.1%), and speaking (10.7%) also proved popular. As small business owners, psychologists in private practice often carve out entrepreneurial opportunities to supplement

their practice income. With the current economic uncertainty, including rising unemployment and reduced insurance coverage, psychologists are being creative in how they use their expertise to earn extra funds.

Transferring clinical skills to transform consulting

For Berwise, his training as a psychologist gave him an opportunity to fill a gap in the tech industry. “At the time I joined, many key players had backgrounds in tech or business, but few had clinical training. It became clear that psychologists could play a vital role in shaping content, translating complex concepts into accessible tools, and ensuring that interventions were grounded in psychological science.” He was motivated by the realization that his work could reach far beyond the walls of a therapy room.

He encourages psychologists interested in tech careers to showcase their work outside of academic journals and consider local publications, podcasts, or community events as meaningful venues for outreach. Berwise found the online community Therapists in Tech vital for networking with other clinicians in the industry and discovering professional development opportunities.

“Brag on yourself a bit, especially as it relates to your transferable skills,” Berwise added. “Showcase your years of providing services, developing projects from ideation to completion, managing teams, providing effective feedback, thinking strategically, and making data-informed decisions. Using that language on résumés and job applications will get your foot in the door.”

Jamila Oni Dakhari, PsyD, founder of Dakhari Psychological Services in Moorestown, New Jersey, began her consulting journey while working as a pediatric psychologist. “I’ve always

found it deeply rewarding to consult with allied health professionals—physicians, nurses, social workers, and educators—and to advocate for the integration of psychological principles into multidisciplinary care,” Dakhari said.

She works hard to convey the inimitable role psychology plays in promoting patient and family well-being and her consulting work has expanded to include educators, wellness providers, and business owners. “My experience has been incredibly enriching. It allows me to bridge gaps in understanding, reduce stigma around mental health, and promote a more holistic, patient-centered approach across disciplines,” she added.

She advises psychologists to consider their strengths and interests when looking for opportunities outside the therapy space. If their colleagues routinely seek their input on clinical operations, supervision, burnout prevention, or organizational dynamics, these are areas where they could potentially work as consultants. Psychologists should also remain adaptable and responsive to the needs of stakeholders, Dakhari added. “Consulting moves at a different pace than therapy. Stakeholder priorities may shift, deliverables can evolve, and success is often measured by tangible results rather than reflection.”

Changing systems through coaching

Vanessa Downing, PhD, also began her career in a hospital setting, working as a cardiovascular psychologist. While she was initially hired to support patients, early conversations with medical staff revealed a deep unmet need. “I asked them what their work was like, and it was as if nobody had ever asked them that before,” she recalled. “Some of them cried. Some of them shared a lot.”

From those first interactions, Downing pivoted to focus on clinician support and organizational well-being. In 2017, she cofounded and later became the director of the Center for WorkLife Wellbeing at ChristianaCare, with the goal of improving workplace culture for medical staff experiencing burnout, compassion fatigue, and vicarious trauma.

The stressors of the pandemic brought even greater clarity. “I learned we could have the best well-being interventions on the planet, but what mattered most was who those physicians reported to,” Downing said. “Leaders were the ultimate lever for well-being outcomes.” She switched from helping clinicians cope with toxic environments to equipping leaders to create healthier ones. In 2021, she launched Congruence Coaching & Consultation, where executive coaching now makes up 80% of her professional work. For Downing, coaching provides a way to heal systems, not just individuals. She partners with health systems and coaching firms to provide executive coaching to health care leaders, particularly physicians in high-stakes roles.

Downing recommends psychologists seek formal training and certification before going into coaching to better understand the clear differences between coaching and therapy. “High-quality certification programs, especially those accredited by the International Coaching Federation, help clarify the important ethical and business distinctions between coaching and therapy,” she said. Downing holds the Professional Certified Coach credential, the industry “gold standard” for certification and accreditation. While training and certification takes 6 to 10 months and costs approximately \$9,000 to \$15,000, Downing views it as a worthy investment. “Coaching can be

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• **Coaching that helps businesses thrive**

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more lucrative than counseling, and people often find after getting certification in coaching that they soon recoup those costs.” She suggested joining professional communities like the Society of Consulting Psychology (APA Div. 13), the Society of Psychologists in Leadership, and coaching networks like Harvard’s Institute of Coaching for peer support and professional development opportunities.

Dana Ackley, PhD, established his practice in the late 1970s and like most fellow practitioners relied heavily on insurance reimbursement for his income, but he became disenchanted over the years. “Managed care wanted me to do shoddy work for lousy money,” he said. He eventually transitioned away from insurance dependency and built a thriving private clinical practice.

He also developed a practice model and a guidebook, *Breaking Free of Managed Care: A Step-by-Step Guide to Regaining Control of Your Practice* (Guilford Press, 1997), that offered tools and strategies for other psychologists to pursue similar paths. “My professional journey involved several years of operating a clinical practice outside of insurance. Then, over a 5-year period, I evolved my work into executive coaching and organizational development,” Ackley said. “I loved what I did, and I love what I do. Much of what I learned as a clinician transferred, but I also had new skills to learn.”

Ackley is now the president of EQ Leader, Inc., an executive coaching firm that helps leaders build their emotional intelligence. He urges fellow psychologists to think expansively about where their expertise might lead. Ackley believes there are virtually limitless opportunities for those willing to use their imagination and think beyond traditional practice.

Writing and publishing

Writing offers psychologists another avenue for income and influence. Rachel Bédard, PhD, entered publishing after receiving requests from families seeking resources for autistic youth. Bédard is a licensed psychologist who focuses on autism and anxiety in Fort Collins, Colorado. Together with colleagues in speech-language pathology and marriage and family therapy, Bédard coedited a series of books about the experiences of autistic people, their families, and the multidisciplinary health care professionals who work with the autism community. The team formed an informal writing group, and their work eventually led to monthly articles in *Autism Parenting Magazine*. This led to more requests for presentations, articles, book blurbs, and reviews of new books. “All our careers have been bolstered by this collaborative approach,” she said.

Bédard emphasizes that it is essential for psychologists to find their own distinctive voice, avoid jargon, and embrace storytelling in roles outside of the therapy room. “If you are going to write, you need a unique take on a topic or a unique problem to solve. As a psychologist, you are a natural problem solver and a keen observer of the human condition,” she said. She encourages psychologists to fearlessly pitch story ideas and partner with other types of experts who have complementary strengths.

While publishing hasn’t fully replaced Bédard’s clinical income, her books have been the launchpad for other opportunities. “My writing career has driven more diverse folks into my practice, more contact with professionals across the globe, and access to other well-known authors. That diversity of experience makes it all worth it,” she said. Bédard has

found that even a single sentence can create lasting impact. She contributed just one line to an article on autistic burnout's effects on patients—and the response was overwhelming. “That one sentence brought new clients, new writing invitations, and more visibility than I expected,” she said.

Opportunities in media

Psychologists are bringing their deep understanding of human behavior to the entertainment industry. For Vinita Mehta, PhD, EdM, a licensed psychologist, journalist, and media expert based in Washington, D.C., her transition into screenwriting reflects a lifelong love of storytelling. Mehta has completed two fellowships—the CAPE New Writers Fellowship and the Warner Bros. Discovery Access Writers Program—to become an emerging screenwriter. “My interest in screenwriting comes from the same place as my passion for clinical work. They both have the power to provide connection, insight, and empathy,” Mehta said.

She advises other psychologists who are seeking to break into this competitive field to prepare accordingly. “Study the craft of screenwriting as well as the business. Take classes or enroll in a program, join a writers group, attend lectures, and be part of a community of writers and creatives,” she said. She also proposed entering scripts in contests, applying to fellowships, and going on retreats. “In both [my fellowships], we were advised to write a script that no one else but you could write. That’s why my protagonists are psychologists—there are great stories from our field to mine and to tell.”

Clinical psychologists Kristina Pecora, PsyD, MPP, and Abby Brown, PsyD, have discovered that hosting a podcast requires more passion than perfection. In early 2025, they

launched *(Trail)Blazers & Coffee* to showcase diverse stories of women in leadership. Their training as psychologists perfectly equips them to jump behind the microphone. “Psychologists know how to ask great questions,” Pecora said. “Translating that into podcasting isn’t that difficult, as long as you’re genuinely interested and curious about the person sitting opposite you.”

With active private practices, Pecora and Brown follow a monthly release schedule to balance the podcast with their clinical responsibilities. They promote the work of their guests alongside their own in the context of their interviews, plugging books or workshops. They also view the podcast as a potential springboard for other public speaking opportunities. Pecora’s key advice for aspiring podcasters: Create a unifying theme that reflects a niche only you can fill and share stories only you can tell.

Building resilience post-pandemic

When the pandemic struck, the disruption prompted deep reflection for Gloria Carpenter, PhD, a licensed clinical psychologist and owner of Oxford Psychological, LLC, in Arlington, Virginia. She turned inward and focused on building both her personal and professional resilience. She invested in additional training that was meaningful to her, including equity, diversity, and inclusion; cultural sensitivity; and African-centered psychology. She also got certified as a Gottman therapist, a “huge undertaking and investment” that has paid dividends for her couples therapy services. These investments allowed her to grow her practice into a more resilient one. With a child headed to college, Carpenter says she has been diligent in building an emergency fund to safeguard both

her business and family from the economic turmoil of the moment.

The pandemic also taught Carpenter the value of flexibility. She shifted therapy sessions to times that accommodated her patients’ working hours, and she expanded her offerings by conducting marriage counseling workshops and presentations at local churches as part of their couples ministries. “It has given me joy to work with folks in a workshop setting where I can help them align their marriage with their spiritual values,” Carpenter said.

At a time marked by turmoil and division, the contributions of psychology have never been more essential. Psychologists who find unique ways to deploy their expertise to serve people’s needs may build a more secure financial situation for themselves. “The world desperately needs what psychologists have. Simply look around and see the anger, fear, and broken relationships,” Ackley said. “Think of the core knowledge of psychology as the hub of a wheel with thousands of spokes—different ways it can be used to the benefit of humans. The world needs what you can dream up.” ■

FURTHER READING

A practice analysis of coaching psychology: Toward a foundational competency model

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On becoming a consultant: The transition for a clinical psychologist

Liebowitz, B., & Blattner, J.
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What I’ve learned from creating 75 YouTube videos

Mattu, A.
The Amplifier Magazine, 2017

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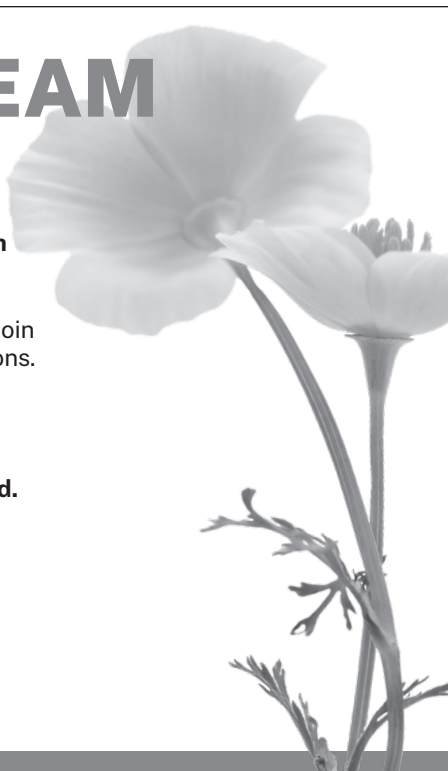
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committed to providing accessible, high-quality education and fostering community engagement. Located in the heart of East Mississippi, Meridian is celebrated for its rich cultural history, vibrant arts scene, and welcoming atmosphere, making it an ideal place to live and work. **Position Overview:** The Clinic Director will report to the Head of the Division of Education and lead mental and behavioral health services at the MSU-Meridian campus. Key responsibilities include: Overseeing therapy services, educational programs, workshops, and crisis management for the Meridian area and surrounding counties. Recruiting and supervising clinical and support staff in collaboration with the Division Head. Promoting partnerships with MSU-Meridian faculty and staff. Seeking additional funding and external support. Providing direct clinical services and engaging in teaching responsibilities. Teaching opportunities available, if desired. This position offers a unique opportunity to significantly impact the community while advancing student learning and development. Contact Kimberly Hall: krj4@msstate.edu.

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TENNESSEE

DIRECTOR OF THE PSYCHOLOGICAL SCIENCE AND COUNSELING CLINIC (PSCC) AND CLINICAL ASSISTANT PROFESSOR:

The Department of Psychological Science and Counseling at Austin Peay State University (APSU) invites applications for the position of Director of the Psychological Science and Counseling Clinic (PSCC) and Clinical Assistant Professor position in the area of Counseling Psychology with a start date of August 1, 2025. The department also seeks to fill a tenure-track faculty position in the area of Counseling Psychology with a start date of August 1, 2025. The Department of Psychological Science and Counseling is a diverse, dynamic, and collegial environment that in addition to the PsyD program, is home to a large undergraduate

program in psychological science, a Master of Science program in Industrial and Organizational Psychology (MSIO), a Master of Science program in Counseling, and a graduate certificate program in Academic Advising. The department is housed within the College of Behavioral and Health Sciences, which affords rich opportunities for interdisciplinary collaborations. Austin Peay State University is located in Clarksville, TN, which Money Magazine rated number 1 in its 2019 Best Places to Live rankings: <https://clarksvillenow.com/local/clarksville-named-best-place-to-live-by-money-magazine/>. Clarksville is a vibrant, diverse community with a low cost of living, and easy interstate access to nearby Nashville. For additional information about APSU including our mission and vision visit: <https://www.apsu.edu/about-apsu/index.php>. A doctorate (PsyD or PhD) in Counseling Psychology (preferred) or Clinical Psychology (acceptable) from an APA-accredited program is required for these positions. ABD considered if conferred before August 1, 2025. Applications taken online only at <https://www.apsu.edu/human-resources/>.

TEXAS

PRIVATE PRACTICE IMMEDIATE OPPORTUNITIES:

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

VIRGINIA

JOIN HHCC IN SCENIC ABINGDON:

Thrive Where Your Work Matters. At Hope and Healing Counseling Center (HHCC), we believe your clinical skills deserve to be honored in a setting that values autonomy, collaboration, and ethical excellence. We are currently seeking a licensed psychologist (PhD or PsyD) to provide in-person psychological assessments for children, adolescents, and adults in our vibrant outpatient practice. Located in the heart of Southwest Virginia, HHCC offers a flexible and fulfilling opportunity to do the work you love, without the administrative burden. This is a commission-based W2 position with high earning potential, optional health benefits, and the

stability of a dedicated administrative team that handles billing, scheduling, and credentialing. You'll have your own private, fully furnished office and the freedom to focus exclusively on psychological testing or incorporate therapy services if you prefer. Our clinician-centered environment fosters professional growth, mutual respect, and a strong work-life balance. We believe in empowering providers to thrive, not just survive, and we're committed to building a team that shares our mission of high-quality, compassionate care. If you're passionate about diagnostics and want to feel seen, supported, and respected in your role, we'd love to talk with you. Apply today: welcometohhcc@gmail.com. Website: <https://hopeandhealingcounselingctr.com>.

CLINICAL PSYCHOLOGIST: Virginia Department of Behavioral Health and Developmental Services (DBHDS) is seeking an experienced Clinical Psychologist to join our team. Responsibilities include evaluating individuals with serious mental disorders, providing, and referring them to necessary services, and collaborating with other disciplines to ensure quality interdisciplinary care. The ideal candidate will participate in planning for effective transitions and continued recovery in a community care setting as well as contribute to departmental, hospital, and statewide committees. In addition, the Clinical Psychologist will prioritize and deliver psychological services, assessments, therapy and lead or co-lead PSR groups. Other duties include conducting initial psychology assessments for admitted patients making recommendations for treatment plans, attending treatment planning meetings and completing progress notes. The candidate must also perform forensic evaluations in compliance with legal and professional standards. If you are a dedicated professional who is passionate about providing high-quality mental health services, we encourage you to join our team and help create A Life of Possibilities for All Virginians. Apply online at: <https://bit.ly/DBHDSPsychologist>.

PUBLICATIONS AND OTHER

PSYCHPROFILER: The PsychProfiler is a reliable and valid DSM-5-TR instrument assessing 20 psychiatric, psychological, and educational disorders in children and adults. Simple email administration, online completion, automatically scored, \$5 per use. www.psychprofiler.com.

Dementia Cases Predicted to Double by 2060

The main reason is an increasing aging population. Data show that behavioral health interventions can modify the risk of developing dementia.

BY TORI DEANGELIS



514,000

Number of new dementia cases in the United States in **2020**. Currently about **6.7 million** Americans have dementia, representing **1.88%** of the overall population.

1 million

Projected number of new U.S. dementia cases in **2060**. That will bring the projected number of overall cases to **13.9 million** in 2060, or **3.3%** of the overall projected population. **Blacks, women,** and those with the **APOE4 gene** are at higher risk than others.

4%

Percentage of Americans **age 75** who currently have dementia, compared with **20%** of Americans who are **85**. While it's difficult to estimate exact figures, the percentage of Americans in these age groups is expected to rise over time and is a **main reason for the projected increase** in dementia cases.

40%

Percentage of dementia cases attributable to modifiable risk factors such as **high blood pressure, poor kidney function, high blood glucose levels,** and **smoking**.

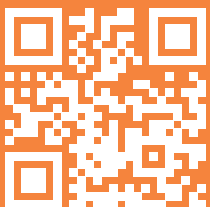
Sources: Fang, M., et al. (2025). Lifetime risk and projected burden of dementia. *Nature Medicine*, 31(3). <https://www.nature.com/articles/s41591-024-03340-9>; Senff, J., et al. (online, April 3, 2025). Modifiable risk factors for stroke, dementia and late-life depression: A systematic review and DALY-weighted risk factors for a composite outcome. *Journal of Neurology, Neurosurgery and Psychiatry*. <https://pubmed.ncbi.nlm.nih.gov/40180437/>.

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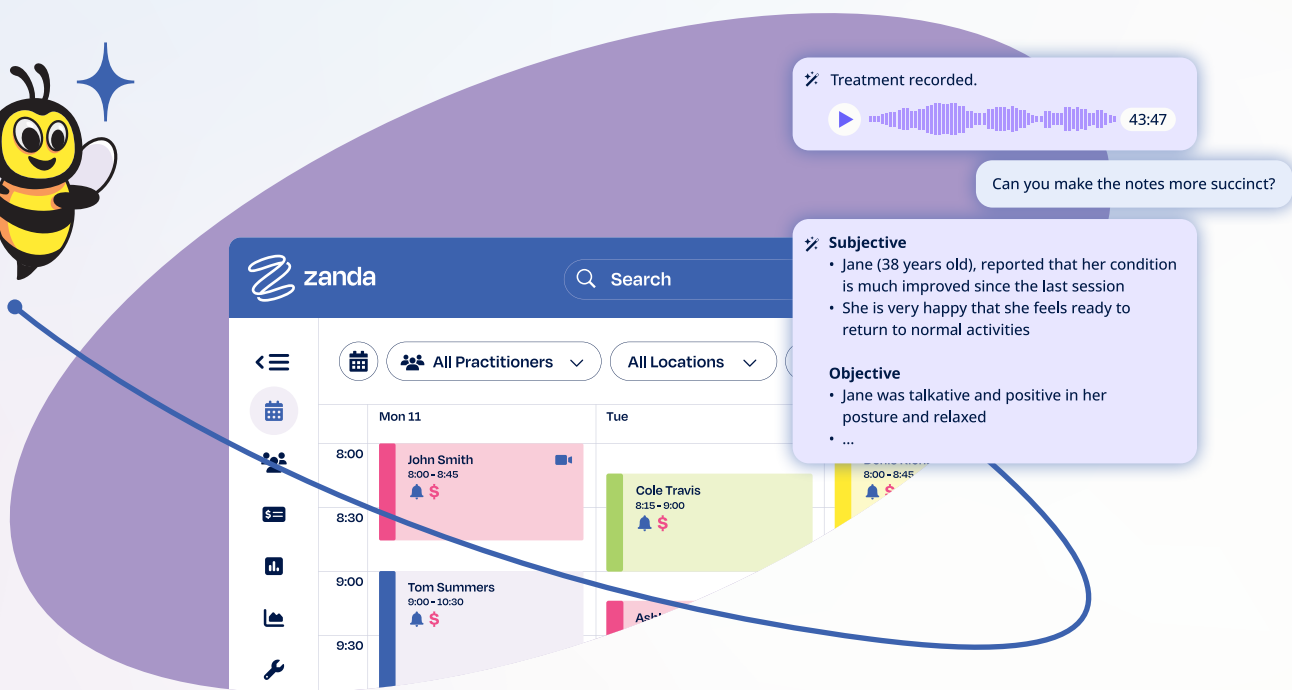
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