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AGE-DEFYING ATHLETES

Research explores older athletes' motivation and how intense exercise affects their well-being

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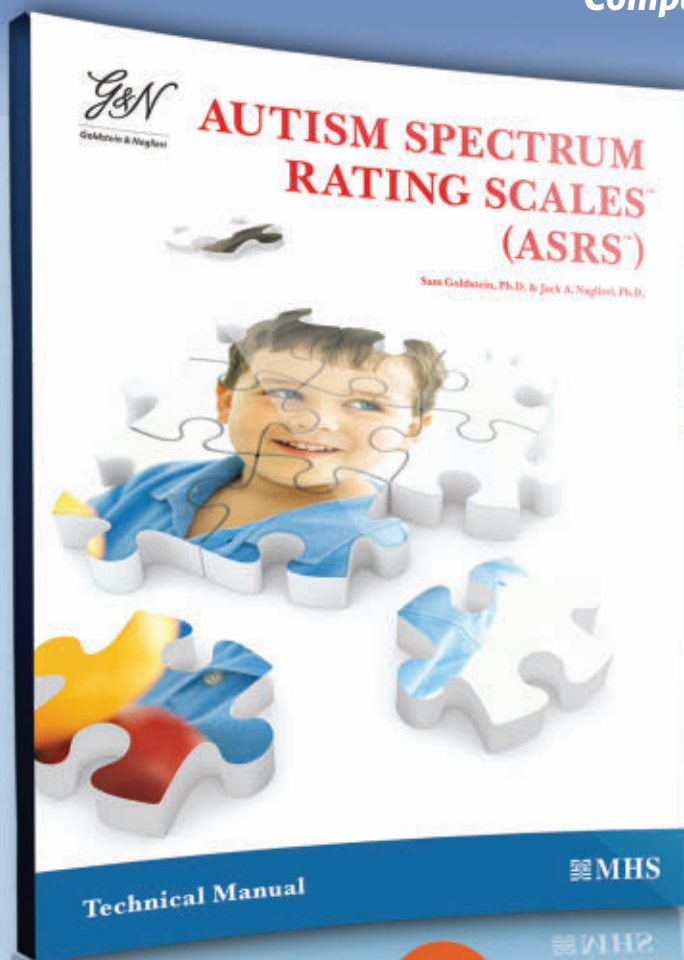
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34 ISLAMOPHOBIA

Psychologists are responding to a growing tide of Islamophobia by working to overcome obstacles to researching the population, documenting the impact anti-Muslim bias is having on Muslim Americans and designing interventions to help ensure Muslim Americans receive the mental health treatment they need.

40 POWER PLAY

Researchers working to determine how power—or a lack of it—affects the way people think and behave. And for good reason: Understanding the effects of power can help us select stronger leaders, design better organizations and make healthier choices in our personal lives.



COVER STORY

AGING IN MOTION

Along with kinesiologists and other researchers, psychologists are exploring what motivates competitive older athletes, how they benefit from staying so active and some possible downsides to late-life athletic competition. While not a panacea to aging, taking up activity or staying active into old age is associated with several benefits. *See page 46*

COVER: LINDA YUEN, 85, ON A SWIM NEAR HER HOME IN HONOLULU. PHOTO BY SUSAN SEUBERT





How to take control of your finances
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CE CORNER

PSYCHOLOGISTS' ROLES IN HELPING TO TREAT OPIOID-USE DISORDERS AND PREVENT OVERDOSES

More than 60 percent of U.S. overdose deaths now involve an opioid, a trend that can be traced in large part to easy access to the drugs. In this continuing-education article, we look at the factors contributing to opioid use, the research-based treatments for opioid abuse and the barriers to effective treatment. *See page 28*



Advice on ways minority students can find the mentors they need to succeed
Page 60



New clues on dog behaviors
Page 13

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Feedback

CONCERNS ABOUT ONLINE THERAPY

In response to the February article, “A Growing Wave of Online Therapy,” while online therapy shows promise for reaching people via new mediums, I am concerned providers might place themselves and their clients at great risk. There is scant evidence to suggest that psychologists leave doctoral



training programs with the skills necessary to interact with and utilize technology in psychotherapy. This risk for providers may be compounded by corporate policies that label them as independent contractors, and potentially liable as such.

Moreover, the field must consider the ethical ramifications of location tracking via technological mediums

(i.e., will law enforcement be able to access my client’s historical location data?), informed consent processes when conducting psychotherapy via third-party corporations (i.e., how does the company’s privacy policy influence my autonomy as a provider?), how your training translates to digital-first mediums (i.e., where did I learn to effectively text message clients?), and whether you are maintaining data and records appropriately (i.e., where do I store my notes, who has access and how long until they are deleted?).

Samuel D. Lustgarten

*PhD candidate, counseling psychology,
University of Iowa*

LESSONS FOR CAREGIVING

Two articles in the February *Monitor* speak to a common issue: the need for and role of caregivers in today’s world. The article “The Men America Left Behind” develops the theme that traditionally masculine men “avoid all things feminine,” including the caregiving roles described in the second article, “Lessons for Caregiving.” These men also limit themselves to the possible development and growth. As Barry Jacobs, PsyD, of the Crozer Keystone Family Medicine Residency Program in Springfield, Pennsylvania, writes, caregivers “grow personally and spiritually, and they gain an enhanced sense of purpose from making a difference in someone’s life.” His conclusion raises the question: Would our society be more compassionate with a concern for others if more of us were caregivers?

Harriet Heath, PhD

Winter Harbor, Maine

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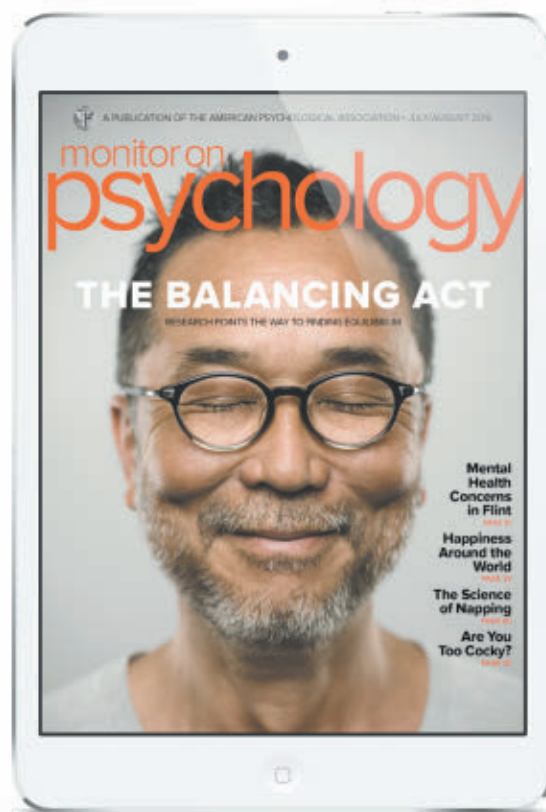
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In Brief



Getting Even

Revenge is indeed sweet, at least according to research published in the *Journal of Personality and Social Psychology*. Researchers asked 156 participants to write a personal essay and then swap the essays with a fictitious virtual partner to get “feedback” from peers. One group received made-up, unkind feedback like, “this is one of the worst essays that I have EVER read.” Afterward, the participants were allowed

to stick pins in a virtual voodoo doll that represented the unkind reader. Researchers measured participants’ moods before and after they used the voodoo doll, and found that using the voodoo doll significantly improved participants’ moods. In fact, after getting this “revenge,” participants who received the nasty feedback were in no worse mood than those who received kind feedback.

EMOTIONS LINGER

Emotional experiences can induce brain states that linger even after the experience has passed, affecting memory during that time period, finds research in *Nature Neuroscience*. Researchers used fMRI to measure brain activity as participants viewed a series of emotionally affecting pictures and then, about 10 to 30 minutes later, a series of nonemotional images. A different group of participants viewed the nonemotional images first, then the emotional ones. When, six hours later, the participants took a memory test, those who saw the emotional images first remembered the neutral images better. The fMRI data also suggested that brain areas linked to emotion remained active as much as 30 minutes after patients saw the emotional pictures.

POT-SMOKING TRENDS

Marijuana use went up among teens in Washington after the state legalized the drug, finds a study in *JAMA Pediatrics*, even as teen marijuana use declined nationwide during that time. Researchers looked at data collected between 2010 and 2015 from 253,902 teens in Washington and Colorado, as part of the national Monitoring the Future study. Among eighth- and 10th-graders in Washington, marijuana use increased 2 percent from 2010 to 2012 and 4.1 percent from 2013 to 2015. In Colorado, however, teen use did not increase significantly after legalization. The researchers posit that might be because Colorado had a large medical marijuana



dispensary system and more advertising even before recreational use was legalized.

DANGEROUS TRAFFIC

Living near a major road increases a person's risk of developing dementia, finds a study in *The Lancet*. Researchers examined medical records from 6.5 million Ontario residents ages 20 to 85. They found that people who lived less than 50 meters from a high-traffic road were 7 percent more likely to develop

People who live less than 200 meters from a major road are at increased risk of developing dementia.

Teen marijuana use went up in Washington state after it legalized the drug for adults.



dementia than those who lived more than 300 meters away. People who lived 50 to 100 meters away were 4 percent more likely, and people who lived 101 to 200 meters away were 2 percent more likely. The researchers examined and found no correlation between living near a major road and either Parkinson's disease or multiple sclerosis.

RESTING BRAIN

Small areas of the brain cycle in and out of a sleep-like, low-activity state all the time, even when we are awake, suggests research in *Science*. Scientists used electrodes to measure activity in small, targeted areas of neurons in a monkey's visual cortex as the monkey watched for changes in portions of its visual field. When the monkey was paying attention to one particular spot, neurons in the area associated with that portion of the visual field began spending more time in the "awake" state,

TOP: CHINAFACE/ISTOCKPHOTO; BOTTOM: IVAN MIKHAYLOV/ISTOCKPHOTO

and when the monkey's attention shifted elsewhere, the neurons spent more time in the "sleep" state. Such cycling could allow neurons in areas we are not using to conserve energy, the researchers hypothesize.

OUT OF TUNE

About 3 percent to 5 percent of people have a condition called specific musical anhedonia, in which they don't get any pleasure from music. Now, research published in *Proceedings of the National Academy of Sciences* suggests one explanation: a reduced link between the auditory and reward centers in the brain. Researchers using fMRI found that when people



Up to 5 percent of people don't find any pleasure in listening to music, and a brain disconnect may help explain why.

with specific musical anhedonia listened to music, the nucleus accumbens (a key structure in the reward network) was less active than in normal listeners. The structure was equally active, however, when anhedonics and normal listeners played a gambling game, which suggests that

the anhedonics' reward network functioned normally otherwise. The researchers also found reduced functional connectivity between the nucleus accumbens and the right auditory cortex in the participants with musical anhedonia.

SKIPPING GRADES

Gifted students can benefit from skipping grades ("acceleration") and from being grouped with peers with similar skills ("ability grouping"), finds a meta-analysis in the *Review of Educational Research*. Researchers reviewed 125 studies on acceleration and 172 on ability grouping, spanning 100 years of research. They found that gifted

Skipping a grade benefits gifted kids, a meta-analysis finds.





Parents who want their kids to exercise should get moving themselves, a study suggests.

students who skipped a grade outperformed their nonaccelerated peers. Gifted students also benefited from most types of ability grouping: Within-class grouping helped them (breaking one classroom into smaller work groups based on ability), as did cross-grade subject grouping (grouping students from different grade levels together to learn a particular subject). However, between-class grouping (assigning students into high-, average- or low-ability classrooms) did not provide a benefit.

FIT PARENTS, FIT KIDS

Parents in underserved communities who are more physically active have preschool children who move more too, suggests research in the *American Journal of Preventive Medicine*. Researchers fitted 1,000 low-income, mostly Latino and African-American parent/child

pairs with accelerometers to measure their levels of physical activity for 12 hours a day for one week. The researchers found that there was a positive association between the amounts of time that parents and their children spent doing moderate to vigorous physical activity each day, and the time their children spent. However, this association held only up to 40 minutes per day of activity by the parents;

Artists with early dementia can be identified by changes in their brushstroke patterns.



if parents' activity was greater than that, their children's activity actually appeared to decline.

PERSONALITY CHANGE

Psychotherapeutic interventions and medications can change a patient's personality, finds a meta-analysis in *Psychological Bulletin*. Researchers analyzed 207 studies with more than 20,000 patients that tracked changes in personality traits during these interventions. They found that over an average time span of 24 weeks, patients became significantly less neurotic and, to a lesser degree, more extraverted than they were before the interventions.

PAINT PATTERNS

It's possible to detect early dementia in artists by analyzing changes in their work, finds a study in *Neuropsychology*. Researchers used a mathematical method called fractal analysis to examine paintings by seven famous artists. They found that in two who developed Parkinson's disease (Salvador Dali and Norval Morrisseau), and in two who developed Alzheimer's disease (Willem De Kooning and James Brooks), brushstroke patterns changed as the artists aged. However, in three artists who did not develop any neurodegenerative disease (Marc Chagall, Pablo Picasso and Claude Monet), the patterns remained the same over the course of their lives.

FETAL ALCOHOL SYNDROME

About 119,000 babies are born with fetal alcohol syndrome (FAS) each year, according to

a study in *The Lancet Global Health* that provided a world-wide estimate for the first time. Researchers conducted a comprehensive literature review of research on the prevalence of FAS and drinking during pregnancy, then used statistical modeling to estimate prevalence in countries with no empirical studies. Worldwide, 9.8 percent of women drink alcohol during pregnancy, the researchers found—but the rate varied greatly by country and region. In Europe, the region with the highest rate, about 25 percent of women drink during pregnancy, while in the Middle East only 0.2 percent do.

A DOG'S LIFE

Dogs pay attention to what their owners can see and adjust their behavior accordingly—but some breeds are more skilled at this than others, finds a study in the *Journal of Comparative Psychology*. Researchers tested 187 dogs from 56 different breeds. First, owners trained the dogs to not eat a dog biscuit left on top of a plastic box. Then, the dogs and owners stood at opposite ends of an enclosure, arranged so that the dogs could see two dog biscuits, and could also see that their owner could only see one of the biscuits (the other was blocked by a barrier screen on the owner's side). The researchers found that ancient and hunting breeds were more likely to try to eat the biscuit that the owner couldn't see, suggesting that they were paying attention to their owner's perception. Shepherds and mastiffs, meanwhile, chose randomly.



'FESS UP

Children's attitudes toward lying change as they age, and older children are more likely than younger children to view confessing to a misdeed as the

Worldwide about one in 10 women drink alcohol during pregnancy.

right thing to do, finds a study in the *Journal of Experimental Child Psychology*. Researchers asked 48 children, ages 4 to 9, to read vignettes in which children did something wrong, then either lied or confessed about the transgression. Then, the researchers asked the children how they would feel in that situation. The 4- and 5-year-olds were more likely to feel positively about lying and negatively about confession—they focused on the gains associated with lying, like avoiding punishment. The 7- to 9-year-olds focused more on negative emotions associated with lying, such as guilt, and felt better about confession.

Are you looking at me? Some breeds of dogs pay more attention to what their owners can see than others do, a study finds.



AUTISM AND STRESS

Many children with autism also suffer from gastrointestinal symptoms, such as constipation and stomach pain. Now, research in *Brain, Behavior, and Immunity* suggests that a heightened stress response may be partly to blame. Researchers studied 120 children with autism—51 who had gastrointestinal symptoms and 69 who did not. They measured the children’s cortisol levels before and after a 30-second stress test, such as holding one’s hand in icy water, and found that children with gastrointestinal symptoms had a greater cortisol response to the stressor than those without gastrointestinal symptoms.

TALKING FAST AND SLOW

Speedy talkers might rattle off more words per minute than slow ones, but they don’t convey any more information in that time, finds a study in *Cognition*. Researchers analyzed recordings of 2,400 phone conversations and 40 longer interviews. Fast talkers tended to use simpler syntax and more common words, while slow talkers used more complex syntax and rarer words that conveyed more information per word.

IMPROVING MOOCs

A brief psychological intervention could help online learners in developing countries improve their coursework, suggests a study in *Science*. Previous research found that 39 percent of students in massive open online courses (MOOCs) come from less-developed countries, but that they are less likely to complete the classes than students from developed countries. In the



new study, researchers posited that could be due to “social identity threat”—the students’ sense that they don’t belong in the class. They found that two brief interventions that increased the students’ sense of belonging could eliminate that achievement gap: In one, students heard testimonials from previous students who had worried about belonging at first but felt more comfortable over time; in another, the students wrote about how taking the course reflected their values.

BABY’S BRAIN

The visual cortex of young infants is organized

The visual cortex of a baby is organized like that of an adult.



About 40 percent of students in massive online open courses come from developing countries.

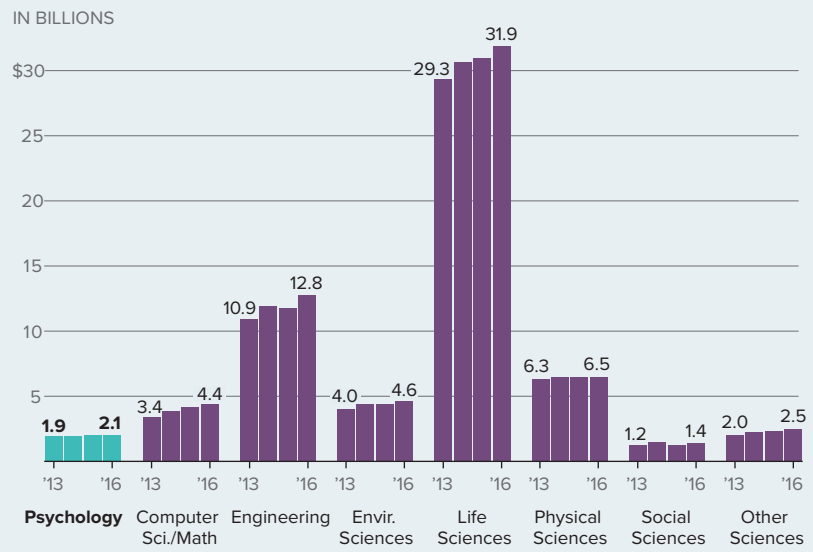
similarly to that of adults, according to research in *Nature Communications*. In the past it has been difficult to use fMRI to study babies because the machines are loud and require participants to stay still for long periods of time. The researchers adapted the fMRI device to make it more comfortable for infants by making the machine quieter and allowing the baby to recline in a car-seat-like contraption. They then scanned nine 4- to 6-month-old babies’ brains as the babies watched videos of faces, natural scenes, scrambled scenes, human bodies and objects. They found that regions of the visual cortex responded preferentially to faces and scenes, with a spatial organization similar to adult brains. ■

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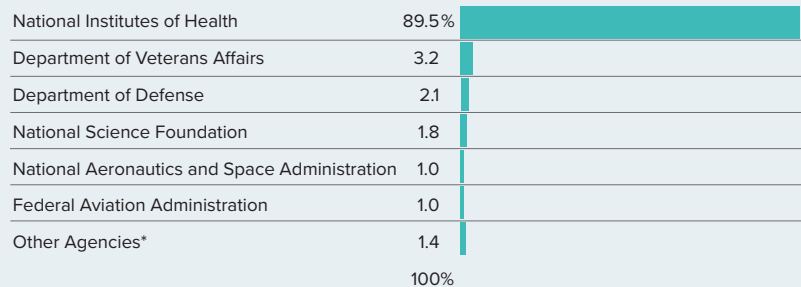
HOW MUCH FEDERAL FUNDING IS DIRECTED TO RESEARCH IN PSYCHOLOGY?

- In all, 3.2 percent of the nation's \$66.2 billion in federal research funding went to psychological research in 2016^{1,2} (approximately \$2.1 billion).
- Almost half of federal research dollars were directed to the life sciences (\$31.9 billion).
- Psychology research funding increased by 2.5 percent from 2014 to 2015 and 1.7 percent from 2015 to 2016. During the same period, federal research funding in all fields increased by 0.8 percent from 2014 to 2015 and 4.3 percent from 2015 to 2016.
- In 2014, the National Institutes of Health was the largest funder of research (\$29.4 billion), with about 6.1 percent (\$1.8 billion) of federal funds directed to psychology research. Much smaller amounts were directed to psychology at the Department of Veterans Affairs (\$63 million), Department of Defense (\$42 million) and National Science Foundation (\$35 million).
- Funding for basic (\$1.0 billion) and applied (\$930 million) research³ in psychology were roughly equal.
- Most psychology research funding was used at universities and colleges (\$1.2 billion).

Federal Research Funding by Field and Fiscal Year²



Percent of Psychology Research Funding by Federal Agency, 2014



*Other agencies included U.S. Census, Department of Education, Department of Homeland Security, Agency for Healthcare Research and Quality, and Centers for Disease Control and Prevention.

By Karen Stamm, PhD, Peggy Christidis, PhD, and Luona Lin, MPP
For more information, contact cws@apa.org.

¹National Science Foundation, National Center for Science and Engineering Statistics, Survey of Federal Funds for Research and Development, FYs 2014–16. Tables 2, 20, 28, 42, 56, and 74. Retrieved from <https://ncesdata.nsf.gov/fedfunds/2014>. Research funding represents obligations, which are “the amounts for orders placed, contracts awarded, services received, and similar transactions during a given period, regardless of when funds were appropriated and when future payment of money is required.” Federal funding amounts may not sum to the total due to rounding. The use of NSF data does not imply NSF endorsement of the research, research methods or conclusions contained in this report.

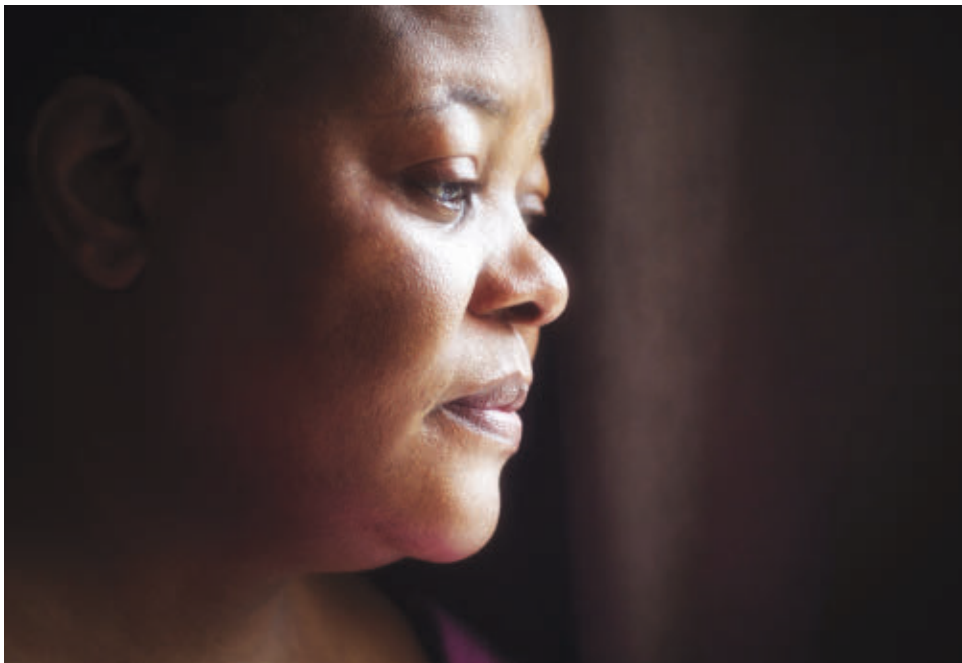
²2015 and 2016 data are preliminary.

³Basic research is “systematic study directed toward fuller knowledge or understanding of the fundamental aspects of phenomena and of observable facts without specific applications toward processes or products in mind.” Applied research is “systematic study to gain knowledge or understanding necessary to determine the means by which a recognized and specific need may be met.”

MANY AMERICANS STRESSED ABOUT THE NATION'S FUTURE

APA's latest Stress in America survey reveals that more Americans are reporting symptoms of stress—and citing personal safety and terrorism as sources of stress

BY SOPHIE BETHUNE



Two-thirds of Americans say they are stressed about the future of our nation, including a majority of both Democrats and Republicans, according to the APA report *Stress in America: Coping With Change*, released in February.

More than half of Americans (57 percent) say the current political climate is a very or somewhat significant source of stress, and nearly half (49 percent) say the same about the outcome of the election, according to an APA poll conducted in January.

While Democrats were more likely than Republicans (72 percent vs. 26 percent) to report the outcome of the 2016 presidential election as a significant source of stress, a majority of Republicans (59 percent) said the future of the nation was a significant source of stress for them, compared with 76 percent of Democrats.

“The stress we’re seeing around political issues is deeply concerning, because it’s hard for Americans to get away from it,” says Katherine C. Nordal,

More Americans said that their personal safety was a very or somewhat significant source of stress—up from 29 percent in August to 34 percent in January.

PhD, APA's executive director for professional practice. “We’re surrounded by conversations, news and social media that constantly remind us of the issues that are stressing us the most.”

Nordal also noted that while APA is seeing continued stress around politics, the survey also showed an increased number of people reporting that acts of terrorism, police violence toward minorities and personal safety are adding to their stress levels.

These results come on the heels of an APA survey conducted last August that found 52 percent of Americans reported that the presidential election was a significant source of stress.

Between August 2016 and January 2017, the overall average reported stress level of Americans rose from 4.8 to 5.1, on a scale where 1 means little or no stress and 10 means a great deal of stress, according to the APA survey. This represents the first significant increase in the 10 years since the Stress in America survey began. At the same time, more Americans said that they experienced physical and emotional symptoms of stress in the prior month, health symptoms that APA warns could have long-term consequences.

APA's January survey showed

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American Psychological Association

2017 ANNUAL CONVENTION

PROGRAM PREVIEW

August 3-6, 2017 | Washington, DC

REGISTER ONLINE BEGINNING APRIL 17, 2017: apa.org/convention



A supplement to the *APA Monitor on Psychology*



JOIN US IN WASHINGTON, DC, FOR APA'S 125TH ANNIVERSARY AND PSYCHOLOGY'S LARGEST GATHERING


SPECIALTY-FOCUSED PROGRAMS ACROSS THE DISCIPLINE
COLLABORATIVE PROGRAMS INTEGRATING PSYCHOLOGICAL SCIENCE AND PRACTICE
OPPORTUNITIES TO LEARN, GROW AND CONNECT


This enhanced Program Preview gives you advance information about the 2017 APA Annual Convention. Find out what's new in 2017—get a first look at the collaborative programming and a sneak peek at some of the internationally known speakers and their cross-cutting and cutting-edge sessions and topics.

You'll find much more information online: Washington, DC, attractions; registration and workshop fees; continuing education sessions and workshops; hotel information; transportation and airline details; refund policy; arrangements for persons with disabilities; child-care options, and much more. Visit www.apa.org/convention beginning **April 17 at 10 a.m., EDT**.

FEATURED IN 2017

Unlimited CE Credit at Convention

Nearly 300 convention sessions will be designated as Continuing Education (CE) sessions this year. Earn unlimited CE credits by attending as many of these CE sessions as you can for a single fee. CE sessions are identified by this logo  in the convention program and are held at the Walter E. Washington Convention Center. Save even more by taking advantage of the advance fee when you register for the convention by **June 30**.

Note: CE sessions are separate from the 4- and 7-hour APA CE workshops  offered at additional fees and scheduled at the Renaissance Washington, DC Downtown Hotel (for more on CE Workshops, see p. 11).

Unlimited CE Session Fees

Sign up when you register for the convention.

	Advance 4/17-6/30	Regular 7/1-8/1	On-Site 8/2-8/6
Members/affiliates	\$85	\$105	\$125
Nonmembers	\$120	\$150	\$180

Mobile App

To make your convention experience even better, APA is providing online and mobile tools to help you search for sessions, events and speakers and create your personal schedule. Look for the online convention program mobile app—with expanded building and exhibit hall maps—in June. **Opt in to the app and opt out of the big book.**

APA Film Festival

Thirty hours of films and other media-related programming related to psychology from the U.S. and other countries. Awards will be given for excellence in three categories: **feature length**, **short**, and **documentary**.

Facilities

Meetings are scheduled in the Walter E. Washington Convention Center, the Marriott Marquis Washington, DC Hotel and the Renaissance Washington, DC Downtown Hotel.

DISCOUNT

New Attendee Discount

A **\$100 discount** on the full registration fee for all full APA members attending their first APA convention.

KEEP IN MIND ...

Business casual is acceptable dress during the convention.



SPECIAL EVENTS

Opening Session

Thursday, Aug. 3, 5:00–6:30 p.m.

APA President Antonio E. Puente, PhD, looks forward to welcoming you to the 125th Annual Convention. The opening session will feature an exciting keynote speaker and the presentation of the Award for Outstanding Lifetime Contributions to Psychology. Check the convention website for details as they become available.

A Night at the Kennedy Center – Cabaret

Thursday, Aug. 3, 8:00 p.m.

Tickets are required.

The renowned Roundabout Theatre Company presents *Cabaret*, the scintillating Tony winner about following your heart while the world loses its way.

APA Presidential Address

Saturday, Aug. 5, 1:00–1:50 p.m.

Antonio E. Puente, PhD

A Letter to My Children

APA Presidential Programming

Featured sessions include topics focused on celebrating our past and empowering the future of psychology.

Presidential Programming sessions are scheduled on the following days:

Friday, Aug. 4

1:00–4:00 p.m.

Saturday, Aug. 5

2:00–6:00 p.m.

Celebrating 125 Years of Psychology!

Join your colleagues for a special 125th anniversary event.

- Peruse classic psychological artifacts from the Cummings Center for the History of Psychology
- Visit the History of Psychology Timeline kiosk

Details will be provided on the convention website.

How-To Sessions

How to Publish Your Manuscript

How to Review a Manuscript

How to Publish With APA Books

Research Ethics: How, What and Now



EXAMPLES OF 2017 COLLABORATIVE PROGRAMS

What Are Collaborative Programs?

A centerpiece of the convention, collaborative programs pull together multiple perspectives, involving more than one core area of psychology, on a topic significant to psychology and, where relevant, to society at large. The overarching goal is to highlight the unique role of APA as a unifying force in psychology.

Carrots Taste Better Than Sticks: Positive Reinforcement for Behavior Change

David S. Festinger, PhD; Jolene Sy, PhD; Bethany Raiff, PhD; Jessica Glass Kendorski, PhD; Douglas B. Marlowe, JD, PhD; and Stephen T. Higgins, PhD

Confronting Our Own Racism and That of Others: An Experiential Group Honoring Martin Luther King Jr.

Richard W. Bargdill, PhD; Michele D. Ribeiro, EdD; Shaznin P. Daruwalla, PsyD; and Gina Belton, MA

Have We Failed at Replication? A Panel Discussion/ Debate on Psychology's Replicability "Crisis"

Jeffrey M. Cucina, PhD; Theodore L. Hayes, PhD; Edwin A. Locke, PhD; Prasad Patil, PhD; and Simine Vazire, PhD

Integrated Health Care Across the Lifespan: Engagement Strategies That Work

Nancy B. Ruddy, PhD; Patricia Arean, PhD; Sara Qualls, PhD; Kathryn Hoffses, PhD; and Susan H. McDaniel, PhD

Pot, Psychedelics, and Speed: Exploring Therapeutic Potential of Abused Drugs

Matthew W. Johnson, PhD; Nicolas Schlienz, PhD; Ryan Vandrey, PhD; and Meredith Berry, PhD

Psychology Mythbusters: Separating Psychology Fact From Psychology Fiction

Clare M. Mehta, PhD; Bridget Rivera, PsyD; Elissa Rodkey, PhD; Debbie Joffe Ellis, PhD; Christopher Decou, MA; Lyra Stein, PhD; Barry Klein, MA; Sigan Hartley, PhD; Julia Lynn Mesler, PhD; John Mohl, PhD; and Christopher Ferguson, PhD

Strategies for Promoting Positive Mental Health Outcomes for Black Youth

Mirian E. Ofonedu, PhD; Anderson J. Franklin, PhD; Alfiee M. Breland-Noble, PhD; Erik J. Girvan, PhD, JD; Clayton Cook, PhD; and Erlanger A. Turner, PhD

TED Talk Learning Lounge: An Interactive Guide to Neuroimaging in Psychology

Melissa Lamar, PhD; Catherine C. Price, PhD; Owen Williams, PhD; Lori Beason-Held, PhD; and Jared J. Tanner, PhD

The Theory, Science and Implications of Behavioral Epigenetics: Hype, Holes, Hopes

David S. Moore, PhD; Kali H. Trzesniewski, PhD; Moshe Szyf, PhD; David Sweatt, PhD; and Amy L. Non, PhD, MPH

Undocumented Youth in the U.S.: Progress in the Face of Precarity

Basia D. Ellis, PhD; Maria Ferrera, PhD; Roberto G. Gonzales, PhD; and Carola Suárez-Orozco, PhD

TOP EXPERTS FROM ACROSS THE DISCIPLINE



Sarah L. Cook, PhD, *Campus Conundrums: Sexual Assault Research, Prevention and Policy*



Roberta Cordano, JD, *Achieving Health Equity: Adaptive Leadership and Serving Diverse Communities*



© New York Times

Valentino Achak Deng, *A Lost Boy Battles Child Marriage With Education*



Alice H. Eagly, PhD, *Women as Leaders: How Are They Faring?*



Eyberg

Sheila Eyberg, PhD, and Beverly Funderburk, PhD, *Parent-Child Interaction Therapy: That Was Then, This Is Now*



James Giordano, PhD, *Neuroethics: Addressing the Good, Bad—and Ugly—Applications of Neuroscience*



Phillip A. Goff, PhD, *A Language of Justice: Making Sense of Race, Policing and 2016*



Susan Goldin-Meadow, PhD, *How Our Hands Can Change Our Minds*



Brian Hare, PhD, *Survival of the Friendliest: From Dogs to Democracy*



Julianne Holt-Lundstad, PhD, *Loneliness: A Growing Public Health Threat*



Mary Lee Hummert, PhD, *Age Stereotyping, Communication and Adult Development: Promoting Well-Being*



Philip C. Kendall, PhD, *Managing Anxiety in Youth: More Action Than Talk*



Jennifer J. Manly, PhD, *Lifecourse Mechanisms of Disparities in Cognitive Aging and Dementia*



Peggy McIntosh, PhD, *One's Selves: Recognizing Our Plural Domestic and Political Identities*



Lisa S. Meredith, PhD, *Armed With Psychological Resilience: What the U.S. Military Has Learned*



Brian Mustanski, PhD, *Online and On the Ground: Community-Engaged eHealth Research With Young Gay and Bisexual Men*



Chris Poulin, *Using Data Technology in Real-Time Mental Health Assessments and Interventions*



Wendy Suzuki, PhD, *Adventures in Neuroplasticity: From Memory Palaces to Soul Cycle*



Paul L. Vasey, PhD, *Inter-Sexual Mate Competition in Two Non-Western Cultures*



Barbara Wanchisen, PhD, *Speaking Truth to Power: Behavioral Science Does Affect Policy in DC*



Vanessa Woods, PhD, *Through a Glass Darkly: Using Animals to Communicate Difficult Ideas About Ourselves*

SNEAK PEEK AT A FEW OF THE MORE THAN 1,000 SESSIONS SCHEDULED

FOR EDUCATORS

Harnessing the Power of Education to Promote the Value of Psychology: Unpacking the Undergraduate Skill Set Toolbox

Jim Diaz-Granados, PhD; Loretta Neal McGregor, PhD; Jason Young, PhD; and Betsy Morgan, PhD

Top 20 Principles of Psychology in Education Applied to Creative and Gifted Students

Jonathan Plucker, PhD; Scott Hunsaker, PhD; Pam Clinkenbeard, PhD; Matt Makel, PhD; and Rena Subotnik, PhD

Update on the Summit on National Assessment of Psychology

Salvador Macias III, PhD; CABE members; and Summit participants

Noland White, PhD, *Psychology Is a STEM Discipline: Promoting Student Awareness, Understanding, and Engagement With Psychological Science*

Diane Halpern Lecture

FOR RESEARCHERS AND SCIENTISTS

Mahzarin R. Banaji, PhD, *Mind as Multiverse: The Ontology and Epistemology of Implicit Social Cognition*; **Anthony G. Greenwald, PhD**, *The Selling of "Implicit Bias"*; **Gordon D. Logan, PhD**, *Taking Control of Cognition*; and **Robert J. Plomin, PhD**, *DNA Matters: The Essence of Human Individuality*

Distinguished Scientific Contributions Award Addresses

Jacquelynne S. Eccles, PhD, *Social Contexts, Human Development and Developmentally Optimal Person Environment Fit*

Distinguished Scientific Award for the Applications of Psychology Address

Carol A. Barnes, PhD, *Temporal and Frontal Lobe Correlates of Memory Decline in Aging*

Neal Miller Lecture

Allyson J. Bennett, PhD, *Empirical Bridges: Psychological Science Applied to Understanding Long-Term Effects of Early Environments on Brain, Behavior and Well-Being*; **Gary G. Bennett, PhD**, *Treating Obesity, Digitally*; **Saul Kassin, PhD**, *The Psychology of Wrongful Convictions: Implications for Policy and Practice*; **Bernard Weiner, PhD**, *The Legacy of an Attribution Approach to Emotion and Motivation*; and **John Wixted, PhD**, *Psychology's Wrongful Conviction of Eyewitness Memory*

Master Lectures

FOR PRACTITIONERS

Cameron Camp, PhD, *Psychosocial Treatments for Dementia: A Human Rights Issue*

Distinguished Professional Contributions to Applied Research Award Address

Mary O'Leary Wiley, PhD, *The Complexities of the Therapeutic Alliance: Addressing Attachment, Rupture and Repair*

Distinguished Professional Contributions to Independent Practice Award Address

Linda Mona, PhD, *Culturally Competent Sexual Health Care: The Untold Story of VA Patient-Centered Care*

Distinguished Professional Contributions to Institutional Practice Award Address

Octavio Santos, MS, *Mi Aventura en Búsqueda de La Diversidad y Enriquecimiento Cultural: A Graduate Student's Journey, Challenges and Achievements*

APA/APAGS Distinguished Graduate Student in Professional Psychology Award Address

FOR EARLY CAREER PSYCHOLOGISTS

Work-Life Integration and Perceptions of a New Generation of Employees

Discuss the importance of integrating the responsibilities of work and life, learn strategies to do so and then engage in small group skills practice.

Exploring and Navigating Intersecting Identities as Early Career Psychologists

Identify the impacts of multiple identities and discuss ways to navigate and take ownership of such intersecting identities in your professional life.

An Insider's Guide to Research and Training Funding Opportunities: Talk With NIH Staff

NIH staff will discuss research ideas, review processes, appropriate funding opportunities and general career development.

Trials and Tribulations of Mentoring Doctoral Students as an Early Career Psychologist

Explore mentoring issues encountered by early career faculty in doctoral training programs using case examples, mentoring strategies and other professional development resources.

FOR STUDENTS

Systemic and Individual Responses to Microaggressions: An Interactive Skill-Building Session

Faculty and APAGS student leaders representing diverse graduate students (LGBTQ, students of color) facilitate this skill-building session on responding to microaggressions interpersonally and systemically (through university initiatives).

Procuring Federal Funding for Your Research

This interactive mentoring program teaches early stage investigators to navigate NIH and VA funding mechanisms, showcases a mock grant review session and provides opportunities to interact with program officers and federally funded investigators.

Obtaining a Teaching or Research-Focused Postdoc: Tips, Tricks, and How-Tos

This session covers strategies and tips for identifying positions and provides information on how to begin either the informal or formal application process.

Introduction to the R Statistical System

Many students and researchers in psychology have begun using R as an open source program for their data management and statistical analyses. Unfamiliar with R? William R. Revelle, PhD, will lead a hands-on introduction to the statistical system.

IN THE PUBLIC INTEREST

Interrupting the Stress-Trauma-Health Disparities Cycle in Blacks and Other Communities of Color

Derek M. Griffith, PhD, MPH; Thema Bryant-Davis, PhD; Roslyn H. Moore, MS; and Valerie Maholmes, PhD

Advocating for Older Adults: Translating Effectively From Science to Policy

Patricia A. Parmelee, PhD; Manfred Diehl, PhD; Peter Lichtenberg, PhD; Margaret Norris, PhD; Michael Smyer, PhD; and Serena Davila, PhD

Intercontinental Child Abuse Prevention: Lessons From ACT Raising Safe Kids Program Evaluation

Michele Knox, PhD; Teresa Marques, PhD student; Nahoko Nishizawa, PsyD; Elisa Altafim, PhD student; Ana Paula Leao, MA; and Tasha Howe, PhD

Gwendolyn Keita, PhD, on Advancing the Public Interest: Looking Back and Going Forward

Clinton W. Anderson, PhD; Gwendolyn P. Keita, PhD; Melba J.T. Vasquez, PhD; Helen L. Coons, PhD; Erlanger A. Turner, PhD; Joseph E. Trimble, PhD; Henry Tomes, PhD; and James M. Jones, PhD

GLOBAL PERSPECTIVES

Kathryn Norsworthy, PhD, *Mindful Activism: Embracing the Complexities of International Border Crossings*

APA International Humanitarian Award Address

Mary Koss, PhD, *Listening at the Intersections: Victim Voice in Research and Practice*

Distinguished Contributions to the International Advancement of Psychology Award Address

APA UN Representative Symposium—The UN and Psychological Contributions to Contemporary Social, Economic and Environmental Challenges

APA's representatives to the UN discuss the integration of psychological science and methods using advocacy that advance progress on the UN's sustainable development goals while respecting human rights.

Internationalizing Our Psychology Life: Insights and Strategies for International Engagement

Meet with psychologists at this roundtable session who have experience in international research, service or teaching to discuss opportunities, challenges and resources to begin or maintain international engagement.

IN THE EXHIBIT HALL

- **Two dedicated exhibits-only hours** to browse the exhibits, Thursday, Aug. 3, 4:00–5:00 p.m., and Friday, Aug. 4, noon–1:00 p.m.
- **Coffee with exhibitors**, Saturday, Aug. 5, 10:00–11:00 a.m.
- A pavilion devoted to **technology exhibits**.
- **Next Gen Pavilion** features activities of interest to the next generation of psychologists.
- A chance to win a \$100 gift card in the **Visa Gift Card Giveaway** (Booth 151). Seven \$100 Visa gift cards will be given away during each drawing at 11:00 a.m. and 2:00 p.m. (Thursday, Aug. 3 – Saturday, Aug. 5).
- **Daily raffles** in participating exhibitor booths Thursday, Aug. 3, at 4:00 p.m.; Friday, Aug. 4, at 12:00 p.m., 2:00 p.m., and 4:00 p.m.; and Saturday, Aug. 5, at 10:00 a.m., 12:00 p.m., 2:00 p.m., and 4:00 p.m.
- **Free seated upper body massages** in the Massage Break Lounge (Booth 564).
- **I am Psyched!** is a multimedia pop-up exhibit that explores the history and contemporary contributions of women of color in psychology.

LIVE CAREER MANAGEMENT

- **Give your career a boost.** PscCareers LIVE (Booth 276) now offers career management tips and guidance and networking for career opportunities.
- **Happy where you are, but looking for more?** Quick, live career management sessions will cover important tips for getting ahead.
- **Want the inside scoop?** Sign up to meet one-on-one for coaching with a career expert.
- **Ready for a change?** Talk directly with employers and recruiters to see where your skills may fit.
- **Don't miss out.** Let employers know you plan to attend by flagging your online profile today: www.PscCareers.com.

APA Kids' Place

Kids' Place is a free, family-friendly play area with activities for children of all ages, along with comfortable seating for parents and an adjacent nursing space. Please note that adults must accompany their children in Kids' Place.

APA MEMBERSHIP PAVILION

- **Get your FREE professional headshot** when you provide a written or video testimonial (\$200 value).
- Take the latest Member Benefits Survey for a **chance to WIN a FREE trip to San Francisco, CA**, for the 2018 APA Convention.
- **Recharge your mobile device** while discovering the new products and benefits of APA membership.
- **Renew your APA membership** for 2018 and receive a premium, limited-edition gift.
- Receive a FREE gift if you are a **first-time convention attendee or new member**.
- **Download specialized content from APA PsycIQ** onto a complimentary USB drive.
- **Test-drive the newest members-only tools** and resources in the interactive Membership Lab.

DIVISION SERVICES BOOTH

In APA Member Resources

Explore your professional interests and enrich your career by joining one of the 54 APA divisions. Stop by the Division Services booth to meet division representatives who can attest to the many benefits of division membership. Join a division on-site and be entered in prize drawings to take place on Friday and Saturday.

REGISTRATION

Convention registration opens **April 17, 2017, 10:00 a.m., EDT**

Go to www.apa.org/convention to complete the online registration form.

- Register online **April 17 – Aug. 6, 2017**.
- Register by **June 30, 2017**, and save with the advance fee.
- Register early (by June 30) to automatically enter a drawing to win a **FREE trip to the 2018 APA Convention in San Francisco, CA**. Be sure to enter **Convention Code WEB17** on the online registration form.

OR

Download and print a convention registration form from the PDF file posted at www.apa.org/convention and send to APA by June 30.

REGISTRATION FEES

	Advance 4/17-6/30	Regular 7/1-8/1	On-Site 8/2-8/6
APA member, fellow, associate*	\$295	\$350	\$375
APA community college teacher affiliate, APA international affiliate	\$295	\$350	\$375
APA student affiliate, APAGS member	\$80	\$90	\$100
Full-time student, APA high school teacher affiliate	\$130	\$140	\$150
Nonmember of APA	\$425	\$480	\$505

Family Member Badge

\$10 Nonrefundable processing fee for requesting a badge for nonmember nonpsychologist spouses/equivalents and dependents under age 18, if noted on the form of a fee-paying registrant.

DISCOUNT

*First-Time Attendee Discount

A **\$100 discount** on the full registration fee for all full APA members attending their first APA convention.

HOTELS

Reservations

Reserve online at www.apa.org/convention

OR

Call **Experient**, APA's housing service, at 800-974-3084 (toll free) or 847-996-5876 (international), Monday-Friday, 8 a.m.-5 p.m. Central time.

OR

Fax a completed hotel reservation form to 301-694-5124.

Deadline: July 10, 2017

(Download and print a hotel reservation form from the PDF file posted on www.apa.org/convention).

Headquarters Hotels

(single/double occupancy)

Marriott Marquis Washington, DC Hotel **\$275**

Renaissance Washington, DC Downtown Hotel **\$266**

Supplemental Hotels

Fifteen supplemental hotels will offer rooms ranging in price from \$174 to \$249 (single/double occupancy).

See hotel descriptions and rates and information for persons with disabilities on www.apa.org/convention.

Hotel Reservation Deadline: July 10, 2017



APA CONTINUING EDUCATION WORKSHOPS



**CE Workshop Enrollment
Opens April 17 at 10:00 a.m.,
EDT**

Enroll at [www.apa.org/
convention/ce](http://www.apa.org/convention/ce)

Select from over 80 half- and
full-day workshops—Space is
limited, so act fast!

CE WORKSHOP FEES*

	Advance 4/17–6/30	Regular 7/1–8/1	On-Site 8/2–8/6
MEMBERS			
Half-day (4 hr)	\$130	\$160	\$190
Full day (7 hr)	\$220	\$275	\$330
NONMEMBERS			
Half-day (4 hr)	\$160	\$200	\$240
Full day (7 hr)	\$260	\$335	\$410

*CE workshops are scheduled at the Renaissance Washington, DC Downtown Hotel and are priced separately from CE sessions and the convention registration fee.

Here's a sample of the CE workshops available this year in Washington, DC:

For a complete list of workshops, visit www.apa.org/convention/ce

Clinical Supervision: Ethics and Skills for Enhanced Competence in Multicultural Practice

Carol A. Falender, PhD, and Edward P.
Shafranske, PhD

Cognitive Behavioral Therapy for Substance Use Disorders and Addictions: An Experiential Workshop

Bruce S. Liese, PhD

For Good Measure: Hands-On Experience Putting Measurement-Based Care Into Clinical Practice

Christianne Esposito-Smythers, PhD; Alexandra
P. Peterson, MS; Robyn Mehlenbeck, PhD; and
Corey Fagan, PhD

How to Talk About Racial Issues With African American Teens and Their Families: A Therapist's Guide

Mia A. Smith Bynum, PhD

Integrating Screening, Brief Intervention and Referral to Treatment in Diverse Health Care Settings

Maria D. Cimini, PhD, and Jessica L. Martin, PhD

Social Competition Theories and Understanding the Psychological Impact of Poverty

Daniel Marston, PhD

Technology Best Practices: Legal and Ethical Issues in Telepsychology, Social Media and With Apps

Marlene Maheu, PhD; Dena S. Puskin, PhD;
Patrick DeLeon, PhD; Shawna D. Wright, PhD;
Kenneth Drude, PhD; Rene Quashie, JD; and
Nicky Jacobs, PhD

Treating Children With Mood and Comorbid Disorders

Mary A. Fristad, PhD

Understanding Everyday Ethical Blind Spots

Greg Neimeyer, PhD



CONVENTION REGISTRATION

Opens April 17, 2017, at 10 a.m., EDT

A **\$100 DISCOUNT** on the full registration fee for all full APA members attending their first APA convention.

Register early to automatically enter a drawing to win a **FREE** trip to the 2018 APA Convention in San Francisco, CA.* Be sure to enter Convention Code **WEB17** on the online registration form.

*For complete drawing rules, go to www.apa.org/membership/drawing-rules.aspx



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ONLINE REGISTRATION

Register online April 17–Aug. 6, 2017

Go to www.apa.org/convention to complete the online registration form.

Register by **June 30** and save with the advance fee.

OR

Download and print a convention registration form from the PDF file posted on www.apa.org/convention and send to APA by June 30, 2017.

FOLLOW THE APA CONVENTION



the percentage of Americans reporting acts of terrorism as a very or somewhat significant source of stress increased from 51 percent to 59 percent from August 2016 to January 2017. Also, the percentage of Americans reporting police violence toward minorities as a very or somewhat significant source of stress increased from 36 percent to 44 percent during the same period. Since August, the percentage of Americans saying personal safety is a very or somewhat significant source of stress increased from 29 percent to 34 percent—the highest percentage noted since the question was first asked in 2008.

Reported stress varied by

POLITICAL ISSUES STRESSING AMERICANS

Percentage of people saying they are stressed over the following issues

57%
The current political climate

66%
The future of our nation

49%
The election outcome

Source: *Stress in America: Coping with Change*

education, with 53 percent of those with more than a high school education reporting very or somewhat significant stress related to the election outcome, compared with 38 percent of those with a high school education or less. In addition, a greater percentage of Americans who live in urban areas said the same (62 percent), compared with those who live in suburban (45 percent) and rural (33 percent) areas.

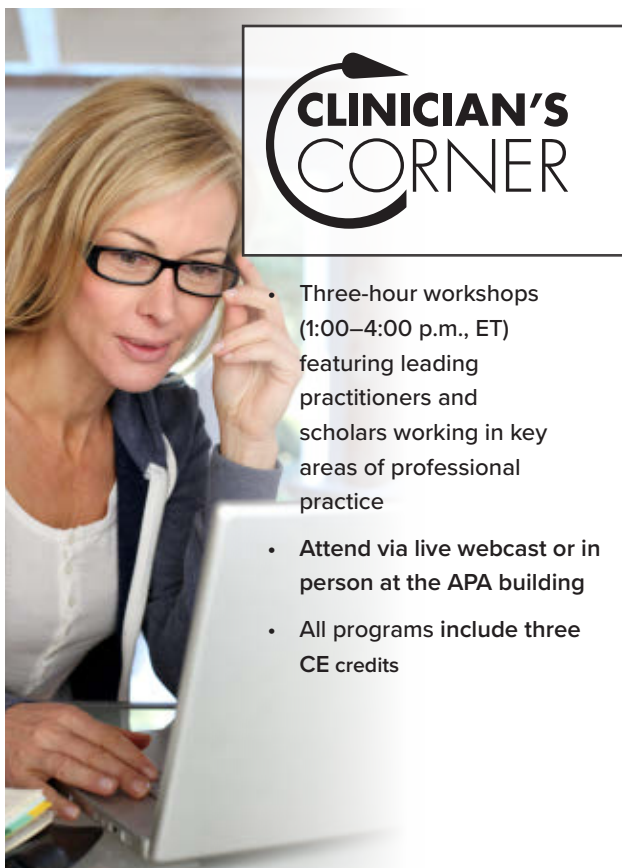
These additional stressors may be affecting Americans' health. The percentage of people reporting at least one health symptom because of stress rose from 71 percent to 80 percent over five months. A third of Americans have reported specific symptoms

such as headaches (34 percent), feeling overwhelmed (33 percent), feeling nervous or anxious (33 percent) or feeling depressed or sad (32 percent).

APA is encouraging Americans to stay informed, but know their limits when it comes to taking in information as one way to diminish the constant exposure to potentially distressing information and the resulting physical symptoms.

To read the full *Stress in America* report, visit www.stressinamerica.org. ■

● For more information on stress, lifestyle and behaviors, visit www.apa.org/helpcenter. Join the conversation about stress on Twitter by following @APAHelpCenter and #stressAPA.



- Three-hour workshops (1:00–4:00 p.m., ET) featuring leading practitioners and scholars working in key areas of professional practice
- Attend via live webcast or in person at the APA building
- All programs include three CE credits

WORKSHOPS:

- Friday, April 21** Fundamental Principles and Emerging Issues in Ethics: Part I
Presenter: Robert Kinscherff, PhD, JD
- Friday, May 19** Concepts in the Treatment of the Chronic Pain Triad: Pain, Insomnia and Emotional Distress
Presenter: Robert Meyers, PsyD, JD
- Friday, June 16** Affirmative Counseling and Psychological Practice With Gender Diverse Clients
Presenters: lore m. dickey, PhD, and Anneliese A. Singh, PhD

FEES:	\$65 APA Members	\$80 Nonmembers
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TO ATTEND:

LIVE WEBCAST: Visit <http://apa.bizvision.com> and select Clinician's Corner Programs

IN PERSON at the APA building (Washington, DC):
Call 1-800-374-2721, ext. 5991, option 3

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RAISING A GENERATION TO BE SAFE AND KIND ONLINE

Psychologists are working with teens, teachers, parents and the tech industry to raise awareness of and prevent cyberbullying

BY HEATHER STRINGER

As co-director of the Cyberbullying Research Center, psychologist Justin Patchin, PhD, has heard thousands of heartbreaking stories, from teens whose photos have been doctored and distributed in messages with lies, to children told by chatroom participants that no one liked them and that they should die.

Patchin's research has also quantified the problem. According to a survey he conducted of more than 5,000 middle and high school students in 2016, about 33 percent said they'd been cyberbullied at some point, and nearly 17 percent had experienced cyberbullying within the last 30 days.

Cyberbullying is willful and repeated harm inflicted through the use of computers, cellphones, and other electronic devices. The most common forms of cyberbullying are mean or hurtful comments posted online or circulating rumors online, says Patchin, who is also a professor at the University of Wisconsin-Eau Claire.

The center's website provides research data and information for educators, parents and teens about how to prevent and respond to cyberbullying. Patchin's survey found that incidents like these are taking

a toll: More than 10 percent of students said they skipped school because of bullying online, and 60 percent of those who experienced cyberbullying said it affected their ability to learn and feel safe.

"Our data suggest that millions of students are skipping school because of cyberbullying," Patchin says. "Cyberbullying is particularly destructive because it's potentially anonymous, can go viral and leaves victims no safe place to escape because we are connected online 24/7."

Data also show that minority adolescents may experience higher rates of online bullying related to their race than their nonminority peers, according to Brendesha Tynes, PhD, a professor of educational psychology at the University of Southern California (*Journal of Adolescent Health*, 2008). In a survey of African-American, Latino, Asian and biracial sixth- to 12th-grade students, she found that 42 percent of minority youth had experienced at least one direct discriminatory incident online in the first year of the study, and the rates increased when she surveyed the same students the following two years (*Psychological Science Agenda*, 2015). This increase was due to a number of

About 33 percent of middle and high school students said they'd been cyberbullied, a 2016 survey finds.

factors, including more modeling and acceptance of these behaviors in American media and culture, Tynes says.

Similar to face-to-face bullying, cyberbullying involves an imbalance of power, but the power can be garnered in a different way. In traditional bullying, power usually comes from physical stature, social wit or popularity, while those who cyberbully can gain control from knowledge or possession of information, pictures or a video that could harm someone, according to the Cyberbullying Research Center.

While these two types of bullying are unique, they are also related to one another, says Robin Kowalski, PhD, a psychology professor at Clemson



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University in South Carolina who studies cyberbullying. “Our research shows that perpetrators don’t often limit themselves to one type of medium (face-to-face versus virtual) when bullying a victim,” she says. “In addition, victims of traditional bullying who might not feel comfortable retaliating face-to-face may resort to cyberbullying if they feel more technologically savvy than their perpetrators.”

STRATEGIES FOR PREVENTION

Psychologists are also identifying ways to prevent and intervene against cyberbullying. Among them is Dorothy Espelage, PhD, a psychology professor at the University of Florida, who has found evidence that schools can

Research has found that 60 percent of those who experienced cyberbullying said it affected their ability to learn and feel safe.

play a critical role in teaching children to adopt healthy online behaviors. Her research shows that children who are cyberbullies typically struggle with emotion regulation and hostile attribution bias—the tendency to attribute others’ behavior as having hostile intent, even when the behavior is ambiguous or benign.

She recently conducted a three-year study in 36 middle schools in Illinois and Kansas to evaluate whether a social-emotional learning intervention called the Second Step Program decreased bullying. The researchers trained teachers to deliver 50-minute lessons once a week, for 41 weeks over three years. The children learned problem-solving skills, such as how to identify the perspectives of those

involved and how to generate multiple options for solving a problem. They also discovered what happens in the brain when they become upset, and strategies for calming down, such as belly breathing and positive self-talk. Finally, the students learned about the risk of substance abuse for kids who are victimized. Although the program focused on bullying in general, Espelage’s data showed that the intervention decreased both face-to-face and cyberbullying, as reported by the students, from 20 to 40 percent (*School Psychology Review*, 2015).

“We can reduce multiple forms of aggression if we implement social-emotional learning programs to equip kids with skills to problem solve, cope with the stressors of life and have empathy,” she says.

TECHNOLOGY AS PART OF THE SOLUTION

Espelage and her colleagues have also developed a bullying-prevention app that can reinforce what youth are learning in the classroom. BullyDown sends true-false questions via text message, such as: “Young people who act ‘differently’ are asking to be bullied.” After a user answers, the messages states, “We’re all different. Kids who look and act differently are just trying to be themselves. They want to have friends just like everyone else.” The students who use the app are also paired with a text buddy to share what they are learning on the app (*JMIR mHealth uHealth*, 2016).

Emotion regulation was a key component of the intervention, and the participants shared



Psychologists are behind interventions that help kids take action when they see cyberbullying, such as the “I Am a Witness” campaign.

that they used coping strategies like reading/writing, listening to music, counting, belly breathing and talking to siblings and parents when they were upset or stressed. A small study showed that 86 percent of the participants, who were ages 13 to 14, liked the BullyDown program.

University of Nebraska–Lincoln bullying researcher Susan Swearer, PhD, is a consultant for another tech-based solution: the Ad Council’s “I Am a Witness” campaign, which encourages bystanders to take action by posting an eye emoji when they see cyberbullying. If someone posts a rude comment on another person’s page, for example, individuals can show support for the victim by posting the emoji. The “I Am a Witness” app also gives users access to stylized text messages of phrases like “Don’t Listen,” with large letters on a colored background.

Tech companies including Apple supported the campaign by promoting the emoji. The Ad Council’s advisory board

includes academics and psychologists, so research is informing their programming, Swearer says. “These are great examples of the tech industry partnering with academics to help solve the problem,” she says.

A WORD TO PARENTS

Parents also play an important role in preventing cyberbullying—and research suggests children welcome their interventions. In a study involving focus groups, Kowalski found that youth want a certain degree of parent involvement (*Journal of Adolescent Health*, 2007). “Kids want supervision, but not ‘snooping,’” she says. “In other words, they are fine with parents searching their local history occasionally, but they don’t want keystroke software installed that monitors everything.”

Based on discussion groups with teens, Swearer has found that it’s critical for parents to have open and honest conversations with their children about where they are hanging

out online. She also underscores that parents should avoid the temptation to take away their children’s phones if they see something they don’t like since then the kids may be less likely to be honest. Instead, parents should express their desire to protect their children and that, as a result, they want to be included in a child’s social networks. (Swearer herself follows her teenage daughters on Facebook, Snapchat and Instagram, but only comments or likes a post if her daughters ask her to do so.)

Meanwhile, University of Arizona psychologist Mike Sulkowski, PhD, is working on a project that could empower adolescents to protect themselves. He has partnered with a computer engineer to create an app that would allow youth—rather than parents—to block certain types of messages or prompt them to reconsider sending a negative message. The app will be sensitive to inappropriate or hurtful words, images and media. “It can be used to filter their social media the same way we filter out annoying ads,” he says.

Based on information gathered from programmers and security analysts, Sulkowski recommends that kids not accept a friend or network request from an unfamiliar person and that they should avoid posting photos or movies that they would not be willing to share with their parents.

“Essentially, the average Internet user needs to know that everything he or she does in cyberspace or through using cyber-technology is traceable and can be accessed by others.” ■

FURTHER READING

Creating Safe and Supportive Schools and Fostering Students’ Mental Health
Sulkowski, M. and Lazarus, P. 2016

Bullying in the Digital Age: A Critical Review and Meta-Analysis of Cyberbullying Research Among Youth
Kowalski, R.M., et al. *Psychological Bulletin*, 2014

Journal articles about cyberbullying
<http://cyberbullying.org/journal-articles>

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—Olivia Moorehead-Slaughter, PhD

UNSEEN VICTIMS OF SEX TRAFFICKING

While most people think of women and girls as the victims of human trafficking, men and boys are also at risk

BY REBECCA FAIRLEY RANEY

A few years ago, social worker Steven Procopio was listening to a discussion among a group of middle-aged homeless men at a Boston health-care agency when he recognized that his group had a terrible secret in common: Many of these men, at some point in their lives, had been trafficked. For Procopio, the realization led to a wholesale shift in context for working with men and boys who suffer from complex trauma.

The prevailing wisdom, both then and now, he says, is that sex trafficking is a women's issue. But as Procopio looked at the homeless men, who were beset with medical, addiction and psychiatric problems, he realized that "if we don't get to kids while they're young, they're going to end up like the men at this table at age 40 or 50."

Now, mounting evidence, along with the accounts of front-line psychologists and social workers, show that men and boys make up a significant proportion of victims of trafficking, validating Procopio's realization. A report by the United Nations Office on Drugs and Crime in 2012 estimated that men accounted for 25 percent

of trafficking victims globally. Further, the Global Report on Trafficking in Persons estimated that 27 percent of all victims detected globally were children and that of those, one in three victims were boys.

In addition, staff at the National Human Trafficking Resource Center hotline identified more than 24,000 cases of human trafficking in the United States from 2012 to September 2016. Of those, 13 percent—or more than 3,000—were men.

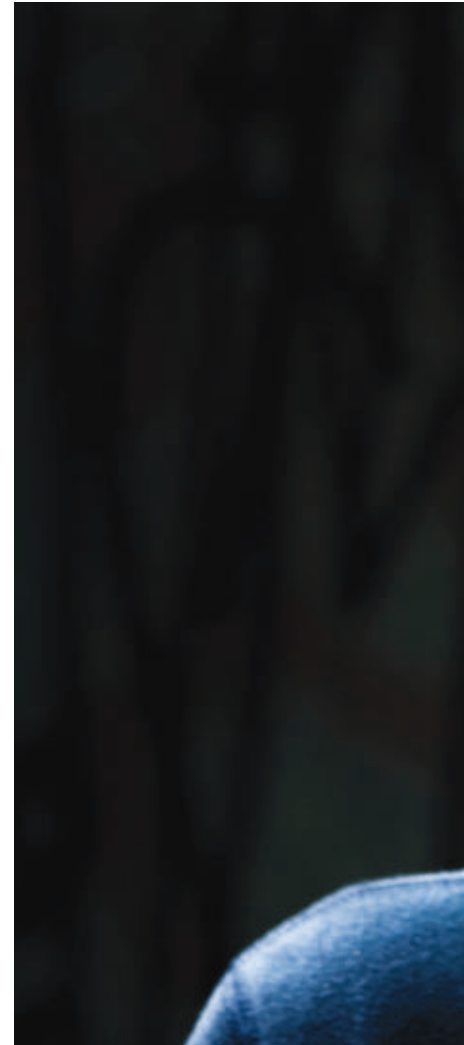
Boys and men who have been trafficked present with issues that are similar to many victims of complex trauma: poverty, sexual abuse, violence or living in a home where substance abuse takes place. Behaviors can include drug use, running away, depression, anxiety and oppositional behavior disorders.

"These are all red flags," Procopio says, adding that many

A report by the United Nations Office on Drugs and Crime estimates that men account for 25 percent of trafficking victims globally.

"We typically think of men as aggressors. So we have the idea that we can't think of men as people who can be coerced."

JOEL FILMORE, EdD, CLINICAL COUNSELOR AND VICTIM OF TRAFFICKING



of the boys he has worked with had a history of rape by a family member or a neighbor. In some cases, boys are trafficked by their families to raise money for drugs.

Psychologists and others say it's hard to overstate the stigma that surrounds the issue—for victims and for society. "When we think of men, we typically think of men as aggressors," says Joel Filmore, EdD, a clinical counselor and victim of trafficking in Sycamore, Illinois. "So we have the idea that we



can't think of men as people who can be coerced."

Filmore has a unique understanding of this population. As a child who had endured years of racism and sexual abuse in his small-town community, he started drinking at 12 and said he was "primed" for recruitment by his trafficker. He met a man who showered him with affection. With that friendliness came "a lot of drinking and cocaine use," and the man, who turned out to be a pimp, introduced him

to crack. "Within a week, he had me turning tricks," Filmore says.

His experience is not unusual. He pointed out that this type of coercion by a trusted companion can lead victims to distrust therapists as well. "They don't believe in altruism," he says. "You can expect pushback. You can expect resistance. You can expect anger."

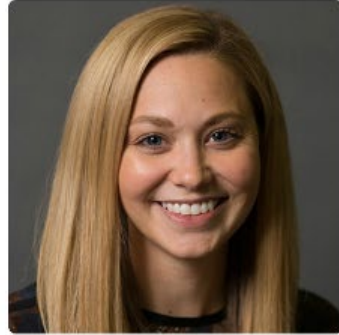
Clinicians who have treated trafficking victims and survivors say that the need to build a relationship is the top priority for anyone who is working with

this population. Once he has built rapport, Filmore asks his clients to "tell me one thing, just one thing, that happened to you that you have never told anyone," while being sure not to re-traumatize the individual. "It's a very delicate dance," he says.

Another obstacle in treatment is how exploitation and abuse compromises victims' sense of manhood, says Bonnie L. Martin, LPC, a clinical supervisor and consultant in Alexandria, Virginia. "My male clients often believe they should have been man enough to stop the trafficking and abuse from occurring [even if they were a child or teen at the time]," she says. As a result, she focuses on resilience, helping clients "adjust to life without chaos," including helping them get jobs and finding places to live—a particularly difficult issue for this population since the vast proportion of emergency beds available for victims of trafficking are for women and girls. To get more beds for men and boys, policymakers need to quantify the problem, yet the underground nature and reluctance of victims to divulge the problem leads to insufficient data to describe the scope of male trafficking, according to Irma Barron, PhD, a professor in marriage and family therapy and a coordinator in the master's program at Albizu University in Miami.

"We don't have that data," says Barron, who has organized human trafficking conferences in Miami. "[And that means] there are no shelters for men and boys. Say we do rescue some boys off the street. Where are they going to go?" ■

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4 QUESTIONS FOR FATHALI M. MOGHADDAM

The psychologist and author of “The Psychology of Democracy” offers his insights on threats to the American way of government

BY SARA MARTIN

In the late 1970s, Fathali M. Moghaddam was studying intergroup relations in England when the Iranian revolution broke out. He immediately returned to his native country to join those pushing for greater openness, justice and democracy through teaching and writing in the popular press. Despite such efforts, Islamic fundamentalists used brute force to take over the country.

“There were bombings, assassinations, imprisonment, torture,” Moghaddam says. “They terrorized the entire population, particularly women who had to go back under the hijab and move out of the public sphere.”

By the end of 1979, Iran had become “a corrupt dictatorship again, with a religious cover,” he says.

After watching his fellow citizens so quickly and violently lose their freedoms, and sometimes their lives, Moghaddam was driven to study the psychology of terrorism, dictatorship and democracy. Today, he is a professor of psychology at Georgetown University, editor of the APA journal *Peace and Conflict: Journal of Peace Psychology*, and author of 26 books, including “The Psychology of Democracy” and “The Psychology of Dictatorship.” The *Monitor* asked him about current threats to democracy and what psychologists can do about them.

You have said that all countries are on a continuum from democracy to dictatorship. Where is the United States?

The United States has made some progress toward a fully developed democracy. However, like many other countries, the United States still needs to do a better job of educating citizens engaged with and supportive of democracy—this weakness has at times resulted in some backward movement. In the 1950s during the McCarthy Era, there was a backward lurch in which democracy was weakened.

This was, of course, during the Cold War, and as psychologists know, such external threats can lead groups to become more conformist and obedient to ethnocentric, nationalistic and aggressive, bombastic leadership.

Since 9/11, the drumbeat of threat has been very strong in the United States and Western Europe. Although the number of people killed by terrorism is low compared to the more than 30,000 killed by firearms in the United States each year, the drumbeat of Islamic terrorism has

meant that Americans are influenced to support ethnocentric, nationalistic, aggressive styles of leadership. This has led to backward movement in American democracy.

What else is behind the rise in nationalism?

It is also caused by the psychological reaction to what I have called “fractured globalization and sudden contact,” leading to collective identity threat. Fractured globalization is summed up in the phrase “global economy, local identity.” While our technological and economic changes have led to globalization as we know it, our identities have for the most part remained local. We can see this in Europe where most of the people don’t see themselves as Europeans. We see the backlash with Brexit, Scottish nationalism, Basque



nationalism, Quebec nationalism, the surge of Marie le Pen and the vote for Donald Trump.

Globalization has led to enormous, rapid movements of people. Modern transportation means that millions of people can move in a relatively short time. As a result, you get sudden contact and collective identity threat—groups coming into contact with others with whom they've had no experience and with no opportunity for the people of the host countries to adapt. The rise of nationalism, ethnocentrism and threatened identities are all based on perceptions of invasion and the resulting collective identity threat. In the United States, the election of Donald Trump has been based on this surge of perceived threat, and the executive order stopping people from Islamic countries from coming here is based on exaggerated

“The rise of nationalism, ethnocentrism and threatened identities are all based on perceptions of invasion and the resulting collective identity threat.”

perceptions of threat. Psychologists can counter this perceived threat by better communicating our research findings and making people aware that this fear-mongering threatens democracy.

But the impact of sudden contact and collective identity threat is not limited to any one part of the world. The election of Donald Trump and the rise of Islamic radicalization and terrorism are psychologically the result of the same processes: globalization and sudden contact, resulting in huge collective identity threats. Just as authoritarian fundamentalist Muslims are determined to repulse American culture from Islamic societies, authoritarian nationalist Americans are determined to repulse Muslim culture from the United States. These ethnocentric forces are mirror images.

What else can psychologists do to promote democracy?

First, we can keep optimistic by looking at the long term. We have made tremendous advances. Look at the progress of women in higher education, for example. Until about 50 years ago, women were excluded from much of higher education. Now, women play a central role in higher education.

However, in the short term, we have to take strong positions and speak out on the basis of our research on the treatment of minorities, on torture, on women's rights and much more. On the treatment of minorities, for example, empirical psychological evidence has accumulated

over at least the last half century on how implicit and explicit prejudice and discrimination against minorities and women detrimentally affects their performance and well-being, and harms all of society. Regarding torture, a great deal of evidence has accumulated showing that torture is not an effective means of extracting accurate information. To explore this issue, at the height of the Iraq-war interrogation debates, I participated in a meeting of highly experienced military interrogators and research psychologists at Georgetown University. The interrogators reported on the ineffectiveness of torture for getting at the truth (*Peace and Conflict: Journal of Peace Psychology*, 2007).

Public opinion is swayed by arguments, and psychologists have a great many facts and arguments to present about the current situation.

We also must make a concerted effort to educate more broadly. We have a duty to socialize citizens for democracy by making a more explicit link between psychology and democracy by writing, speaking up in forums, and talking to politicians about our research findings and experiences from practice as psychologists.

Do you remain optimistic about democracy?

We have to be optimistic, but we also need to keep in mind that democracy is something we have to fight for. There is no guarantee that historically democracy must win out. Militarily, apart from the United States, the most important powers are dictatorships. China, the rising economy in the world, is a dictatorship. Russia is a very strong dictatorship that does not plan to go away. So, we have a fight on our hands and we need to think of the long term.

All empires decline and the question is when will the American Empire decline and what will be the state of democracy after it does? ■

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SHOULD REGISTERED SEX OFFENDERS BE BANNED FROM SOCIAL MEDIA?

Restricting sex offenders' access to social media may increase their societal exclusion, undermining efforts to reintegrate them into society

BY SAM A. WILCOX AND CYNTHIA J. NAJDOWSKI, PhD, UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK

In February, the U.S. Supreme Court heard oral arguments in *Packingham v. North Carolina*, which considers registered sex offenders' First Amendment right to freedom of speech. In 2002, Lester Packingham pled guilty to taking "indecent liberties" with a minor. He served a brief prison sentence and his profile was added to the North Carolina sex offender registry. Subsequently, the state passed a new law banning registered sex offenders from using social networking sites that allow users under age 18. In 2010, Packingham was arrested and convicted for violating this law after police discovered he was using Facebook under an alias.

Packingham appealed, claiming the law infringed on his right to free speech, and his conviction was overturned. However, the North Carolina Supreme Court reversed on the grounds that the state has significant interest in protecting minors and, therefore, is justified in banning sexual predators from social media sites on which they may come into contact with minors. The court also found that the law exercised a "limitation on conduct" rather than a "restriction of free speech." In *Packingham*, the state argued that sex offenders have access to ample alternative forms of social media that do not allow users under age 18, such as YouTube and Shutterfly. A collection of cases known as the "Doe cases" suggests this approach might work. In those cases, the federal courts of Nebraska, Indiana and Louisiana ruled that similar laws that banned sex offenders from using any form of social media went beyond merely preventing the solicitation of minors and unreasonably restricted use of the Internet, thus violating the First Amendment.

However, the sites that remain available to sex offenders in North Carolina are arguably less intended for socialization, whereas the social media outlets that have been prohibited more closely resemble online communities of personal networks,

such as Facebook, Twitter and LinkedIn. This is important because restricting sex offenders' access to social media may increase the experience of societal exclusion that already challenges this population. Research suggests that feelings of marginalization and isolation can prevent sex offenders from successfully reintegrating into society and, in turn, increase their likelihood of reoffending. Access to social media, however, could allow sex offenders to connect with more expansive networks and counter the feelings of social exclusion that hinder rehabilitation. For instance, research on general population samples finds that Facebook use is associated with having larger and more diverse networks, a greater number of confidants, and more social support.

Contrary to public perception, recidivism rates are generally lower for sex offenders than non-sex offenders. Whereas limited contact with minors might reduce the risk of re-offense, social exclusion has the opposite effect. Policymakers should strive to design laws that enhance public safety while also protecting sex offenders' freedom of speech and access to online social networks. For example, some states have modified statutes that banned all sex offenders to instead ban only those whose offense was facilitated by the use of a social networking site. In 2012, Louisiana implemented a statute requiring sex offenders to indicate their status on their social media profiles, which provides the public with notice and gives them the opportunity to avoid contact. Psychological and legal researchers should evaluate which facets of the laws are most effective at both reducing recidivism and retaining the benefits of online social networks to ensure future policy achieves balance on this issue. ■



AT ISSUE
The need to balance protecting minors with the social factors that might reduce recidivism among offenders.

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More than 60 percent
of overdose deaths
now involve an opioid.



CE

CONTINUING EDUCATION PSYCHOLOGISTS' ROLES IN HELPING TO TREAT OPIOID-USE DISORDERS AND PREVENT OVERDOSES

BY KIRSTEN WEIR

It was an appalling milestone. In 2015, more than 33,000 people in the United States died from opioid-related overdoses, setting a new record. While the data for 2016 aren't in yet, there's every reason to believe the U.S. opioid crisis is continuing.

Opioids are a class of drugs used to reduce pain. They include prescription drugs, such as oxycodone (OxyContin), hydrocodone (Vicodin) and morphine, as well as the illegal drug heroin. These drugs are effective painkillers, and can produce feelings of relaxation and euphoria. Unfortunately, people can become both psychologically and physically dependent on these powerful substances.

According to a report from the Centers for Disease Control and Prevention (CDC) published in December, drug overdose deaths nearly tripled between 1999 and 2014. More than 60 percent of overdose deaths now involve an opioid (*MMWR*, 2016).

CE credits: 1

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

1. Discuss the factors behind the growing use of opioids.
2. Discuss the research-based treatments for opioid abuse.
3. Discuss barriers to effective treatment.

The trend can be traced, in large part, to easy access, says Brent Moore, PhD, a research psychologist at the Yale School of Medicine and the VA Connecticut Healthcare System who studies treatments for opioid use disorder. Since 1999, the number of prescription opioids sold in the United States nearly quadrupled, according to the CDC. As sales of opioids skyrocketed, so did dependence, Moore says.

Yet prescription use is only part of the problem. As new regulations have made it harder to obtain prescription opioids, many people who have become physiologically dependent on the drugs have turned elsewhere. An estimated 2.1 million people in the United States suffer from substance use disorders related to prescription opioid pain relievers, and an estimated 467,000 are addicted to heroin.

Deaths involving heroin and illicit synthetic opioids such as fentanyl increased sharply from 2014 to 2015, even as rates of deaths associated with prescription opioids began to level off, according to the December CDC report. And a recent study by Julie Gaither, PhD, MPH, at the Yale School of Medicine, and colleagues found that among adolescents ages 15 to 19, rates of hospitalization for heroin increased 161 percent between 1997 and 2012 (*JAMA Pediatrics*, 2016).

Despite the grim statistics, there are effective methods for treating opioid use disorders, says Keith Humphreys, PhD, a psychologist and professor

of psychiatry at Stanford University and the VA Palo Alto Health Care System, and a former senior policy advisor in the White House Office of National Drug Control Policy. And while the first-line treatment is medical in nature, psychologists have a great deal to contribute, he says. "Medicine is becoming a team sport, and psychologists can be really important as part of the team."

METHADONE AND MORE

Early on, the medical community treated opioid use disorder as an acute problem. Patients would get the drugs out of their system in a short-term detox program, and then be sent on their way. But relapse rates were high. Over the last 15 years or so, Moore says, experts have come to think of opioid dependence as a chronic health problem like depression, diabetes or HIV.

"It's not like an infection where we can give people antibiotics. It's a condition people have to manage their whole lives," says Humphreys.

For many patients, the first step to managing that condition is opioid substitution therapy. Patients are prescribed longer acting but less euphoric opioids, such as methadone or buprenorphine, which help reduce cravings and prevent withdrawal symptoms. Typically, these drugs are distributed via structured clinical programs, though some can be prescribed for take-home use.

While medical management is the first line of defense, psychologists also

have a variety of important roles to play in addressing the crisis. “Opioid substitution therapy gets a person out of a situation where they’re constantly craving and seeking opportunities to use,” Humphreys says. “That gives you a platform to do psychosocial interventions, such as cognitive-behavioral therapy (CBT), marital and family therapy and vocational counseling.”

Precisely which approaches are best for which patients, however, remains an open question. CBT, for instance, has a strong evidence base for changing behavior. But when it comes to treating opioid use disorders, evidence is mixed, Moore says, and some subgroups of people are more likely to benefit from this therapy than others.

In a recent randomized trial, for instance, Moore and colleagues found that heroin users and prescription opioid users had different responses to CBT. Among heroin users, there was no difference in outcomes between those who received buprenorphine alone and those who received the drug as well as CBT. Yet among patients who abused prescription opioids, those in the CBT group had more than twice the mean number of weeks of drug abstinence compared with those who received medical management alone (*Journal of Substance Abuse Treatment*, 2016).

Other types of psychotherapy can also be helpful. Family or marital counseling, for example, can help repair relationships damaged by substance use disorders. “No matter what type of therapy you’re doing, certain common elements predict good

outcomes,” Humphreys says. “If psychotherapy sessions are characterized by trust and respect, and both parties agree on the goals, you’ll have a better result.”

And while psychologists sometimes question the utility of 12-step mutual help programs, Humphreys’s research shows that they have value. “These programs have a huge advantage in that you can stay in those communities as long as you need to.”

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PROVIDING INCENTIVES

Moore also sees promise in developing psychological interventions that go beyond traditional individual or group therapy settings. He’s begun investigating automated interventions that people can call for support whenever and wherever they need them.

In a pilot study, he tested a telephone “recovery line” that patients receiving methadone could call any time. The automated system provided interactive recorded messages based on CBT that were designed to improve coping. They found patients were more likely to report abstinence from opioids on days they called into the system (*Journal of Substance Abuse Treatment*, 2013).

Psychologists are making an impact on the opioid crisis in other ways as well. For example, they have been instrumental in helping to design contingency management programs, says Nancy Petry, PhD, a psychologist who studies contingency management at the University of Connecticut School of Medicine. In these programs, patients earn rewards for staying off illicit drugs. In some cases, the rewards are prizes or vouchers that can

be redeemed for goods such as food or movie tickets. In other programs, patients earn privileges such as the right to take-home doses, so they don’t have to come to the methadone clinic every day.

Most opioid substitution programs now use such contingency management-like strategies based around dosing schedules, Petry says. Others use the approach to help people on opioid substitution therapy abstain from other substances, such as cocaine or methamphetamine, since opioid replacements don’t directly impact those types of drug use.

Unfortunately, though, most clinics don’t administer contingency management the way the research indicates, Petry says. To achieve the best outcomes, participants should be tested often and given rewards promptly. That might mean testing urine samples twice a week, and giving a reward every time they test negative for drug use. In practice, clinics might test randomly once a month, and only provide rewards after three consecutive months of clean samples, for example. “It’s a watered-down version of contingency management,” she says.

Still, the idea is catching on. Twenty years ago many clinicians were skeptical of contingency management. Today many clinics have adopted the methods, and in 2011 the Department of Veterans Affairs began using contingency management to

● **Earn more CE on substance use and addiction issues** The APA Office of Continuing Education is offering several programs on substance use disorders this spring via video-on-demand. To see the list of programs, go to www.apa.org/ed/ce/resources/video-recordings.aspx.



Among adolescents ages 15 to 19, rates of hospitalization for heroin increased 161 percent between 1997 and 2012.

treat users of stimulants such as cocaine and methamphetamine. Now the program is being expanded to treat stimulant use in those with opioid use disorders.

But outside the VA, cost remains a big hurdle. Until such programs are covered by insurance, they'll remain out of reach for many patients who could benefit from them, Petry says. "We've been researching these interventions for years. We know how well they work. Now we have to move to the policy step to get them widely implemented so patients—and society—can benefit."

Some critics have argued that while contingency management is helpful in the short term, its beneficial effects decrease in the months after the intervention ends. But that's true for all treatments for opioid use disorders, Petry says, including CBT and opioid replacement therapy. Indeed,

that's the nature of treating a chronic disease.

LINKING PATIENTS TO CARE

Clinical psychologists can be proactive in helping to prevent and intervene with opioid-use disorders, says Kelly Dunn, PhD, a research psychologist at Johns Hopkins University School of Medicine who studies opioid treatments. One way to do that, she says, is to reach out to physicians who might be considering treating patients with opioid dependency. The Drug Addiction Treatment Act of 2000 allows physicians to apply to the Substance Abuse and Mental Health Services Administration for waivers that will allow them to prescribe or dispense approved buprenorphine medications, which can be taken home rather than administered in a clinical setting. Without these waivers, physicians may not prescribe the drugs.

OPIOIDS BY THE NUMBERS

91
Americans who die every day from opioid-related overdose
 (including heroin and prescription opioids)

33,000+
Number of Americans who died from opioid overdoses in 2015

1 out of 5
Proportion of patients with noncancer pain or pain-related diagnoses prescribed opioids in office-based settings

60.9
Percent of drug overdose deaths that involved an opioid

1999–2014
Period during which U.S. sales of prescription opioids nearly quadrupled—and during which drug overdose deaths nearly tripled

Source: The Centers for Disease Control and Prevention

If more physicians provided such treatments, it could have a big impact, especially in rural areas where there are few methadone clinics. But so far, physicians have been slow to apply for the waivers, and those who have them don't usually prescribe the drugs to as many patients as they're permitted, Dunn says.

One potential barrier is that physicians often do not know where to refer opioid treatment patients for counseling and other services that are not generally provided in primary care. Lack of knowledge about counseling may be holding them back, according to a not-yet-published survey of physicians that Dunn recently completed. "Physicians said if they knew how to link patients to counseling, they might be more willing to prescribe [buprenorphine]," she says. Psychologists could help by reaching out to local physicians to make them aware of their services.

Psychologists in clinical practice and in school settings can also help patients spot warning signs of opioid abuse or physical dependence early on, Dunn says. Clinicians should familiarize themselves with the signs of an opioid use disorder, including depression, sleep problems, failure to fulfill obligations, problems with family and friends, changes in appearance and physical withdrawal symptoms. "There's value in trying to catch people before they get to these severe stages where they need extended maintenance treatment," she says.

Unfortunately, patients are often ill informed about the medications. In a national poll conducted by the *Washington Post* and the Kaiser Family

Foundation last fall, a third of Americans who have taken prescription opioids for at least two months reported that they'd become addicted to or physically dependent on the drugs. While nearly all of the survey respondents said they began taking the drugs because of a prescription, 60 percent said their doctors did not offer advice about how or when to stop using the drugs.

Indeed, health-care providers, including psychologists, should do a better job helping patients manage their opioid use, says Carl Hart, PhD, a professor of psychology and psychiatry at Columbia University who studies drug use and addiction. He argues that psychologists can have a bigger impact by emphasizing safe use rather than abstinence. "Opioid use isn't going away, nor should it," he says. "These medications have been with us for centuries because they relieve pain and enhance human experience."

In reality, he adds, most people who take prescription opioids do so without becoming addicted. A review by Kevin Vowles, PhD, at the University of Mexico, and colleagues found that just 8 percent to 12 percent of patients who took opioids for chronic pain became addicted to them (*Pain*, 2015). In fact, according to data from the National Survey on Drug Use and Health, the majority of people who develop opioid use disorders start by taking prescription medication that was prescribed for someone else.

What's more, most opioid-related deaths occur when people combine the drugs with other sedatives such as alcohol and

benzodiazepines like Valium, Hart notes. Not all opioid users become addicted, he adds, and research psychologists can fill an important knowledge gap by helping to identify which social and environmental risk factors increase the likelihood that a person will develop an opioid use disorder.

BREAKING DOWN BARRIERS

Unfortunately, for the people who do develop an opioid use disorder, there are still many barriers to obtaining effective treatment.

Experts agree that more research is needed to better identify the most promising approaches to maximize a patient's chance of recovery. And so far, little is known about the best counseling strategies for different groups of opioid users, such as those with chronic pain, those with co-existing psychiatric conditions, prescription versus illicit opioid users, and even women versus men.

There are still big questions about opioid substitution therapy as well. In the past, health-care providers thought of methadone and similar drugs as temporary measures. As the medical field has shifted to think of opioid abuse as a chronic disease, that's changing. Just as people with diabetes will take insulin for the rest of their lives, some experts argue that people with chronic opioid use disorders should stay on opioid replacements indefinitely. But the replacement drugs can cause some unpleasant side effects such as drowsiness, nausea and mood swings, and many patients want to try to wean themselves from the drugs, Dunn says. "We need more research on how to taper [off the drugs] effectively."

The availability of substitution therapy programs is another serious hurdle. "A lot of states have very limited access to opioid replacement therapy," says Moore. His program in Connecticut treats many patients who drive all the way from Vermont—some four hours each way, every single day.

Even when local clinics exist, they're often at maximum capacity. And because people might stay on opioid replacements for years, new spaces in such programs are in short supply. That forces many people to enter short-term, hospital-based detoxification programs instead, says Dunn. Unfortunately, relapse after detox is very high, she adds. "Those programs aren't in place because they're the best standard of care, but because logistically that's all that's available."

Access to psychological therapies also varies widely. "Some methadone programs have very sophisticated group and individual counseling programs. Others have worked toward providing the medication and not much else," says Moore.

Stigma is another barrier standing in the way of recovery. In addition to preventing physicians from providing services to patients with opioid use disorders, stigma can prevent clinical psychologists from raising the issue of opioid use before it reaches a crisis point.

A lot of psychologists don't get training in addiction, Humphreys says. "Even if they do, they don't want to deal with it, and might pretend they don't notice." ■

ADDITIONAL READING

The Availability of Ancillary Counseling in the Practices of Physicians Prescribing Buprenorphine

Barry, D.T., et al.
Journal of Addiction Medicine, 2016

The Prescription Opioid and Heroin Crisis: A Public Health Approach to an Epidemic of Addiction

Kolodny, A., et al.
Annual Review of Public Health, 2015

Medication-Assisted Therapies—Tackling the Opioid-Overdose Epidemic

Volkow, N.D., et al.
The New England Journal of Medicine, 2014

Risk Factor Assessment for Problematic Use of Opioids for Chronic Pain

Jamison, R.N. & Edwards, R.R.
The Clinical Neuropsychologist, 2012

● For information on APA's efforts to combat the opioid epidemic, visit www.apa.org/science/about/psa/2016/05/opioid-epidemic.aspx.



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AMERICAN PSYCHOLOGICAL ASSOCIATION

ISLAMOPHOBIA

Psychologists
are studying
the impact of
anti-Muslim
sentiment and
exploring ways
to prevent it

BY REBECCA A. CLAY





Hateful rhetoric toward Muslims gives others permission to discriminate against them, psychologists say.

SPENCER PLATT/GETTY IMAGES

When President Donald Trump first tried to stop citizens from seven predominantly Muslim countries from entering the United States, he cited the Sept. 11 terrorist attacks as his rationale. Yet none of the men behind those attacks hailed from these countries. In fact, a Cato Institute analysis shows that between 1975 and 2015 no one from these countries killed a single American in a U.S. terrorist attack. ¶ Unfortunately, equating Muslims with terrorists has become disturbingly common in American society—and the consequences can be violent. According to a Federal Bureau of Investigation report released in November, the number of assaults, attacks on mosques and other hate crimes against Muslims in 2015 was higher than at any other time except the immediate aftermath of Sept. 11. In 2015, there were 257 anti-Muslim incidents, up from 154 in 2014—a 67 percent increase. In 2001, 481 incidents were reported.

And these aren't isolated incidents, according to the Southern Poverty Law Center. In a report released in February, the center noted the dramatic growth of organized anti-Muslim hate groups, with the number of such groups jumping from 34 in 2015 to 101 in 2016—a 197 percent increase.

Psychologists are responding to this growing tide of Islamophobia. They're working to overcome obstacles to researching this vulnerable population (see sidebar on page 38) and documenting the impact anti-Muslim bias is having on Muslim Americans. They're also creating interventions designed to help ensure Muslim Americans receive the mental health treatment they need and working to reduce societal prejudice of all kinds.

ISLAMOPHOBIA'S IMPACT

The hateful rhetoric toward Muslims gives people permission to be discriminatory toward them, whether overtly or more subtly, says Kevin L. Nadal, PhD, an associate professor of psychology at John Jay College of Criminal Justice at the City University of New York. In a 2015 paper in *Qualitative Psychology*, Nadal and co-authors describe how people with overlapping religion, gender and other demographic characteristics can become targets of what the researchers call intersectional microaggressions.

“Muslim men get stereotyped as terrorists, violent and criminal,” says Nadal. For Muslim women, the most common stereotype is that they lack control over their own lives. “The reality is that a

lot of Muslim women view it as quite the opposite,” Nadal says, citing comments from his qualitative research. “They're proud of their gender, do have a voice and choose to celebrate some of their traditional roles.”

Muslims also face another form of discrimination—the assumption that they're not “real” Americans, says Nadal. “Nonwhite immigrant groups are viewed as perpetual foreigners and aliens in their own land, even though many have been in the country for several generations or view themselves as completely American,” he says. The result of these negative messages is that many Muslims are in a constant state of vigilance, says Nadal.

Some may also be facing acculturative stress, “the behavioral, social and psychological

change and stress that people experience when they encounter a different culture,” explains Anisa N. Goforth, PhD, an assistant professor of psychology at the University of Montana. She and her colleagues have found that first- and second-generation Muslim Arab Americans ages 11 to 18 who experienced acculturative stress were more likely to be withdrawn, sad and depressed, though holding on to their religious practices helped protect them against psychological problems (*School Psychology Quarterly*, 2016).

Anti-Muslim discrimination doesn't just hurt Muslims. It may also undermine U.S. employers, suggests research by Saba Rasheed Ali, PhD, a professor of counseling psychology at the University of Iowa's College of Education. In a study of more than 125 Muslim women in

workplaces across the country, Ali and co-authors found that both workplace discrimination and religiosity were related to lower levels of job satisfaction. Whether women wore a hijab or not made no difference when it came to discrimination (*Journal of Employment Counseling*, 2015). This workplace discrimination could have an effect on productivity, Ali speculates. “Any time someone experiences low job satisfaction, they're not as productive,” she says. “When you give support to Muslim women—or any worker—you have an impact on their ability to do the job and do it well.”

TAKING ACTION

Recognizing the threat that Islamophobia poses, psychologists are working to make sure Muslim Americans get the help they need. Unfortunately,

Muslim men get stereotyped as violent and criminal, research suggests.

Muslim Americans face several barriers to treatment, including stigma about mental health and mental health services in Muslim communities, says Phoenix-area practitioner Nafisa Sekandari, PsyD. “Some imams have said that talk therapy is incompatible with Islam, that people should just pray more,” says Sekandari.

In addition, the fear of anti-Islam sentiments can keep people from reaching out to non-Muslim psychologists, Sekandari says. “I've also had several patients who have gone to non-Muslim psychologists who told them that they needed to change their religion,” she says. “We need to educate non-Muslim psychologists. If you have a bias toward Islam or any religion, you need to refer people to other providers.”

To counter the stigma, Sekandari, along with teacher and activist Hosai Mojaddidi, co-founded www.MentalHealth4Muslims.com in 2009. The site offers a directory of Muslim mental health practitioners around the country, as well as articles, podcasts, webinars and other resources for people seeking help.

While such interventions hold promise at the individual level, psychologists say the problem needs to be addressed on a more systemic level as well. One psychologist who is taking that kind of action is Sameera Ahmed, PhD, who directs the Family and Youth Institute in Canton, Michigan, a research and education institute specializing in the mental health needs of American Muslims.

One area the institute focuses on is the bullying of Muslim



SAMUEL CORUM/ANADOLU AGENCY/GETTY IMAGES

MORE RESEARCH NEEDED

Before Sept. 11, Muslim Americans were largely ignored in the psychological literature, says Mona M. Amer, PhD, an associate professor of psychology at the American University in Cairo. While there was a more than 900 percent increase in the number of publications in the decade following that terrorist attack, many of those publications have been based on anecdotal evidence rather than empirical data. Because of that, she says, many of the claims made in the psychological literature can't yet be confirmed.

For example, says Amer, many publications talk about how Muslims turn to religion and religious leaders for support when faced with stress and emotional distress. But, she says, polling research shows that most Muslim Americans don't identify with the mosque community.

Researchers face huge challenges, says Amer. In addition to a lack of funding, potential language barriers and difficulties identifying study samples, many Muslim Americans may not want to discuss mental health issues, especially when Muslims are already portrayed so negatively, says Amer. "Many may be suspicious about why they're being asked

questions," she says.

Another challenge is the frequent conflation of Muslim Americans and Arab Americans by both researchers and those intent on discriminating against Muslims, says Germiné H. Awad, PhD, an associate professor of educational psychology at the University of Texas at Austin.

"Any time anyone talks about Muslims, the picture conjured is of an Arab," says Awad. But, she says, most Muslim Americans aren't even ethnically Arabs. (The largest Muslim American groups are African Americans and South Asians from India and Pakistan, Amer points out.) "And even though most Arabs in the U.S. are actually of the Christian religion," says Awad, "they also experience a lot of discrimination because of the assumption that they're Muslim." Sikhs are also frequently mistaken for Muslims and thus targeted for discrimination.

Meanwhile, the need for more research is urgent. "There's no doubt that the Trump presidency is going to be associated with greater stressors for the Muslim community, which may in turn contribute to distress and mental health symptoms," Amer says.

—Rebecca A. Clay

RESOURCES

Institute of Muslim Mental Health

Offers training to help imams, community leaders and others recognize and respond to mental health problems and maintains a directory of Muslim mental health practitioners. www.muslimmentalhealth.com

Family and Youth Institute

Provides cultural competency training and resources for mental health professionals. www.thefyi.org

Muslim Wellness Foundation

Works to counter the stigma associated with mental illness and addiction among American Muslims. www.muslimwellness.com

students by peers, teachers and coaches. According to a 2015 study of more than 600 Muslim students by the Council on American-Islamic Relations, more than half had experienced bullying—twice as high as the national average. And being called a terrorist, having a hijab pulled off and other acts of bullying can have a negative impact on students' academic performance, mental health and physical health, says Ahmed, citing the research on bullying in general. "There's a lot of fear," she says.

To raise awareness of the issue, Ahmed presented that research and urged schools to respond when she spoke as a panelist in two U.S. Office of Juvenile Justice and Delinquency Prevention-sponsored webinars in 2016—one on how educators and counselors can prevent bullying of Muslim students and another on how educators, counselors and community members can build Muslim youth's resilience.

Ahmed also holds workshops for educators, parents and others interested in Muslim youth. A priority is to alert Muslim parents—especially immigrants—that their adolescent children may be indulging in the same kinds of risky behavior as other American teens. "Oftentimes Muslim parents don't even consider that their child would be experimenting with drugs because drug use is prohibited in Islam," says Ahmed, adding that bullying and exclusion may increase the likelihood of adolescents and emerging adults engaging in risky behaviors.

The media must also change the way they depict Muslims to help prevent hate crimes,



says social psychologist Muniba Saleem, PhD, an assistant professor of communication studies at the University of Michigan in Ann Arbor. In an article in *Communications Research* in 2015, Saleem and co-authors described three experiments that tested reactions to media stereotypes of Muslims. The experiments revealed that exposure to news in which Muslims are depicted as terrorists was associated with support for military action in Muslim countries as well as support for unconstitutional policy proposals, such as not allowing Muslim Americans to vote or to own guns. The researchers also found that exposure to positive depictions of Muslims, such as a news clip about Muslim Americans volunteering during the holiday season, decreased participants' view of Muslims as aggressive.

Other psychologists are

developing interventions designed to fight all kinds of prejudice, including Islamophobia. One that has been studied specifically with anti-Muslim prejudice is the imagined contact strategy created by psychology professors Richard J. Crisp, PhD, of Aston University's Aston Business School in Birmingham and Rhiannon N. Turner, DPhil, of Queens University Belfast in the United Kingdom. The intervention is based on the idea that simply imagining a positive social interaction with a member of an outgroup—whether Muslims, people with mental illness, the obese or any other group—will lead to more positive views of that group.

“There have now been over 70 studies from independent laboratories all over the world demonstrating the positive impact mental imagery can

Research suggests that being called a terrorist or having a hijab pulled off can undermine a student's academic performance.

have on intergroup attitudes,” says Crisp, who reviewed the literature on imagined contact in a 2014 meta-analysis co-authored with University of Sussex psychology lecturer Eleanor Miles, PhD, in *Group Processes & Intergroup Relations*.

“A number of these studies have examined differences in religious beliefs as a basis for prejudice and shown that properly implemented imagery techniques can lead to a softening of such biases,” Crisp says.

There's still more work to be done in understanding how imagined contact works and in identifying the conditions that enhance or hinder its effectiveness, says Crisp. But, he says, “the breadth and depth of the empirical support give us hope that mental imagery could come to play an important role in combating prejudice and discrimination.” ■



POWER

PLAY

Psychological research shows that the powerful and the powerless see the world in very different ways

BY KIRSTEN WEIR

FINANCIAL EXECUTIVES who bend the rules until they break. Politicians who lie about sexual affairs. CEOs who embezzle funds. Reports of abuses of power are common enough to be cliché. But it's not just government leaders and head honchos who are subject to the influence of power. ¶ Power dynamics are present in nearly every human social interaction—between workers and managers, parents and children, romantic partners and friends. “Power is everywhere,” says Ana Guinote, PhD, an experimental psychologist at University College, London, who studies social hierarchies. ¶ In recent years, Guinote and other researchers have made strides toward figuring out how power—or a lack of it—affects the way we think and

behave. And for good reason: Understanding the effects of power can help us select stronger leaders, design better organizations and make healthier choices in our personal lives.

LIVING IN DIFFERENT WORLDS

Power comes in many flavors: wealth, social status and influence over others, just to name a few. Scientifically speaking, power is defined as asymmetric control over valued resources in a social relationship, says Adam Galinsky, PhD, a social psychologist who studies power at Columbia Business School. “When I have all the resources I need, I’m not dependent on others, therefore they don’t have power over me. But if I have resources other people want, then I have power over them,” he explains.

The scientific study of power has blossomed in the last decade and a half, since University of California, Berkeley, professor of psychology Dacher Keltner, PhD, and colleagues published a paper exploring the ways power influences behavior (*Psychological Review*, 2003). That paper detailed how the powerful and the powerless live side by side in different worlds. People who feel powerless are more likely to experience negative emotions, pay more attention to threats than to rewards, and behave in more inhibited ways. People in positions of greater power, on the other hand, are more likely to experience positive moods, pay attention to social rewards, make quick decisions and act in uninhibited ways.

Unsurprisingly, it can feel



PEOPLE IN POSITIONS OF GREATER POWER ARE MORE LIKELY TO EXPERIENCE POSITIVE MOODS, PAY ATTENTION TO SOCIAL REWARDS, MAKE QUICK DECISIONS AND ACT IN UNINHIBITED WAYS.

good to have power. A variety of studies suggest, for instance, that people who feel powerful feel freer to be themselves. In a series of experiments, Keltner and colleagues found that compared to low-power participants, those who felt powerful were more consistent in the way they described themselves over time. They also had less variability in the way they rated their personal traits in various contexts (*Journal of Experimental Social Psychology*, 2011).

In another example of authenticity, Galinsky and colleagues including Jennifer Whitson, PhD, an assistant professor of management and organizations at the UCLA

Anderson School of Management, found that people who were primed to feel more powerful were more comfortable sharing opinions that differed from the norm (*Journal of Personality and Social Psychology*, 2008). “Because they’re less constrained by others, their true selves are coming out—and that feeling of authenticity increases their well-being,” Galinsky says.

Powerful people are also goal-oriented, as Guinote described in a review of the literature that spanned a number of disciplines, including animal studies, social psychology, neuroscience and management (*Annual Review of Psychology*, 2017). “The powerful are more

keen on obtaining things they think are important, but they're also willing to work more toward their objectives," she says. "Power has a motivational influence on people."

In one classic illustration of that influence, Galinsky and his colleagues found that participants who felt more powerful were much more likely than their powerless peers to turn off a fan when left alone in a chilly room (*Journal of Personality and Social Psychology*, 2003).

"The powerful tend to be more likely to act," says Whitson. But until recently, it wasn't clear what was motivating them to take charge. Are the powerful better at seeing the advantages of taking action? Or do they just do a better job ignoring the risks?

To find out, Whitson, Galinsky and their colleagues assigned college students hypothetical goals: either starting a flower-selling business or traveling to the Amazon. Then participants read statements describing information that might help them or hold them back as they worked toward that goal.

The researchers found that participants were equally good at remembering advantages related to reaching their goal, regardless of whether they felt powerful or powerless. But those who felt powerful were more likely to forget the constraints they'd read about that could hold them back (*Journal of Experimental Social Psychology*, 2013). In other words, while the powerless saw a series of hurdles to reach their goal, those in positions of power saw a clear path to success.

"The powerful seem to be

action-oriented because the world they see is less threatening," Whitson says. "It's easier for them to take risks because they just don't seem that risky."

But in the real world, people with less power might actually have a more accurate view, Whitson adds. For the powerful, having a false sense of their capabilities could come back to bite them. "When you see stories of politicians who have done really ludicrous things, and you think, 'Did it not occur to them this would end up on the front page!?'—I think this is part of the reason why," she says. "If you're not aware of the risks, you can create situations that are very problematic for yourself."

USING POWER FOR GOOD

What's worse, powerful people also have the ability to create situations that are problematic for everybody around them. Because they tend to keep such a laser focus on their own goals, the powerful can discount the needs of others, be less willing to compromise and rely on mental shortcuts and stereotypes when they make decisions, as Guinote described in her 2017 review.

"It comes back to the definition of power. When we have power, we're less dependent on others and we can act in a more egocentric way," Galinsky says. "When we lack power, we need to serve others to access resources and we're more likely to act in a prosocial way."

Research from numerous labs, using various methods, has found that power reduces a person's ability to see things from

another person's point of view, as Galinsky described in a review on power and perspective-taking (*Journal of Experimental Social Psychology*, 2016).

And the powerful often see other people as a means to an end. In a series of lab studies, Galinsky and colleagues showed that people who felt greater power were more likely to make social connections based on how useful that person might be in helping them reach their goals (*Journal of Personality and Social Psychology*, 2008).

Self-centered leaders aren't just a problem for the people they step over on their way to the top. Their unethical decisions and bad behavior can weaken organizations or even whole societies. "Some of the most dangerous human instincts come from our inability to walk in someone else's shoes," Whitson says.

Lack of empathy, failure to see risks and a tendency to make quick decisions can be a devastating combination. "This is costly," Keltner says. "If you're privileged to be in a position of power, you have to approach that power ethically."

The good news, he adds, is that it can be done. "Great leaders do that."

Indeed, people inclined to be kind can—and do—use their power for good. In a study that included a field survey and a lab experiment, Katherine DeCelles, PhD, at the University of Toronto, and colleagues explored the interaction between power and moral identity, which they defined as the extent to which a person holds morality as part of his or her self-concept. They

FURTHER READING

How Power Affects People: Activating, Wanting and Goal Seeking

Guinote, A.
Annual Review of Psychology, 2017

The Power Paradox: How We Gain and Lose Influence

Keltner, D.
2016

Friend & Foe: When to Cooperate, When to Compete, and How to Succeed at Both

Galinsky, A., & Schweitzer, M.
2015

The Blind Leading: Power Reduces Awareness of Constraints

Whitson, J.A., Liljenquist, K.A., et al.
Journal of Experimental Social Psychology, 2013

found that people with a weak moral identity acted in self-interested ways when they had power. But among those with strong moral identities, power inspired them to be more selfless (*Journal of Applied Psychology*, 2012).

And Galinsky's 2016 review in the *Journal of Experimental Social Psychology* suggests that while power is generally associated with reduced perspective-taking, power might actually make it easier to consider other people's points of view when those leaders feel an increased sense of responsibility toward others. "Free from the constraints of others, people's true personality comes out," Galinsky says. "We need to select the right

people for power, people who already come in with a sense of responsibility to others."

Just in case, it's a good idea not to rely too heavily on a leader's moral compass, Galinsky says. Research on the psychology of power can help organizations create policies and systems to help hold leaders accountable for their behavior. "One way to increase perspective-taking in the powerful is through accountability," he says.

The study of power can also help inform psychologists in clinical practice. Feelings of powerlessness come into play in many domains, from poverty to anxiety, workplace problems to marital discord, says Keltner.

"For a lot of the problems psychologists grapple with, the solution is really about empowering people."

In many cases, people have a skewed view of their own ability to control their lives—in other words, they may not realize how much agency they actually have. Others accurately perceive their own power, but need to do a better job keeping it in perspective. "We need the benefits of power to move forward in life and step up to the plate, but we need to minimize the downside, that egocentric focus," Galinsky says. "Clinical psychologists can help people harness that sense of power, and steer it in the right direction." ■

● **To watch** Dacher Keltner, PhD, discuss his recent work on power, go to YouTube and search for "The Power Paradox."

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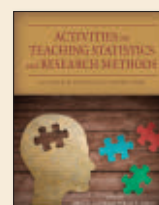
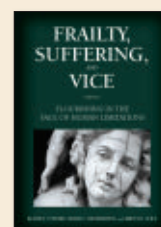
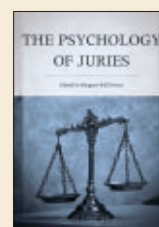
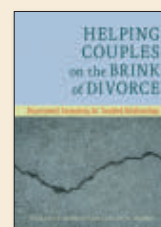
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Aging in Motion

Research is exploring what makes older athletes tick and how high-level sport participation affects their well-being

BY REBECCA A. CLAY

When psychologist Anne Bowen, PhD, broke her collarbone after falling off her horse, her physician didn't think it was a big deal when the bone failed to heal properly. "The implication was that I was too old to worry about it, that I could live with it," says Bowen, a 64-year-old University of Arizona psychology professor. Bowen couldn't live with it. In fact, she's so serious about dressage that she works with a trainer to help her achieve world-class skills. And she plans to keep it up for the rest of her life. Says Bowen, "I hope that's how I die—riding my horse." ¶ The experience launched Bowen into a new line of research examining the motivations of older athletes and the barriers they face. ¶ As the number of older Americans has soared, so has the number of older



HIKMET KANDEGDI of Turkey, born in 1932, competes in the men's pole vault event in the 80–84 age group at the World Masters Athletics Championships held in Lyon, France in August 2015.



people competing in sports. Since the National Senior Games Association was founded in 1987, for example, the number of athletes age 50 and older who compete in the event's 19 sports has nearly quadrupled. And psychologists, kinesiologists and others are exploring what motivates these competitive older athletes, how they benefit from staying so active and some possible downsides to late-life athletic competition.

DEFYING AGE

Bowen's qualitative interviews with older athletes have revealed some themes about why they compete. For some, it's no longer about the competition itself. "I care more about the process... than the goal," one 66-year-old athlete told Bowen, describing the many ribbons she had won in her past. "[T]hat doesn't interest me as much. I love the process. The process is intoxicating."

The older athletes also described the psychological benefits of exercise, the social network of fellow athletes and the physical benefits, including weight loss. "I expected to hear from my interviewees more social barriers—people saying, 'You're too old, you should quit, you'll get hurt,'" says Bowen. "But it seems to be more positive."

That finding is in keeping with research on older athletes'

motivations, according to Rylee A. Dionigi, PhD, an associate professor of sociocultural dimensions in the School of Exercise Science, Sport and Health at Charles Sturt University in Bathurst, Australia. In a 2013 paper in *Sport, Education and Society*, Dionigi and co-authors interviewed competitors in the World Masters Games. In contrast to the dominant cultural narrative of bodies in decline, they found that these athletes—with a mean age of 72—were simultaneously resisting, redefining and accepting aging.

Interviewees described participation in sports as a way to delay aging, for example. "I consider I'm not old at 80," one competitor told the researchers. "I'm just a little wearing out, but you're only as old as you think." Competitors also described the social, mental and physical stimulation sports offer. And they spoke of adapting to a loss of speed, agility or other physical characteristics by changing sports or continuing participation without worries about performance.

A growing body of neuroscience research suggests that intense activity may also help to delay cognitive aging. In a 2016 study in *Neurology*, for example, researchers asked almost 900 racially and ethnically diverse older people about their leisure-time physical activities

over the past two weeks. An average of seven years later, the researchers checked their cognitive performance and then again five years after that.

The 10 percent of participants who had reported moderate- to high-intensity activities—vigorous exercise such as running or aerobics—had slower declines in cognitive functioning than the 90 percent of participants who had reported only light activity—such as walking or yoga—or no physical activity at all.

Among those who had no cognitive problems at the start of the study, the low-activity group showed greater declines over five years in processing speed and episodic memory even after the researchers adjusted for smoking, high blood pressure and other factors that could affect brain health. The difference, the researchers concluded, was the equivalent of a decade's worth of aging.

While physical activity didn't help the people who were already showing signs of cognitive problems or memory loss at baseline, the study suggests that activity may help protect healthy brains, says co-author Clinton B. Wright, MD, who conducted the research while at the University of Miami's Miller School of Medicine and has since moved to the National Institute of Neurological Disorders and Stroke. But more research is needed, he adds.

"This was an observational study," emphasizes Wright. What's needed, he says, are randomized clinical trials to confirm that exercise can help delay the brain's aging. "Innovative approaches that take into

ROSEMARY CHRIMES

of Great Britain, born in 1934, focuses before her winning throw in the women's shot put event at the British Open Masters Track & Field Championships in September 2013.

OLGA KOTELKO

(1919–2014) at the world Masters Indoor Athletics Championships in Budapest in March 2014. Kotelko competed in nine different events, creating seven new world records for the women's 95–99 year age group.

PAT MOORHEAD,

world champion skydiver of the United States, born in 1931, competes in the Parachutists Over Phorty Society World Championships in Eisenach, Germany, August 2016.

Since the National Senior Games Association was founded in 1987, the number of athletes age 50 and over has quadrupled.





account real-life challenges, such as so-called ‘pragmatic’ clinical trials, are of particular interest,” says Wright.

Research on the brain of an older Masters athlete named Olga Kotelko offers provocative hints that intense exercise could offer even greater protective benefits. A retired teacher turned late-life athlete, Kotelko took up softball at age 65, switched to track and field at 77 and went on to set world records and win hundreds of gold medals in World Masters Athletics events before dying at 95.

In research published in 2016 in *Neurocase*, cognitive neuroscientist Agnieszka Z. Burzynska, PhD, an assistant professor of human development and family studies at Colorado State University in Fort Collins, and colleagues compared the 93-year-old Kotelko’s results from magnetic resonance imaging and cognitive tests with results from a group of healthy but low-activity women who were 20 years younger, on average.

While Kotelko’s brain did show some age-related changes, what was surprising was how intact Kotelko’s white-matter tracts were, especially in the genu of the corpus callosum, which contains fibers connecting prefrontal brain regions responsible for higher-level cognitive functioning. Although the genu is the part of the white matter most susceptible to aging, says Burzynska, Kotelko’s genu was in better shape than those in the younger group.

Burzynska believes that it wasn’t just exercise that made Kotelko’s brain so resilient, but

“We can’t guarantee that everybody who takes up sports right after retirement will have their first gold medals and an improved brain. But it shows evidence that there may be some benefits of taking up activity or staying active into old age.”

AGNIESZKA Z. BURZYNSKA, PhD, COLORADO STATE UNIVERSITY

her overall activity level and her willingness to take up challenges, including sports, volunteering and travel. To borrow a term from animal research, says Burzynska, “Olga put herself in an enriched environment.”

“We can’t guarantee that everybody who takes up sports right after retirement will have their first gold medals and an improved brain,” adds Burzynska, noting that this is a single case study of a brain at one point in time. “But it shows evidence that there may be some benefits of taking up activity or staying active into old age.”

A NUANCED PICTURE

When it comes to the psychosocial outcomes of later-life participation in sports, research shows it’s actually a mixed bag, says Amy M. Gayman, PhD, an adjunct faculty member in the kinesiology department at Wilfrid Laurier University in Waterloo, Canada.

In a 2016 review of the literature on sports participation in individuals 65 and older, published in the *International Review of Sport and Exercise Psychology*, Gayman and her co-authors found that participation in sports gives older people a sense of competence, enjoyment, new social relationships

and a more positive identity in addition to a cognitive boost.

The literature review also revealed that sports can be empowering for older women, though less so for older men.

“Whereas men were more likely to look at their performance results and make comparisons with younger people’s and women’s results, women looked at their own results and felt empowered by what they were achieving regardless of what they had done before or what others were achieving,” says Gayman. But for men and women alike, the declines in performance that inevitably accompany aging could be disheartening. “When performance declined, they experienced some negative emotions, more specifically a fear of aging,” says Gayman.

The risk of activating such fears wasn’t the only downside to sports participation, says Gayman.

Older athletes may also face some resistance from others in their lives. When you think about sports, your mind goes to young people, not 80-year-olds running marathons, says Gayman. Such stereotypes underlie some of the feedback older competitors receive. “People say, ‘What are you doing training and competing? You’re an older person.

IRENE OBERA

of the United States, born in 1933, crosses the finish line in gold medal position in the women’s 100m dash at the World Masters Athletics Championships, Lyon, France, August 2015. Her time was 17.57 seconds.





ROB JEROME

Cover Story

Isn't it time you relax and enjoy life?" says Gayman. There can also be tension within families, as spouses and others grow resentful of the time older people spend on training and competing when society expects them to be taking things easy at home.

What's needed is more research in this emerging field, says Joseph Baker, PhD, a co-author of the paper and a professor of kinesiology and health science at York University in Toronto. "What we concluded at the end of our systematic review is that we don't have enough information," he says.

Most of the data focus on physical health, Baker points out. "If we look at it that way, then absolutely, participating in sports is good," he says. "But if we look at it in other ways, it may not be." Health isn't a single, multidimensional concept, he says. "With Masters and older athletes, we know a lot about the

BAKER SHANNON, 91, of The Woodlands, Texas Masters Swim Team, has won two dozen gold medals in swimming meets around the country in the freestyle, backstroke, breaststroke, butterfly and individual medley.

physical aspect and are starting to know more about the cognitive and social aspects, but there's nothing about other elements of health—emotional, spiritual and other dimensions."

"Sports" isn't a single thing, either, says Baker, noting the differences among sports that emphasize power, endurance, speed and strategy. Certain sports, he says, may be better for older athletes than others. In addition, he adds, the research samples the research draws on don't reflect the diversity of older athletes. "If you go to the World Masters Games, it's predominantly relatively affluent people of European descent, usually from North America or Australia," he says.

"The message so far is, 'Sport is great. Look at older athletes; they seem to represent a model of successful aging,'" says Baker. "But it's much more nuanced than that." ■

DOCUMENTING MASTER ATHLETES

When a friend at the gym asked Rob Jerome to photograph his high jumps, the amateur photographer had no idea he was doing more than helping the man improve his form. But the experience was transformative. Over the last decade, Jerome has traveled around the world photographing Masters athletes in action.

"I was amazed that my friend could still jump over six feet in his early 40s," says Jerome, a retired management consultant. "But that's nothing compared to what some older Masters athletes can do."

Jerome publishes his photographs and shares them with athletes. He also uses them as the basis for anti-ageism talks he gives at medical schools and other venues, including APA's 2016 convention. His message? Don't be so quick to dismiss older people and their abilities. Says Jerome, "When I show doctors what people can do in their 70s, 80s and 90s, it knocks them back on their heels."

—Rebecca A. Clay

● **Digital extra:** To see some of the photos by Rob Jerome, visit www.apa.org/monitor/digital/olderathletes.aspx.

SECRETS OF A GREAT GROUP PRACTICE

These top practices offer opportunities for research, pro bono work, built-in CE and more to create a working environment that attracts clinicians and clients alike

BY JAMIE CHAMBERLIN

After Anahi Collado, PhD, completed her postdoc at Emory University in Atlanta, the university recruited her for an assistant professor's job there. But she turned it down when an unusual, but appealing, opportunity opened up: The ability to conduct research in-house at Alvord Baker & Associates, a group practice with two locations in Maryland.

Now, Collado spends 80 percent of her time providing therapy and 20 percent conducting outcomes research in the practice and in local public schools where she studies a resilience program. The practice also has a full-time research assistant and director of research to support the clinicians who are part of the research team, which collaborates with Catholic University.

"I have the scientist-practitioner model that everyone aspires to have," she says. "Here, it's a reality."

Offering in-house research is also part of the allure at Portland Psychotherapy Clinic, Research and Training Center in Portland, Oregon. Founding partners Jenna

LeJeune, PhD, and her husband, Jason Luoma, PhD, were both trained in the scientist-practitioner model and wanted to design a practice that lived up to that ideal. "Even for the clinicians on staff who don't have research time, they see it as a really valuable part about why they are here," says LeJeune, who, with Luoma, detailed their approach in *Professional Psychology: Research and Practice* in 2015.

Providing research opportunities is just one of the ways these successful group practices appeal to clinicians—others include offering flexible scheduling, community service and mentoring. The *Monitor* talked with LeJeune and others to find out how they have created group practices where clinicians feel valued and empowered and clients love to visit.

■ **Encourage personal growth.** Another popular feature at Alvord Baker is in-house continuing-education programs offered twice a month on such topics as ethics, telehealth and interjurisdictional

Staff at IntraSpectrum Counseling in Chicago meet regularly to hash out difficult cases in depth. From left to right: Rena McDaniel, Caleb Collins, Iggy Ladden, Dr. Jamie Gayle, Erica Steenbergen, Dr. Lindsay Doyle, Devon Migues and Dr. Cynthia Doodeman.



JEFF SCORTINO





practice—many of which are presented by clinicians on staff. “We are always learning and always presenting,” says founding partner Mary Alvord, PhD, who has a part-time staff member devoted to organizing CE.

Professional development is also a priority at Portland Psychotherapy, which offers lunchtime learning talks. In addition, every six months each clinician meets with Luoma to discuss ways they can grow professionally. “It’s really helpful because I don’t think I would think as much about the big picture without that meeting,” says staff psychologist Melissa Platt, PhD. “There is a lot of attention to professional development here even when we are not outright seeking it.”

Clinicians at Southeast Psych—with locations in Charlotte, North Carolina, and Nashville, Tennessee—are encouraged to be bold: Recently, one of the practice’s licensed professional counselors, Myque Harris, MS, who is also a certified yoga instructor, asked her partners about revamping

“We try to get to know each other as human beings and meet each other’s families and know what is going on in our lives. It has made it a totally different place to work.”

JENNA LEJEUNE, PhD, GROUP PRACTITIONER
PORTLAND, OREGON

her office space so she could combine her clinical work with yoga instruction—teaching children, teens and adults yoga poses and breathing strategies that could reduce their anxiety and depression.

“Something I saw as a far stretch, they saw as something great I could offer the community,” she says.

Now she has an office with enough open space to instruct up to six clients at a time.

■ **Provide a great space.** LeJeune and Luoma renovated an 1889 Victorian home in downtown Portland to house their practice and gave each clinician his or her own room. Platt says the cozy surroundings boost her mood

and make the experience of seeing a therapist more enjoyable for her clients.

“I have worked in places where the therapy rooms were sad with no windows,” she says. “Clients comment all the time that our environment feels therapeutic.”

Likewise, IntraSpectrum Counseling in Chicago, a group practice with psychologists and social workers specializing in serving the LGBTQIA community, creates a welcoming environment by having LGBTQIA magazines in the waiting room, gender neutral bathrooms and even brewing a local coffee brand that has LGBTQIA-affirmative policies for staff and clients. They keep the staff pantry stocked with cheese sticks, granola bars and La Croix sparkling water to keep people’s energy levels up.

“Staff only have a few minutes between sessions and you often end up thinking about your growling stomach in the session,” says Rena McDaniel, MEd, LCPC, IntraSpectrum’s chief

operating officer and a staff therapist. “It solves a big problem in a simple way.”

Clinicians at Southeast Psych, a general group practice with more than 50 providers, say the fun, positive environment is among the reasons they find their work so rewarding. When clients and their parents come for an appointment, a hostess greets them and offers refreshments and a professional cosplayer wearing superhero or princess costumes entertains younger children before sessions, while older children can play X-box games. The practice also has a theatre in its Charlotte office to host speakers and films for clients or staff. Their philosophy? Break the mold on practice design.

“You don’t have to have a water fountain,” in your practice, says founding partner Frank Gaskill, PhD. “But if you do, make it really cool.”

■ **Make it fun.** Several of the practices offer just-for-fun team-building experiences. The team at IntraSpectrum chooses a yearly activity such as bowling or a cooking class to attend together—and all wearing wigs for a festive twist. Staff at Southeast Psych carve out two hours on the last Wednesday of the month for play, such as having pizza and watching a movie or playing arcade games.

LeJeune and Luoma host board games and cocktails at their house once per month as a way for the whole practice to connect. “We try to get to know each other as human beings and meet each other’s families and know what is going on in our lives,” says

LeJeune. “It has made it a totally different place to work.”

■ **Offer flexibility.** For Harris, who came to Southeast after a stint in a Charlotte private school, getting to set her own hours allows her time to attend school events with her young daughter. “A lot of places talk work-life balance but aren’t really living it,” says Harris, who doesn’t work Fridays and only works half days on Wednesdays. “We are definitely living it here.”

Alvord also encourages her staff to set their own hours—and invested in high-quality video-conferencing technology so that staff who can’t make it into the office on meeting days can connect from home. “Everyone can see each other even if we can’t all physically be in the same office,” she says.

■ **Create a supportive environment.** At IntraSpectrum, clinicians have weekly “consultation pods” where four or five clinicians with similar schedules meet to talk through difficult cases in depth. More informally, people make it a priority to carve out time during the day to talk through challenges. “People often say that it’s a way to be independent in your work, but connected,” says McDaniel.

At Portland, clinicians triage cases every other week and “check in on where we need support in our clinical work and our personal life,” says LeJeune. Clinicians at Southeast Psych are assigned mentors during their first year with the practice; every new hire attends one lunch and one breakfast each month with

his or her mentor to talk about his or her work with clients and how to build their practice.

■ **Serve the community.** Giving psychology away is an important common goal among the clinicians at Alvord Baker—many give free talks at local social service agencies and schools on such topics as cognitive-behavioral therapy and managing anxiety. They take turns facilitating monthly support group meetings of the local chapter of CHADD (Children and Adults with Attention-Deficit/Hyperactivity Disorder). In Charlotte, the clinicians at Southeast Psych do the same. Harris has given seven talks this year on such topics as how meditation can help children with ADHD and talking to children about sex. Southeast Psych also created “Psychology for All,” a nonprofit arm of the practice that offers discounted services to local residents who can’t afford psychological care.

As rewarding as these practices are, though, Gaskill says there is a downside to having a popular group practice: You often have to turn away great clinicians who want to work there. Southeast Psych gets at least two new resumes every week from prospective therapists.

At least one of those psychologists was inspired enough to create his own version. “He wrote to me eventually and said, ‘You guys rejected me, but I read your book, took it to heart, quit what I was doing and now I have my own group practice,’” says Gaskill. “Fifteen people now work for him; it is really cool to see that.” ■

FURTHER READING

How We Built Our Dream Practice: Innovative Ideas for Building Yours
Verhaagen, D., & Gaskill, F. 2014.

Resilience Builder Program: Practice and Research in a Private Clinical Setting
Alvord, M.K., & Rich, B.A. *Independent Practitioner*, 2012.

The Integrated Scientist-Practitioner: A New Model for Combining Research and Clinical Practice in Fee-for-Service Settings
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PREMARITAL COUNSELING: A VITAL, UNTAPPED NICHE

These practitioners help couples create happy, lasting unions by offering guidance on conflict resolution and more

BY TORI DEANGELIS

While in graduate school, Meredith Hansen, PsyD, watched as many of her peers fell in love and exchanged vows. But not long into their marriages, she noticed many of the couples didn't seem happy. "They weren't fully depressed, but they weren't as happy as you'd expect," she recalls.

That observation led her to write her dissertation on women's expectations in the first year of marriage, and then to obtain additional training in relationship counseling. In 2009, she launched a couples-focused practice, including premarital counseling as one focus. "It seemed really important to me to help couples get set up and start off right in their marriages," says Hansen. "Talking about things in advance, getting on the same page, hearing what each other's needs and expectations are—just having those conversations, which a lot of couples don't necessarily have, is really important."

Research supports that belief. A classic 2003 study in the journal *Family Relations*, for example, found that couples who had completed some form of premarital counseling had a 30 percent increase in marital satisfaction compared with those who hadn't

undergone such counseling.

Hansen offers her premarital counseling services in five 50-minute sessions at a reduced rate from her standard counseling sessions. She works with engaged couples on such topics as their reasons for wanting to marry, finances, in-laws, intimacy and conflict resolution.

Her practice has been successful, in part because she does work to bring clients in, promoting her services on Google AdWords as well as through public speaking and bridal fairs. She says engaged couples may feel a stigma about such counseling—fearing that premarital counseling implies that their relationship is in trouble.

STRENGTH FOCUSED

But even though premarital couples can be a difficult clientele to reach, says Hansen, the work is an attractive career niche because the population tends to be excited about the next step in their lives. Also, such counseling employs a lighter touch than traditional couples counseling: Instead of focusing on deeper psychological issues that might be driving relationship problems, for instance, premarital counseling is more "tool-focused, skill-focused and

strength-focused," she says.

Because couples are so motivated, the work also produces rapid, tangible results, she says.

"It's fun to be in on that ground level and teach them tools to help them stay excited and see the strength in their relationship, even when they are a little uncertain or scared," she says.

A LIFELONG JOURNEY

Susan Gamble, PsyD, also finds premarital counseling gratifying and even fun. "It can break up a day filled with clients who have anxiety, depression and conflicted relationships, with people who express love, joy and excitement," says Gamble, who devotes about a quarter of her practices in Pasadena and Murietta, California, to such counseling.

Like Hansen, Gamble offers blocks of six or 12 sessions for a fixed fee. In addition to addressing issues that couples raise, Gamble focuses on such topics as setting up a household and budget, planning a family, sex and more.

She also encourages couples to discuss how their families of origin handled holidays and vacations, helping them consider ways to intertwine their experiences to create their own new traditions.

Those most likely to seek out and pay for such services are young professionals, so she tailors her marketing strategies accordingly, offering weekend and evening hours, for example. Facebook is another good vehicle for reaching this group, she says. Engaged couples also call for a different office "look" than traditional clients, Gamble notes.

This is the second article in the Monitor series "No Insurance Required," which explores practice niches that don't involve working with insurance companies.

Before seeing these clients, she may replace clinically oriented magazines with wedding planning magazines, for example. She also has two comfortable chairs so each person has his or her own space.

When a couple's sessions end, Gamble suggests that they return for a free "booster shot" in the same way they'd return to their primary-care physician for an annual physical. "I like to give the message that marriage is a lifelong journey, and that you sometimes need a nonjudgmental ear to help you sort out conflicts," she says.

COMMUNICATION SKILLS

For marriage counselor Susan Heitler, PhD, skill deficits often lie at the heart of couples' inability to create happy, stable, long-lasting marriages.

"Most of the couples who come to me for relationship difficulties lack sufficient marriage communication skills," the Denver-based practitioner says. "They almost all need to learn how to talk more cooperatively about sensitive issues, make important decisions in a mutual way, express their anger in non-threatening ways, and share affection, appreciation and assistance."

To help clients build these skills, Heitler has developed a 12-session program that trains psychologists and others to provide premarital, couples and marriage workshops. The kit also includes marketing

suggestions such as using radio advertising and fostering relationships with church leaders.

Undergirding all of Heitler's work is an emphasis on conflict resolution. She teaches couples to move from staking out initial positions and defending them, to cooperatively laying out their concerns and creating win-win solutions. "When couples engage in this process of collaborative dialogue and shared problem-solving instead of fighting, avoiding, dominating or compromising, they can virtually always create a plan of action that feels mutually gratifying," she says.

Heitler is convinced that relationship conflicts lie at the root not only of poor marriages, but also of many mental health problems including depression, anger, addictions and anxiety. As such, getting trained on the specifics of conflict resolution as it relates to relationship difficulties could beef up psychologists'

ability to contribute to more peaceful families and a more peaceful society. "My hope is that by learning how to coach couples in the skills for a maturely loving relationship, psychologists can contribute in a major way to creating a better world," she says. ■

Couples who undergo some form of premarital counseling have a 30 percent increase in marital satisfaction, a study suggests.



FINDING MENTORS WHO HELP STUDENTS SOAR

For minority students, finding mentors can be a challenge. Here's how they can overcome barriers to get the help they need.

BY TORI DEANGELIS

As an undergraduate at the University of California, Irvine, Jeanett Castellanos, PhD, was just glad she'd made it to college. Neither of her parents—both Cuban refugees—had graduated from high school, and they were exuberant about their daughter's success. "I thought I would just get a BA. I didn't think there was anything further," Castellanos says.

But that changed when a friend sought to introduce her to a professor who, she told Castellanos, "is going to change your life," Castellanos recalls. He was Joseph L. White, PhD, now professor emeritus at the university and renowned for his life-changing mentoring of many students. As soon as Castellanos walked into his office, she was greeted by "this charismatic, personable man" who helped her sketch out her educational trajectory on his wall-to-wall chalkboard.

Castellanos fulfilled the vision they outlined that day, which included a master's degree in counseling psychology and a doctorate in higher education. She went on to become director of UCI's Social Science Academic

Resource Center, where she helped numerous undergraduate students secure the tools they needed to be ready for grad school. Today, she's a tenured faculty member with her own research mentoring program, and she and White are co-authoring a book on mentoring.

Castellanos's story speaks to the power of this vital academic relationship—how connecting with the right people at the right time can vastly influence a student's school and career trajectory. Yet for first-generation students and many minority students, finding good mentors and getting the most out of these connections can be daunting. That's because in many cases they're not versed in the culture of academe, says White.

"These students are entering a new way of life, and they have to understand that it's more than just the academic side of college or grad school that's important," he says. "They need to get connected to the decision-makers in the field."

The obstacles to finding mentors and otherwise gaining a strong foothold in academe can be psychological as well, says

Minority students "have to understand that it's more than just the academic side of college or grad school that's important," says Dr. Joseph L. White, professor emeritus at the University of California, Irvine.



Kevin Cokley, PhD, professor of counseling psychology and African and African Diaspora Studies at the University of Texas at Austin. His research shows that graduate students of color are more likely than white students to experience the "impostor phenomenon"—the belief held by some high-achieving people that they're frauds and will be seen as such. This phenomenon takes on



added significance for students of color because they may internalize stereotypes that they're in school simply because of affirmative action, says Cokley, whose results are in press at the *Journal of Counseling Psychology*.

"So when you combine that with what most grad students feel about imposterism," he says, "it becomes racialized."

Fortunately, there are ways to overcome such challenges and

find great mentors who can help students achieve their highest potential. Here's advice from students and psychologists versed in this valuable relationship:

■ **Know that you need them.**

Mentors aren't a luxury—they're a necessity, says Andy Choi, a fourth-year student at the University of California, Santa Barbara, and member of the APAGS Science Committee.

"A lot of the training and socialization that happens in our field is very interpersonal, and those elements aren't necessarily structured into your coursework," he says. So students should recognize that they need others who are more advanced in the field to guide them, he says.

■ **Seek many mentors.** The complexity of grad school and crafting a career trajectory means that one mentor is not enough. To succeed, students need mentors to help them gain skills in a range of relevant areas, whether it's in academia, research, networking or other.

University of Missouri psychology professor Lisa Flores, PhD, for instance, recommends that students have one mentor for their research development, one for networking and finding service opportunities, and another for navigating the world of practice. She also encourages students to seek mentors at different career stages—not just full-fledged faculty or professionals, but peer mentors as well. "Each person has something different that they can contribute to your career," she says. Students should also ask others to recommend people who can guide them, such as advisors, faculty members and fellow students.

Students in research-oriented programs are particularly likely to need more than one mentor—faculty who can address different aspects of the science they are studying, whether in content or methodology, says Choi.

■ **Choose thoughtfully ...**

Students should think about the

types of mentors who can best round out their experiences, says Jasmín Llamas, PhD, an assistant professor at Santa Clara University. When she entered grad school, she spent her first year figuring out the kinds of training she was already getting and what she needed to fill in. By her second year, she was prepared to chat with her advisor about her direction and possible mentors who could help get her there. “It’s really smart to get a feeling for what you need before you dive in,” she says.

For many minority students, it can also help to find at least one mentor with whom they have a strong interpersonal connection. Llamas felt fortunate to have had an undergraduate professor who took strong interest in her academic success and helped guide her into the world of research. It was also a plus that she was, like Llamas, Latina. “We are both quite petite, but the way she carried herself really modeled for me that, ‘OK, you can have something to say,’” Llamas says.

■ **... and speak carefully.** In a related vein, consider what you want to learn before meeting with your mentor, recommends Joelle Taknint, chair of the APAGS Committee for the Advancement of Racial and Ethnic Diversity, which works to promote a psychology pipeline that represents the nation’s ethnic diversity. “Be clear from the beginning about what you’re hoping to get out of the experience, and find out what they’re willing to give,” she says. When mentoring relationships



Mentors aren’t a luxury—they are a necessity.

don’t work, it’s often because there’s a mismatch in expectations concerning the scope of the mentoring relationship, she says. “Clear expectations upfront can help both mentor and mentee figure out what is most important for the mentee to get out of the relationship, whether it’s networking, research mentoring, preparation for clinical work or other,” Taknint says.

■ **Leave your comfort zone.** Students shouldn’t limit themselves to mentors within their own departments. Going outside the psychology department can provide a more neutral sounding board for students’ academic concerns, goals and desires. And for students pursuing interdisciplinary research, going outside the department is, for obvious reasons, a necessity.

In Choi’s case, a positive experience with a research mentor from his university’s department of education blossomed into a decision to gain an extra master’s degree in

quantitative methods—an expertise he knows will be valuable in his future research and when he’s seeking an academic position. “The takeaway for me is to be open and flexible about finding mentorship outside your immediate field,” he says.

■ **Transcend your own stereotypes.** While it might make sense initially for students to seek out mentors who share their ethnic or racial background, doing so isn’t necessary for success, says Flores. In fact, a 2011 study in the *Journal of Social Issues* by Stacy Blake-Beard, PhD, of Simmons College, and colleagues found that while minority students may prefer mentors with similar backgrounds, students with different-group mentors have the same academic outcomes as peers with same-group mentors. What’s more, it can be hard to find faculty mentors of color because they are few in number and often swamped with mentorship duties.

In Flores’s case, most of her mentors have been white, and all have been essential in guiding her career trajectory, she says. Many have been white women who themselves have experienced discrimination in academe. Some also come from low-income backgrounds, a further impediment to academic success.

“These relationships challenged some of my own stereotypes about mentoring”—including that white faculty tend to come from privileged backgrounds and hence might be difficult to relate to. When that proved untrue, it was a valuable lesson, and it’s a good one for

RESOURCES

APA Div. 45 (Society for the Psychological Study of Culture, Ethnicity and Race)

Offers a mentoring program for diverse students
<http://division45.org/students/division-45-mentoring-program>

APAGS Committee for the Advancement of Racial and Ethnic Diversity

Offers webinars and much more
www.apa.org/apags/governance/subcommittees/cared.aspx

APA Office of Ethnic Minority Affairs

Offers publications and other resources
www.apa.org/pi/oema/resources/associations.aspx

psychology students in general, Flores says.

■ **Get out there.** Students can also connect with new mentors by volunteering or applying for teaching or research positions, Taknint suggests. When she was considering graduate school but wasn't sure whether her application was competitive enough, she took off a year after college and volunteered in the Marquette University lab of Lucas Torres, PhD, who studies Latino health disparities. One day Torres asked her to stick around after a meeting, and he spent the next hour encouraging her to apply to grad school. "He told me he thought I had what it takes, and that he

wanted to do whatever he could to help make that happen," Taknint remembers. "That was huge for me, and it gave me the little kick I needed to give grad school a shot."

Students should also get involved with APA, APAGS, their state psychological associations and relevant ethnic-minority psychological associations—great places to find professional and other kinds of mentors, Taknint advises. "Any way to get involved in professional communities is a plus," she says.

■ **Give back.** Mentoring is often seen as a one-way relationship, with mentors giving and mentees

receiving. Instead, students should think of it as reciprocal, and consider ways of giving back, Flores recommends. A particularly valuable way is simply sharing your achievements, both personal and professional. "Don't be shy. Mentors have invested in you as a person and a professional, and they want to be able to celebrate your successes," she says.

Another important way to give back: Become a mentor yourself, including by mentoring peers in earlier stages of graduate study within your program or lab. When Castellanos told White that she wanted to repay him for everything he'd done for her, his answer was always the same: "Pass it on." ■

● **Want more insights** for helping low-income grad students succeed? Go to <https://psychologybenefits.org> and search for "strategies for success."

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PROTECTING THE PLANET WITH BEHAVIORAL SCIENCE

At the Environmental Defense Fund, Rainer Romero-Canyas is helping scientists, economists and policy experts promote environmentally responsible behavior worldwide

BY HEATHER STRINGER

A native of Venezuela, Rainer Romero-Canyas, PhD, has witnessed the glaciers melting away from the tops of the Andes mountains as a result of climate change. Now he is using his psychology expertise to address such consequences of pollution. Based in the New York City headquarters of the Environmental Defense Fund (EDF), Romero-Canyas is one of 540 employees who work with organizations around the world to solve environmental problems.

What do you do at the Environmental Defense Fund?

In a basic sense, my job is to remind my internal colleagues that, like all behaviors, people's behaviors in relation to our environment are determined by a variety of forces, many of which are outside of our awareness.

For example, many people's thoughts about climate change are not based on scientific knowledge, but rather on standing with their "tribes," such as political parties or religious affiliations. I do original research in collaboration with academic partners to understand the best ways to communicate environmental issues to the public, business leaders and government entities and to promote environmentally responsible actions.

Could you give examples of your research?

One of the projects I'm particularly excited about is related to the fact that consumers will likely start paying a carbon tax on products in the future. EDF is working on ways to implement this without upsetting people. We run experiments online using panels of respondents to identify how to talk to people about carbon emissions and increase willingness to pay the tax. If consumers are buying a new computer, for example, would they prefer to see that they are paying a \$5 carbon tax that will be used to plant a new forest to clean the air? Or is it better to raise the price of the computer and say the computer company is paying the tax?

I recently worked on a project focused on how to convey information to the public about the environmental implications of natural gas leaks. One of the issues was that people tend to think of dangerous explosions when they hear the term "gas leak," but we wanted them to focus on the environmental harm of smaller leaks over time. Methane is a powerful short-term greenhouse gas, so many small leaks contribute to warming the planet at a fast rate, faster than CO₂. Using experiments, I helped my colleagues select colors on the gas leak maps based on my knowledge of human reactions to different colors. Our initial designers wanted to color the smallest

leaks green, but our testing showed that this confused audiences because green is considered positive. We eventually settled on a yellow to orange spectrum. Our goal was to motivate cities to upgrade older gas pipes to decrease leaks.

Now I'm working on a set of interventions to promote compliance with conservation practices among fisherman in rural, developing parts of the world. I'm conducting behavioral experiments to find the best way to help fisherman understand the economic, ecological and social costs of overfishing. We designed surveys to learn about the community's beliefs about fishing and regulation in their town. Then we developed field experiments that used a game to simulate the types of rules that could be created to promote conservation. We're using the study results to develop interventions and campaigns on a larger scale for that area.

How did you get the training and experience needed to get your job?

I studied psychology as an undergraduate at Yale, where I focused on social and developmental psychology and neuroscience. After college, I worked for two and a half years as a research analyst in Venezuela, where I helped a group of retired professors instigate behavioral change in employees. For example, we partnered with oil refineries that wanted to increase employees' compliance with



“My job is to remind my internal colleagues that, like all behaviors, people’s behaviors in relation to our environment are determined by a variety of forces, many out of which are outside of our awareness.”

safety protocols. This experience taught me how to apply psychological science to industry settings.

When I returned to the United States, I started graduate school at Columbia University, where I worked with Dr. Geraldine Downey on research related to the fear of rejection and the need to be accepted as motivation for group behavior. Then I was a postdoc at Columbia, where a lot of my research was about identity and social connections, the strongest motivators for many of the decisions we make about environmental and political issues.

How did you find out about the position?

When I started looking for a job as a postdoc, I knew I wanted to work in a field or organization that had a clear goal of improving the lives of people in some

way. I was open-minded about what this could look like—anything from education evaluation to poverty reduction efforts. Then I saw the job listing for the Environmental Defense Fund in my email inbox—I received it because I was on a listserv for APA’s Div. 8 (Society for Personality and Social Psychology).

What is most challenging about your work?

When I started in 2012, I was the first person at EDF who had been hired to work primarily in social science and psychological approaches. A lot of my colleagues had lay theories of the human mind that were not consistent with psychology’s deterministic way of looking at people. In general, people believe that they are in control of everything in their lives, so they can be resistant to ideas

like the framing effect, social norms and other well-documented phenomena. As the only full-time staff member devoted to social and behavioral sciences, I was often stretched thin, but in the last year we hired a fantastic research assistant who has been working with me on a dozen projects.

Is there anything else readers should know about your work?

I believe society needs more rigorously trained psychological scientists to shape policy decisions made by leaders and governments. Social psychologists tend to do studies and produce knowledge but not always share it with the world. I can’t think of a better time to do this because we are in the midst of significant transitions with the new president, Brexit and rise of populism around the world. ■

EIGHT WAYS TO TAKE CHARGE OF YOUR FINANCES

Financial literacy isn't usually part of the graduate school curriculum. Here's what students and early career psychologists should know as they embark on their careers.

BY AMY NOVOTNEY

After amassing \$180,000 in student loan debt while pursuing his doctorate, Todd Hilmes, PsyD, felt so overwhelmed that he couldn't open his monthly loan statements. "I was definitely burying my head in the sand," says Hilmes, who earned his doctorate in 2011 and is now a clinical psychologist with the U.S. Department of Defense. "I was totally unprepared for what my options were when I started to repay it."

Hilmes is not alone. Research led by clinical psychologist and certified financial planner Brad Klontz, PsyD, of Lihue, Hawaii, has shown that compared with people in many other occupations, mental health professionals are more likely to have "money avoidant" attitudes, leading them to push aside their thoughts about money (*Journal of Financial Planning*, 2012). He's also found that these money-avoidant attitudes negatively affect psychologists' financial health. In a survey of more than 250 professionals from a variety of fields, Klontz found that mental health professionals are significantly less likely than comparable professionals to pay off their credit cards each month, to have money

set aside for emergencies, to follow a budget, to have adequate insurance and to feel comfortable with their financial status (*Journal of Financial Therapy*, 2015).

He believes those characteristics were fostered in graduate school. "I was indoctrinated into the belief—as many of us were—that if you came into psychology to make money, you were in the wrong business," Klontz says. "Psychologists are just more likely to believe that money corrupts people, that there's virtue in living with less money and that we don't deserve a lot of money when others have less than us."

And such beliefs, he says, are associated with worse financial health, lower income and lower net worth than comparable professionals. How can students and early career psychologists better confront their financial issues? Klontz and other experts offer this advice:

1 GET PAST YOUR DISCOMFORT Klontz encourages students and early career psychologists to use their cognitive-behavioral training on themselves to examine any anxiety they may have about money and their beliefs about it. For example, in questioning

one's belief that money corrupts people, you may find several examples where this is true, but it is by far not universal. "There are also many examples of people who are incredibly wealthy and who do incredibly wonderful things for people," Klontz says.

2 UNDERSTAND YOUR FULL FINANCIAL PICTURE

If you're a prospective student, find out precisely how much money you'll need to borrow to earn your degree. Tally tuition and the many other associated costs of obtaining a graduate degree, such as meals and living expenses, says Eddy Ameen, PhD, who directs APA's Office on Early Psychologists. "It's those indirect costs that people don't always think about that can really derail folks financially, like how much is rent going to be if they go to school in a large metropolitan area like New York City as opposed to a place like Columbus, Ohio, where they're already living," he says.

It's also crucial to compare each institution's full financial aid package and find out whether it includes nonbillable scholarships and grants or if tuition is covered mostly through loans that must eventually be paid back, Ameen says. If you're

FINANCIAL RESOURCES

APAGS Affording and Repaying Graduate School Toolkit

www.apa.org/apags/resources/affording-repaying.aspx

Financial Planning for Early Career Psychologists

www.apa.org/careers/early-career/financial



remission or tuition waivers in exchange for taking on a graduate assistantship or working in a research lab, which are things that you'd likely already planned on doing in grad school anyway," he says. "The trick is knowing what and who to ask to get the right information."

4 UNDERSTAND YOUR REPAYMENT OPTIONS Make sure that your payment plan reflects your individual needs, Hilmes says. Some early career psychologists who may not be eligible for loan forgiveness through their employers, for example, may choose to make sacrifices to pay off their debt as quickly as possible. But many new grads work in jobs that qualify for the federal government's Public Service Loan Forgiveness Program. After 120 consecutive monthly payments, the remaining balance on your Direct Loans is forgiven by the government. In addition, if your federal student loan payments are high compared to your income, new grads should consider applying for an income-driven repayment plan such as Pay as You Earn, Income-Based Repayment and Income-Contingent Repayment.

"Your first year out of grad school, your loan payment can be based on what you made your intern year, which for almost all students is very low," Hilmes says. Find out what options are available to you through the Federal Student Aid program at studentaid.gov. APAGS also offers a frequently updated financial literacy toolkit, which offers guidance on median salaries for new psychologists,

an early career psychologist with educational loans, it's important to understand exactly how much you owe—including what you may have borrowed as an undergrad—and compare your options for repayment (see step 4).

3 ASK ABOUT FINANCIAL INCENTIVES Students should also seek to reduce the

amount they'll need to borrow, explore opportunities for nonfederal grants and scholarships—for being a member of an underrepresented group, for example—and ask your department chair or advisor about additional funding prospects, Ameen says. "While the university might not advertise this, oftentimes the graduate program itself will have tuition

Students and early career psychologists may want to use their cognitive-behavioral training on themselves to examine their beliefs about money.

as well as information about aid, grants and funding opportunities; loan repayment and forgiveness; and budgeting worksheets and other financial tips.

5 CREATE A BUDGET If you have never had a budget before, the best way to develop one is to track all of your expenses for 30 days, says Neal Van Zutphen, a certified financial planner with Intrinsic Wealth Counsel, Inc. in Tempe, Arizona. “Just as you would if a fitness trainer asked you to record all of your food intake for a month, use a small notepad and jot down every single thing you spend money on for a month,” he says. Once you have your list of expenses, determine which ones are fixed or mandatory—such as your car payment, rent, phone, utilities and student loans—and which ones are discretionary, such as trips to the movies, new clothes or gourmet coffee. Van Zutphen reminds new grads to consider expenses that occur quarterly, semi-annually or annually, such as

car insurance or membership fees, that they’ll need to save a part of their income for when these bills come due. Then, add up all your expenses and subtract them from your net paycheck for the month. “Hopefully, you have more money than month left to go.” If you’re not a fan of the paper and pencil method, apps such as Mint and Personal Capital can also help with budget creation and tracking. Van Zutphen also recommends that psychologists of any age check out the U.S. Department of Labor’s free resource on creating a budget and spending plan, “Savings Fitness: A Guide to Your Money and Your Financial Future.”

6 CUT BACK FOR A MONTH One way to boost savings and better understand your relationship with money is to try an experiment that Van Zutphen refers to as “Crunch Month.” For 30 days, only spend money on the absolute essentials, he says. “Cut out all Starbucks trips and any other discretionary



Even if you have loans, start saving for retirement as soon as you get a job.

expenses and see what happens,” Van Zutphen suggests, noting that he’s seen clients discover they can save between 20 percent and 40 percent of their net income. “One couple I worked with on this actually lost 10 pounds because they ate at home so much more,” he says. While most clients eventually ease up on the Spartan lifestyle, he adds, they learn they can save a lot more than they originally thought they could.

7 DON’T FORGET RETIREMENT Many early career psychologists may think it’s best to put every dime they have now toward paying off their student loans, especially if they have a high interest rate, Klontz says. “But it’s probably still going to take you 20 years to pay the loan off, and by then you’re nearing 50 years old and just starting to save for retirement,” he says. That’s why it’s critical to contribute as much as you can to a 401K or IRA as soon as you get a job. Klontz recommends putting around 10 percent of your salary toward retirement while you’re also paying off student loans, or at least enough to contribute up to your employer’s matching amount, if they offer one.

8 TALK TO A FINANCIAL PROFESSIONAL These experts can help you fine-tune your financial goals, whether you are saving for a home or thinking about starting a private practice. “An hour with a professional can set you up with everything you need to know for the next couple of years,” Klontz says. “So, pay for the help.” ■

ADDITIONAL READING

APA Member Center

Blog posts about financial issues
<http://psyciq.apa.org>

Mind Over Money: Overcoming the Money Disorders That Threaten Our Financial Health

Klontz, B., & Klontz, T., 2009



Lewis



Van Dahlen



Willingham



Beazley



Chung

PSYCHOLOGISTS IN THE NEWS

The Federation of Associations in Behavioral and Brain Sciences Foundation has elected **Michael Lewis, PhD**, to its roll of honorees for his contributions to child development. Lewis is a university distinguished professor of pediatrics and psychiatry at the Rutgers Robert Wood Johnson Medical School and director of its Institute for the Study of Child Development. The foundation enhances the understanding of the sciences of mind, brain and behavior and educates the public about the contributions of these sciences to the well-being of individuals and society.

Before leaving office, President Barack Obama named **Barbara Van Dahlen, PhD**, to the President's Council on Fitness, Sports & Nutrition. She is the first member with expertise on emotional well-being and mental health to be added to the council, which works with the Department of Health and Human Services and the Office of the Surgeon General to advance Americans' health and wellness. Van Dahlen is the founder of Give an Hour, a nonprofit that offers pro bono mental health services to military service members and their families. In 2015, she also launched the Campaign to Change Direction, a national effort to change the culture of mental health in America. Obama also appointed

University of Virginia psychology professor **Daniel Willingham, PhD**, to the National Board for Education Sciences, which oversees the Institute of Education Sciences. Willingham, who joined the university's faculty in 1992.

Steven Beazley, PsyD, is the new president of California Southern University, an online university based in Costa Mesa, California. Since 2014, he has been a member of the university's Board of Trustees and a faculty member teaching master's and doctoral courses in the School of Behavioral Sciences.

The Presidential Leadership Scholars Program has selected **Scott Nolen, JD, PhD**, a former APA Congressional Fellow, as one of its 2017 class of scholars. The program offers opportunities to learn about leadership at the presidential centers and libraries of George W. Bush, William J. Clinton, George H.W. Bush and Lyndon Johnson. Nolen is the director of the Drug Addiction Treatment program at Open Society Institute in Baltimore.

Leaders of the biannual National Multicultural Conference Summit, held in Portland, Oregon, in January, honored 13 psychologists for their service

to multicultural psychology. The Elder Award winners include **Ruth Fassinger, PhD, Linda Forrest, PhD, Natalie Porter, PhD, and Fran Trotman, PhD**. The Shining Star winners are **Y. Barry Chung, PhD, and Debra Kawahara, PhD**. The Rising Star winners are **Kevin Nadal, PhD, and Nadine Nakamura, PhD**. The Ancestors winners are **Helin Stavridou Astin, PhD, Phyllis Bronstein, PhD, Giuseppe Constantino, PhD, James M. Croteau, PhD, and Richard Henry Dana, PhD**. Also at the meeting, the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests presented the Tomes Award for Distinguished Lifetime Contributions to the Advancement of Ethnic Minority Psychology to **Diane J. Willis, PhD**, and the Tomes Award for an Emerging Leader in Ethnic Minority Psychology to **Wendy Peters, PhD**.

The Troy, Michigan, Chamber of Commerce presented **Lewis Smith, PhD**, with its Best Businesses of Troy Award in the Counseling and Mental Health category. Smith, who runs Neuropsychological Consulting, specializes in neuropsychological evaluations and treatment for patients who have suffered traumatic brain injuries or post-traumatic stress disorder. ■

MEMBERS TO VOTE ON BYLAWS CHANGE

APA members will be asked to vote on amendments to the APA Bylaws that would update descriptions of APA Board leadership roles and responsibilities to comply with current legal requirements. The ballot will be sent electronically to members on May 1 with a 45-day balloting period.

In its February 2017 meeting, APA's Council of Representatives voted to submit a proposed bylaws amendment to the APA voting membership. The Membership is asked to approve amendments to the APA Bylaws that update descriptions of board leadership roles and responsibilities to comply with current legal standards.

Association Officers (other than the CEO) have always served as governance leaders, rather than as APA corporate staff. The APA Bylaws descriptions of roles of certain officers were drafted decades ago, and have not been updated in the almost 50 years since to distinguish between the staff financial expert serving as CFO and the financial governance role of the Treasurer. The below clarifications to the Bylaws confirm and maintain the current practice of APA officers as governance leaders rather than APA corporate staff, and reflect the actual responsibilities of the treasurer as a governance leader, while complying with tax requirements and clarifying that the APA officers are not corporate officers under statutory law.

The proposed bylaws changes are below. Bracketed/strikethrough material is to be deleted; underlined material is to be added.

ARTICLE V

Composition of the Council of Representatives

1. Council shall be composed of Representatives of Divisions; Representatives of State, Provincial and Territorial Psychological Associations; members of the Board of Directors; the Officers of the Association (the chief [staff] executive officer shall serve without vote); and

the Chair, Chair-elect or other designee from the Executive Committee of the American Psychological Association of Graduate Students (APAGS). In the event that any Representatives of a given Division or State/Provincial/Territorial Association cannot be present, Council will seat one member as an Alternate Representative for that meeting, provided such member is an officer of or has been designated in advance by the relevant

Division or State/Provincial/Territorial Association. Representatives shall hold office until their successors are elected and qualify, except that a Representative who has been elected to the Board of Directors shall continue to be a member of Council after the expiration of the individual's term as Representative, and after the election and qualification of the individual's successor as Division or State/Provincial/Territorial Association Representative, until the expiration of the individual's term as a member of the Board of Directors.

ARTICLE VII

Board of Directors

1. The Board of Directors shall consist of the President, the President-elect, the Past President, the Recording Secretary, the Treasurer, the chief [staff] executive officer (without vote), the APAGS Past Chair or other designee from the APAGS Executive Committee, the Chair and Chair-elect of any leadership group elected by Council, six members-at-large and the Public Member. All members of the Board of Directors shall serve until their successors are elected and qualify.

2. The members-at-large of the Board of Directors shall be Members of the

Association elected by a preferential ballot by the voting Members of the Association and shall serve for staggered terms of three years. The members-at-large shall not succeed themselves in this office nor be eligible to appear as a candidate on the Recording Secretary or Treasurer election ballots for at least one year after their term has expired.

3. The Public Member shall be appointed by the Board of Directors for a three-year term under procedures defined in the Association Rules. The Public Member shall not succeed himself in this office.

4. Regular meetings of the Board of Directors shall be held not less frequently than semi-annually at a time and place to be specified by a vote of the Board of Directors. The Board of Directors shall also establish a mechanism to provide continuing and prompt attention to such problems as may arise. A quorum at any meeting shall consist of a majority of its entire membership.

5. In the case of death, disability, resignation, or removal of a Director, vacancies shall be filled by procedures defined in the Association Rules.

6. The Board of Directors shall be the administrative agent of Council, shall supervise the work of the chief ~~[staff]~~ executive officer of the Association, and shall exercise general supervision over the affairs of the Association. In the interval between the Annual Meetings of Council, the Board of Directors shall have authority to take such actions as are necessary for the conduct of the Association's affairs in accordance with these Bylaws and the policies of Council. If an emergency is declared by a majority of the Board of Directors, the Board shall have power to take actions as though such action were taken by Council. The

Board of Directors shall make a report of such emergency actions not later than the next meeting of the Council. It shall furnish a report of all such transactions at each Business Meeting of Council held in conjunction with the Annual Convention.

ARTICLE VIII

Leaders of the Board Officers of the Association

1. The ~~[officers]~~ Leaders of the ~~[Association]~~ Board of Directors shall be as follows: a President, a President-elect, a Past President, a Recording Secretary, and a Treasurer~~[-, and a chief staff officer]~~. They shall hold ~~[office]~~ these roles until their successors are elected and qualify. Leaders of the Board shall not be considered officers of the Association.

2. The President shall be a Member of the Association who has just completed a term as President-elect. ~~[During the term of office,]~~ ~~[t]~~The President shall serve as presiding ~~[officer]~~ member of ~~[the Association,]~~ the Board of Directors, ~~[and]~~ Council and the Association. The President shall perform such other duties as are prescribed in the Bylaws, as are incident to the ~~[office]~~ role of the chair of the Board, or as may properly be required of the President by vote of Council or the Board of Directors.

3. The President-elect shall be a Member of the Association, elected by preferential ballot, and shall ~~[take office]~~ become ~~[as]~~ President-elect on January 1 of the year following the individual's election. ~~[During the term of office,]~~ ~~[t]~~The President-elect shall serve as presiding ~~[officer]~~ member of ~~[the Association,]~~ the Board of Directors, ~~[and]~~ Council and the Association in the absence of the President.

4. In the event that the President shall

not serve out a term for any reason, the President-Elect shall succeed to the unexpired remainder thereof and continue through the individual's own term. In the event that the President-elect shall not be able to serve out a term, both a President and a President-elect shall be nominated and elected at the time of the next election and shall assume ~~[office]~~ the role by declaration of Council on January 1 of the year following the individual's election.

5. In the event that both the President and the President-elect shall be unable to serve, the Board of Directors shall elect one of its members to serve as presiding ~~[officer]~~ member of ~~[the Association,]~~ the Board of Directors, ~~[and]~~ Council and the Association.

6. The Past President shall be the most recently retired President and shall chair the Election Committee. The Past President shall not be eligible to appear as a candidate on the President-elect election ballot.

7. The Recording Secretary shall be a Member of the Association, elected by the immediately previous Council following nomination by the Board of Directors, and shall serve for a term of three years, beginning on January 1 of the year following the individual's election, and shall not succeed himself in this ~~[office]~~ role. The Recording Secretary shall not be eligible to appear as a candidate on the Board member-at-large or Treasurer election ballots for at least one year after the individual's term has expired. ~~[During the term of office,]~~ ~~[t]~~The Recording Secretary shall serve as secretary of Council and of the Board of Directors and shall perform such other duties as may be prescribed in these Bylaws. It shall be the duty of the Recording Secretary to keep the records of all meetings of Council and

of the Board of Directors; to file and hold subject to call and to direct the publication of such records, reports, and proceedings as are authorized by these Bylaws and by vote of Council or the Board of Directors at any duly constituted meeting; and to perform all other secretarial duties for Council and the Board of Directors as are not delegated to the chief [staff] executive officer. In the event that the Treasurer shall not be able to complete a term for any reason, the Recording Secretary is authorized to perform the duties normally assigned to the Treasurer until the individual is replaced under procedures defined in the Association Rules.

8. The Treasurer [~~of the Association~~] shall be a Member of the Association, elected by the immediately previous Council following nominations by the Board of Directors. The Treasurer shall [~~take office~~] serve for a term of three years, beginning on January 1 of the year following the individual's election and shall not succeed themselves in [~~this office~~] the role more than once. The Treasurer shall not be eligible to appear as a candidate on the Board member-at-large or Recording Secretary election ballots for at least one year after the individual's term has expired. [~~During the term of office, the Treasurer shall serve as senior financial officer of the Association and shall perform such other duties as may be prescribed in these Bylaws. The Treasurer shall have authority to sign checks and drafts on behalf of the Association for disbursement of funds for duly authorized purposes of the Association as provided by Bylaws or by vote of Council or the Board of Directors.~~] The [individual] Treasurer shall deliver an audited report for each fiscal year to the Finance Committee and the Board of Directors. The Treasurer shall chair the Finance Committee and serve ex officio,

without vote, on the Publications and Communications Board. In the event that the Recording Secretary shall not be able to complete a term for any reason, the Treasurer is authorized to perform the duties normally assigned to the Recording Secretary until the individual is replaced under procedures defined in the Association Rules.

9. Officers of the Association: The Board of Directors shall nominate a Member of the Association to Council for confirmation as chief [staff] executive officer who shall be the [administrative] executive officer of the Association and Director of the Central Office. The chief [staff] executive officer's official title shall be determined by the Board of Directors. The chief [staff] executive officer shall be responsible for the staff, their hiring, training, performance, and termination. The chief [staff] executive officer shall perform such duties as may be assigned by the Board of Directors and Council or as may be prescribed in these Bylaws. Confirmation of the chief [staff] executive officer shall be by a two-thirds vote of those Council members voting. The chief [staff] executive officer shall be confirmed for a term not to exceed five years and may be reconfirmed. During this term the chief [staff] executive officer shall not hold any other office within the Association or any of its Divisions or State, Provincial or Territorial Psychological Associations.

10. Any member of the Board of Directors may be removed from office before the expiration of a term by a two-thirds vote of a quorum of Council if it appears that the member's continued service in this position is not in the best interest of the Association.

11. [~~The officers of the Association~~] Board Leaders shall be bonded by an amount fixed by the Board of Directors.

ARTICLE XI

Boards and Committees

8. The Publications and Communications Board shall consist of no fewer than nine Members of the Association. Members of the Board shall serve for staggered terms of six years. In addition, the Treasurer and chief [staff] executive officer shall be ex-officio members, without vote, of the Publications and Communications Board. It shall be the function of this Board to make recommendations on current and innovative plans and policies on the acquisition, management, initiation, or discontinuance of journals, separates, bibliographic and related publications, and information services. It shall appoint Editors, except the Editor of the official organ of the Association.

ARTICLE XVI

Central Office

1. The Association shall maintain a Central Office for the promotion of the objectives of the Association, its Divisions, and State/Provincial Associations. The Central Office shall be established at such a place and with such facilities and functions as Council may direct. The chief [staff] executive officer shall be the Director of the Central Office. [He/She] The chief executive officer shall report annually on the operations of the Central Office to the Board of Directors, to Council, and by publication to the membership. ■

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CALIFORNIA

PSYCHOLOGICAL ASSISTANT: Laurie R. Weiss Phd Inc.- Psych Assistant will work with child and adolescent clients in a private practice setting. Assistant will be trained in parent coaching and child therapy: play therapy and CBT for children as needed for their cases. Assistant will be provided with individual and group supervision. Send curriculum vitae to: laurierweiss@gmail.com.

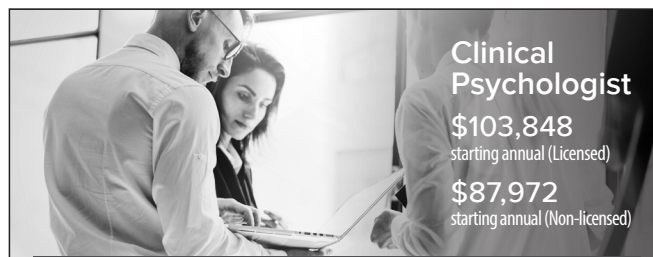
DISTRICT OF COLUMBIA

TAXONOMIST: The Taxonomist is responsible for the ongoing development, revision, and maintenance of American Psychological Association's controlled vocabulary/taxonomy (Thesaurus of Psychological Index Terms). The Taxonomist creates additional uses for the Thesaurus of Psychological Index Terms and develops other business opportunities and product concepts, such as vocabulary subsets that increase database usage and drive revenue-generation such as designing new processes, data structures, and semantic data types. The Taxonomist is respon-

sible for initiating and executing plans for semantic content enrichment processes to support continuous improvement of existing products, product line extensions, and new product development to create streams of revenue to support the mission of APA. Education and Experience: Bachelor's degree with major in Psychology or closely related social science or minor in Psychology with extensive psychology coursework or practical knowledge. Master's degree in psychology or MLS/MLIS preferred. Certification in data science, linked data, and/or semantic web technologies preferred; three to five years in a controlled vocabulary, taxonomy, or ontology management role, focused on construction, maintenance, and application. Demonstrated knowledge of thesauri and taxonomy standards (e.g., NISO Multilingual Thesauri Standards) and best practices; proven experience in new data initiatives or otherwise architecting new solutions for taxonomy problems; excellent task and project management skills with experience in managing complex roadmaps; knowledge of taxonomy management tools such as

MaiSTRO, MultiTES, Synaptica, or others; in-depth understanding of natural language processing, machine learning, or semantic technologies; knowledge of DSM, ICD, MeSH, SNOWMED, ERIC, UMLS, and other vocabularies in the social sciences and health and medicine; knowledge of UI/UX design principles. Experience writing and communicating clear business requirements. Responsibilities: Manages all product development and editorial activities associated with the development and research of new psychological index terminology,

hierarchy construction, scope note writing/editing, and the development and design of new features of the Thesaurus of Psychological Index Terms, ensuring adherence to taxonomy and classification standards. Determines how to map new terminology to older records in archival files. Serves as the point person and liaison for controlled vocabulary maintenance software tools. Collaborates with OPD management to identify new areas for vocabulary development strategy that enhance customer usage of APA's electronic research databases, thereby



Clinical Psychologist
\$103,848
starting annual (Licensed)
\$87,972
starting annual (Non-licensed)

Work with a Great Team – Be Recognized as an Individual

California Correctional Health Care Services has one of the largest interdisciplinary treatment teams in the nation. Our staff enjoys the challenges of complex diagnostic evaluations along with the chance to collaborate with talented colleagues.

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For more information on this exciting career opportunity, please contact **Tammy Grable** at Tammy.Grable@cdcr.ca.gov or **916-691-3541**. You may also apply online at www.ChangingPrisonHealthCare.org.

- We offer the stability that comes with state employment along with generous benefits that include:
- 40-hour work week
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 - Retirement plan that vests in five years
 - 401(k) and 457 plans
 - Free on-site, in-person CEUs
 - Great work/life balance
 - Visa sponsorship opportunities

California Department of Corrections & Rehabilitation



Colorado Mental Health Institute at Pueblo is a 450 bed Psychiatric inpatient hospital that provides comprehensive psychiatric and medical evaluation and treatment by a multi-disciplinary treatment team. Patients are admitted from state-wide judicial and mental health systems, for long and short term treatment under court authority. Legal statuses of patients include Civil commitments; Dual Diagnosed; Developmental Disability/Mentally Ill; Incompetent to Proceed; Not Guilty by Reason of Insanity; court ordered evaluations for sanity, sex offenses, and competency.

The High Security facility maintains 200 of the 450 psychiatric beds. Built in 2009, it is considered one of the country's state of the art facilities.

DIRECTOR OF PSYCHOLOGY POSITION

Responsible for managing the daily operations of the CMHIP Psychology Department by guiding the department in providing mechanisms/systems for the assessment, planning, implementation and evaluation of evidence based programming consistent with standards of care set by JCAHO, CMS and CMHIP. Directs Psychology Department in providing a wide range of psychological testing; directs supervision and performance management of 7 CMHIP psychologist supervisors responsible for quality assurance for approximately 25 CMHIP psychologists; Psychology Interns, and Advance Practicum Students.

Employment with CMHI-P offers

- Secure, flexible retirement benefits including PERA Defined Benefit Plan, plus 401K and 457 plans
- Medical and Dental Health Plans
- Paid life insurance
- Short and Long-Term Disability coverage
- Vacation and sick leave
- 10 paid holidays per year



Please email Mark Castillo; mark.castillo@state.co.us or call (719) 561-4628 or click on the link to apply:

<https://www.governmentjobs.com/careers/colorado?keywords=HP+VI+Director+Psychology>

Requirements for the job

Graduation from an accredited college or university with a Doctoral degree in Psychology

Five years of professional experience in the health professional field or Psychology

You must have and maintain a valid Psychologist license with the State of Colorado

Necessary Special Requirement

Must have a valid Psychology License at the time of applying; or if you are applying from out of state you must be able to obtain a valid Colorado Psychology License within six months from the date of hire

Substitution for requirements for the job

There is no substitution for the Necessary Requirement of a valid Colorado Psychology License.



Clinical Psychology Assistant/Associate Professor

NOVA SOUTHEASTERN UNIVERSITY (NSU) - The College of Psychology invites qualified applications for three faculty positions in the doctoral programs in clinical psychology. Applicants will be reviewed for rank commensurate with experience and scholarship.

The successful candidates are expected to have a commitment to excellence in teaching, supervising, and mentoring of students. Additionally, they must be actively involved in research and scholarship with expectations to publish, supervise student research, and seek external funding to support research. Applicants must be licensed or licensed-eligible as psychologists in the state of Florida. Faculty will teach doctoral program core clinical psychology courses, such as adult psychopathology, assessment, and/or intervention, as well as electives in her/his own specialty area of research and practice. Faculty will supervise psychology trainees in their clinical work.

For the first position (Position #998065) a candidate with research and/or clinical experience in the area of adult anxiety disorders is preferred. For the second position (Position #994593) preference will be given to a candidate in clinical health psychology with experience in sports psychology. This position will interface with NSU athletics and the interdisciplinary sports medicine clinic. For the third position (Position # 997516) a candidate with clinical and/or research experience in the area of neuropsychology is preferred.

Nova Southeastern University is a not-for-profit university that meets the U.S. Department of Education's criteria as a Hispanic-serving institution. NSU awards more doctoral and professional degrees to Hispanics and other minorities than any other university in the United States. Also NSU is second in the U.S. for professional degrees awarded to African Americans. The University and College place a high priority on the creation of an environment supportive of diversity in faculty and students, a core value of the university. Over 30% of the faculty in the clinical psychology programs self-identify as minorities.

The College of Psychology offers APA-accredited Ph.D. and Psy.D. programs in clinical psychology, APA-accredited Psy.D. program in school psychology, and 2 APA-accredited pre-doctoral internship programs. Also part of the College are a bachelor's degrees in psychology and behavioral neuroscience, masters programs in counseling, general psychology, experimental, and forensic psychology, and a specialist program in school psychology. The College trains students at its Psychology Services Center that serves a diverse population of children, adolescents, and adults through its general and faculty specialty clinical training programs.

For the complete job descriptions and to apply, please go to www.nsujobs.com reference position #998065, #994593 or position #997516 for the anxiety or clinical health psychology positions, respectively.

Nova Southeastern University is an Equal Opportunity Employer.

increasing licensing revenues. Provides product management oversight for new areas of vocabulary development, managing the entire life cycle process. Generates new ideas for increasing use of the psychology vocabulary in other markets, including conversion of the flat hierarchical structures into an ontology that could be used by semantic networks. Serves as resource and in-house authority to APA staff regarding new developments in the vocabulary and taxonomy field. Provides training regarding APA's controlled vocabulary and related products for staff and customers. Coordinates input from advisory committee composed of psychologists/subject experts who collaborate with APA in the term development process. Responds to questions about the APA's controlled vocabulary from a variety of internal and external contacts. Studies and understands user behavior (internal and external) to provide the best overall user experience for APA electronic research products. Analyzes metrics and customer data to make decisions on how to improve the controlled vocabulary for customers and internal users. Location: The American Psychological Association, located at 750 First St NE, Washington D.C., was named a 2014 recipient of the Washington Post Top Workplace. It is metro accessible from the Red Line. Application Instructions: Qualified candidates must apply online at bit.ly/APATaxonomist and attach a cover letter and resume specifying your salary requirements. Applications that are submitted without both documents are considered incomplete and will not be reviewed for consideration. The American Psychological Association is an Equal Employment Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, protected Veteran status, sexual orientation, gender identity, or any other protected categories covered under local law.

GEORGIA

LICENSED PSYCHOLOGIST: Atlanta Area Psychological Associates, P.C., a group practice in Atlanta, GA, established in 1980, is seeking licensed psychologists. Experience with psychotherapy for all ages, including children, and psy-

chological testing required. Current credentialing in major insurance companies preferred. Spanish speaking a plus. Collegial environment, 200+ referrals a month. Email letter of interest, resume to careers@atlantapsych.com.

PSYCHOLOGIST POSITIONS

THROUGHOUT GEORGIA: Georgia Department of Behavioral Health and Developmental Disability (DBHDD) has several opportunities across the state of Georgia for experienced Psychologists. Forensic (evaluation and treatment) and adult mental health (civil) inpatient positions are available in facilities located in Atlanta, Augusta, Columbus, Milledgeville (forensics only) and Savannah as well as outpatient forensic evaluator (adult or juvenile) positions located throughout the state. Locations range from affluent, but affordable, family-friendly cities located among beautiful mountains, beaches, and riverfronts, to the diverse and fun-filled city of Atlanta. Compensation is very competitive and the generous benefits package includes: health and life insurance, dental, retirement plan, 401(k) plan, vacation time and more. Job Requirements: PsyD or PhD in clinical psychology from an APA-accredited program. Some inpatient units have opportunities for specialization in trauma-focused interventions, sex offender treatment, or habilitation for individuals with intellectual disability. A limited number of administrative positions are available. Senior psychologists with excellent leadership skills preferred. Contact our clinical recruiter Greg.Short@dbhdd.ga.gov.

ILLINOIS

PSYCHOLOGIST WITH ILLINOIS

LICENSE: Davken Associates has been in operation for over two decades and has established an outstanding reputation for its ethical and clinical practices in the long-term care industry. We are seeking Illinois-licensed psychologists for full- and part-time employment in Chicago and surrounding counties as well as several other parts of the state and Indiana. Full training is provided and days and hours are quite flexible so that this job blends well with those who teach, have a private practice, or have young children. Our forms are highly structured and streamlined, allowing you to spend less time with paper and more time with the cli-

ents. We have excellent relationships with our providers—several who began in the 1990s are still with us. If you are interested or have any questions, email artoffugue16@gmail.com or call (773) 259-0261.

PSYCHOLOGIST POSITION IN AN EXPANDING GROUP PRACTICE:

Gersten Center for Behavioral Health, a thriving and established group practice with five locations in Chicago, Evanston, Skokie, and Melrose Park, is expanding and hiring licensed clinical psychologists. We are interested in candidates with a broad range of experience to work with patients of all ages and clinical needs as well as to provide psychological testing if interested. The position offers excellent pay and benefits such as: secure earning potential up to \$120,000 per year; medical, dental, vision coverage; flexible spending account (FSA); 401K retirement plan with company match; liability insurance coverage and sick pay; W-2 employee status; weekly clinical consultation; in-house continuing education program; highest reimbursement rates in the industry; over 300 practice referrals per month allowing for quickly developing and easily maintaining a stable practice; outstanding billing and administrative support; a warm and supportive environment with a beautiful work space; flexible work hours; no weekends required; unlimited vacation; 24/7 emergency call backup. Gersten Center for Behavioral Health is proud to be a setting that promotes workplace longevity and long-term stability. We encourage you to visit us at www.gerstencenter.com to learn more about our practice and the reasons for our success. If interested, submit your curriculum vitae to Dr. Deborah Liebling at dliebling@gerstencenter.com.

POST-DOCTORAL POSITION IN AN EXPANDING GROUP PRACTICE:

Gersten Center for Behavioral Health, a thriving and well established group practice with five locations in Chicago, Evanston, Skokie, and Melrose Park, is offering three post-doctoral positions for the upcoming year to begin in September 2017. We are interested in candidates with a broad range of experience to work with patients of all ages and clinical needs as well as to provide psychological testing if interested. The annual salary is \$35,000 and includes full

medical, dental, and vision coverage; vacation and sick time; flexible spending account (FSA); liability insurance coverage; W-2 employment status; weekly individual and group supervision; in-house continuing education program; outstanding billing and administrative support; a warm, supportive, and friendly environment with a beautiful work space; flexible work hours; no weekends required; and 24/7 emergency call backup. Gersten Center for Behavioral Health is proud to be a setting that promotes workplace longevity and long-term stability. We encourage you to visit us at www.gerstencenter.com to learn more about our practice and the reasons for our success.

The deadline for applying for the post-doctoral positions is April 30, 2017. If interested, we encourage you to submit your curriculum vitae to Dr. Deborah Liebling at dliebling@gerstencenter.com.

KANSAS

CLINICAL/HEALTH PSYCHOLOGIST—SEIZURE AND MOVEMENT DISORDERS:

The Division of Psychology in the Department of Psychiatry and Behavioral Sciences at the University of Kansas Medical Center is seeking applications for a Clinical/Health Psychologist to serve individuals with epilepsy/non-epileptic seizures and movement disorders. The selected individual will join the Department of Psychiatry as an Assistant Professor. The individual selected for this position will join a growing, 10-member Psychology Division to provide assessment, treatment, psychoeducation and triage to neurological inpatients and outpatients in the Seizure and Movement Disorders Programs; participate in interdisciplinary team-based care within these clinics; participate in the professional education of psychology interns in our APA-accredited program, practicum students, and postdoctoral fellows, as well as medical residents and students; collaborate with other faculty in scholarly activities. Applicants must be from an APA- or CPA-accredited doctoral program (with an APA-accredited clinical internship), have at least one year of relevant post-doctoral experience, be licensable in the state of Kansas by the time of the appointment and strong preference will be given to those applicants with experience working with neurological populations, particularly epilepsy and/

or movement disorders. For a full description or to apply for this position go to <https://jobs.kumc.edu/postings/13139>. To learn about our Department of Psychiatry, go to www.kumc.edu/school-of-medicine/psychiatry-and-behavioral-sciences.html. Submit application materials, which includes a cover letter, curriculum vitae, and names and email addresses of three references to Elizabeth C. Penick, PhD, ABPP, Director of the Division of Psychology at KUMC, C/O University of Kansas Medical Center, 3901 Rainbow Blvd, MS 4015, Kansas City, KS 66160 or email to epenick@kumc.edu or call (913) 588-6463. KUMC is an Affirmative Action/Equal Opportunity Employer and does not discriminate on the basis of sex, including marital status, race/ethnicity, color, age, sexual orientation, gender expression, gender identity, national origin, creed, religion, ancestry, disability status as a Vietnam-era veteran, special disabled

veteran, recently separated veteran or other protected veteran, or genetic testing and screening information.

MASSACHUSETTS

PROGRAM EVALUATOR: Faculty Position - Program Evaluation, University of Massachusetts Medical School. The Department of Psychiatry at the University of Massachusetts Medical School, Worcester, MA, is a national leader in public sector psychiatry. Our mission is to provide excellent state-of-the-art and recovery-informed patient care, research, training and community engagement in an effort to enhance the mental health of all citizens in Massachusetts and beyond. We are the largest provider of psychiatric services in Central Massachusetts, with a team of over 300 faculty and 2,000 staff. We take pride in our outstanding clinical services, innovative educational and train-

CAREER INSIGHTS IN THIS ISSUE

Secrets of a Great Group Practice

These top practices offer opportunities for research, pro bono work, built-in CE and more to create a working environment that attracts clinicians and clients alike. Page 54.

No Insurance Required

Premarital counseling: a vital but untapped niche. Page 58.

Finding Mentors Who Can Help Students Soar

For minority students, finding mentors can be a challenge. Here's how they can overcome barriers to get the help they need. Page 60.

How Did You Get That Job?

At the Environmental Defense Fund, Dr. Rainer Romero-Canyas is helping scientists, economists and policy experts promote environmentally responsible behavior worldwide. Page 64.

Eight Ways To Take Charge of Your Finances

Financial literacy isn't usually part of the graduate school curriculum. Here's what students and early career psychologists should know as they embark on their careers. Page 66.

ing programs, research advances, and our position as a workplace of choice. We are working to become the best integrated department of psychiatry in the nation. We are recruiting for a new Program Evaluator position. This person will be responsible for conducting evaluations of existing research projects while building further evaluation capacity in the Drug and Mental Health Courts in Massachusetts, through the Center of Excellence (COE) for Specialty Courts as well as more broadly in the Department of Psychiatry. The majority of the time will be devoted to conducting evaluations and writing grants related to criminal justice, with an emphasis on issues that impact Drug and Mental Health Courts. Additional responsibilities may include supervising the performance appraisal process for personnel. This position reports directly to the Director of the Center of Excellence and the Director of the Research core within the COE. Faculty appointment (non-tenured) at appropriate

rank is available. The ideal candidate will have a doctorate in psychology or a related social science field or related extensive experience in program evaluation, and previous mental health services research experience. The candidate will demonstrate collaborative leadership style with excellent interpersonal, written and oral communication skills. Interested applicants should apply directly through Academic Jobs Online: <https://academicjobsonline.org/ajo?joblist--367-8823>. Additional questions may be directed to Dr. Ira Packer at ira.packer@umassmed.edu. UMass Medical School is committed to being an equal opportunity and affirmative action employer and recognizes the power of a diverse community. We encourage applications from protected veterans, individuals with disabilities and those with varied experiences, perspectives and backgrounds to consider UMass Medical School as their employer of choice.

NEW HAMPSHIRE

NEUROPSYCHOLOGIST/ CLINICAL PSYCHOLOGIST/POSTDOCTORAL FELLOW: Portsmouth Neuropsychology Center has an immediate opening for a psychologist or post-doctoral fellow to provide evaluations, psychotherapy of children, adolescents, and adults at growing private practice in Portsmouth, NH. Full details: www.portsmouthneuro.com/contact-us/careers.

NEW JERSEY

POSTDOCTORAL RESIDENCY: Post-doctoral Residency in Clinical Neuropsychological (pediatric and adult). Start Date: September 1, 2017 or earlier. This position is within a multi-hospital/ medical school-affiliated private practice in the metro NJ/NY area and involves the examination and treatment of patients suffering from a broad range of neurological disorders (n.b., mostly TBI) of varying degrees of severity. A significant portion of the resident's time will involve: supervised patient examination; review of records; report writing; didactic interaction; attending medical rounds; and research. Interested candidates must have completed all of the course work in fulfillment of a doctoral degree in Clinical Psychology with a dissertation focus in Neuropsychology (ABD's considered). Successful candidates must possess the following qualifications: course work in neuropsychology; experience with administration and scoring of neuropsychological test batteries; internship and/or externship training in neuropsychology; and strong report writing skills. Excellent starting salary (i.e., \$37,000 - first year, \$42,000 - second year), health benefits and possibility of later advancement. Fax or email curriculum vitae, two letters of recommendation, and two redacted reports to Dr. DM Mahalick: (973) 313-1666 or braindoc1@comcast.net.

NEW YORK

PSYCHOLOGIST: Psychological Potentials, PC is seeking New York State Licensed Psychologist, experienced in geriatric assessment and treatment, to join a well-established successful psychology practice. Immediate caseload for full- and part-time positions, located in Orange County, Middletown, Queens, Long Island and Yonkers. A professional collegial atmosphere with supportive supervision available. Competitive compensation and flexible hours. Call to inquire at: (516) 625-4446. Fax resume to: (516) 625-4447. Email: pta1@me.com.

CLINICAL PSYCHOLOGIST, PHD, PSYD, NYS LICENSED: Complement your private practice or primary job. Work part-time with older adults in metro NYC area (Bronx, Brooklyn, Long Island, Westchester, Connecticut). We provide quality-focused treatment, collegial atmosphere, rewarding population, flexible schedule and supportive supervision (as needed). Contact Dr. Pat Tomasso: ptomasso@agingmattersny.com.

NORTH CAROLINA

PSYCHOLOGIST—PRACTICE FOR SALE: Profitable 20-year-old private practice for sale in Rock Hill, SC, 18 minutes from downtown Charlotte, three hours from Myrtle Beach and three hours to mountains. Single person prac-

PSYCHOLOGIST

Pinecrest Supports and Services Center located in the heart of Central Louisiana has immediate openings for Licensed Psychologists. Must have current Louisiana license. Competitive pay, full state benefits to include:

- State Retirement Plan
- Health Benefits that can be carried into retirement
- Annual and sick leave
- Holiday leave
- Premium pay

For more information contact:
 Eddis Cofield
 Director of Human Resources
 Pinecrest Supports and Services Center
 P. O. Box 5191
 Pineville, La. 71361-5191
 Email: marie.cofield@la.gov
 Telephone: (318) 641-2128
 Fax: (318) 641-2390

To apply online go to:
www.civilservice.louisiana.gov



Join our team!

Samaritan Health Services is offering opportunities for full-time health psychologists at several outpatient primary care clinics in Oregon.

These openings are for an integrated health psychologist to provide brief behavioral health services in a fast-paced primary care environment.

In this position, you will:

- Consult and collaborate on a multidisciplinary team, providing integrated on-site care, recommendations and feedback to medical providers and staff
- Independently practice in a BHC model to deliver brief consultation-based services with a focus on general behavioral health services in a primary care context

You'll enjoy many benefits, including:

- Competitive compensation and benefits
- Medical malpractice and CME
- Relocation assistance and starting bonus



For more information, please visit samhealth.org/DocJobs or contact Annette Clovis at aclovis@samhealth.org.

tice that sees adults in individual therapy. Practice has an excellent reputation and a constant referral stream from area MDs. Owner wants to retire and will assist with transition. Excellent referral sources from area MDs. Call Dr. Bill Wells at (803) 328-0030.

OREGON

CLINICAL, RESEARCH, AND ADMINISTRATIVE POSITIONS AT RESEARCH AND TRAINING CLINIC: Portland Psychotherapy Clinic, Research, & Training Center - Innovative research and training clinic has multiple job openings in clinical, managerial, and research roles. We are seeking researchers interested in shame, compassion, and/or emo-

tion. Application review is ongoing. For a complete description of positions and application information, go to: <http://bit.ly/ppcdir>.

TEXAS

LICENSED PSYCHOLOGIST: Great Oaks Counseling Center is seeking psychologist to join thriving group practice in the Austin area with emphasis on clinical work with adults and preferable specialty in couples/marital therapy. For more information, contact Ashley D. Barnes, PhD at ashleydbarnes@gmail.com.

LICENSED PSYCHOLOGIST, NEURO-PSYCHOLOGIST, LCSW, LPC: The Ludden Group, P.C., a Christian

private practice group of independent contractors in Rockwall, TX, with over 30 years' experience is seeking a part- or full-time clinician to provide psychological assessments, testing, and psychotherapy. Our biggest need is in nursing home work. Email curriculum vitae to lindaluddensivils@gmail.com.

VIRGINIA

CLINICAL PSYCHOLOGIST: Cognitive Behavior Therapy Center, a private practice, has openings for two CBT-trained

Clinical Psychologists: 1) Child-Adolescent 2) Anxiety Disorders. Attractive compensation and equity package. Contact Dr. William Mulligan at wlmulligan@cox.net for more information.

LICENSED CLINICAL PSYCHOLOGIST: Psychologist needed in various locations in Virginia for evaluation/treatment in long-term care facilities. Flex hours/medical/dental/mileage reimbursement. Send curriculum vitae to Chapman Senior Care, Inc. at csctherapy@aol.com or fax (804) 237-0549.

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General advertising policy as well as guidelines for use in composing and responding to classified advertisements to be placed in the *Monitor on Psychology*® and PsycCareers, APA's Career Center can be found online at <http://www.apa.org/ads/policy>.

► CENSURED INSTITUTIONS

Academic institutions under censure by the American Association of University Professors (AAUP) are identified in print and online by the placement of the symbol (•) preceding line classified position openings. Further information may be obtained at www.aaup.org/our-programs/academic-freedom/censure-list.

To purchase a recruitment ad or to view pricing and a complete list of upcoming deadlines, visit <http://www.psycareers.com/employer/pricing/>.

Information regarding placing a nonrecruitment line ad can be found at <http://www.apa.org/ads/recruitment-classified/index.aspx?tab=3>.

► DEADLINES

June 2017 April 25

July/August 2017 May 29

September 2017 July 26

► CONTACT INFO

For Recruitment and Classified Advertising, contact:

Amelia Dodson	Shelby Watson
Classified and Recruitment	Advertising Sales Associate
Ad Sales Manager	Phone: 202-336-5567
Phone: 202-336-5564	Email: swatson@apa.org
Email: adodson@apa.org	

Other Opportunities

PRACTICE OPPORTUNITIES

OFFICE SPACE AVAILABLE

SPACIOUS THERAPY OFFICE TO SHARE ON SUBLEASE—CENTENNIAL, CO: Perfect for psychotherapist, psychiatrist, psychologist, nurse practitioner. 350 SF, beautiful, light, comfortable therapy office in lush setting. Suite is 1,100 SF, with reception, two offices, storage and kitchen/copy room. Office shared with LPC/CAC III. Suite shared with psychologist. Handicapped access, near public transportation. Wi-Fi and fax available. Will discuss rent, lease term and security deposit with serious inquiries. Interested parties, call or text Barbara Lawson at (303) 437-2137.

CONCORD, MA—PART-TIME OR FULL-TIME: Gorgeous newly renovated offices in shared collegial suite. Professional building, ample parking, great location, staff bath/kitchen, ADA, AC, utilities. Contact Esther Dechant at (617) 855-3161 or edechant@partners.org.

PRACTICE FOR SALE

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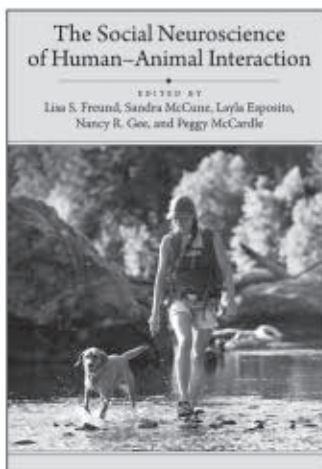
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Edited by Lisa S. Freund, Sandra McCune, Layla Esposito,
Nancy R. Gee, and Peggy McCardle



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WOMEN IN SCIENCE

Women earn about half of the degrees awarded in science and engineering in the United States, but the percentage varies greatly by field

635,915

The number of bachelor's degrees awarded in science and engineering in the United States in 2014.

50.0%

The percentage of those degrees earned by women, a slight decline from **50.3 percent** in 2004. Women earn **57 percent** of bachelor's degrees overall.

76.7%

The percentage of psychology bachelor's degrees awarded to women in 2014, a slight decline from **77.8 percent** in 2004.

In contrast, just **18.1 percent** of computer science bachelor's degrees were earned by women in 2014 (down from 25.1 percent in 2004); **19.8 percent** in engineering (down from 20.5 percent in 2004); and **59.1 percent** in biological sciences (down from 62.4 percent in 2004).

16,195

The number of doctoral degrees awarded in science and engineering in the United States in 2014.

41.6%

The percentage of those degrees earned by women, an increase from **38.8 percent** in 2004. Women earn **50.1 percent** of doctoral degrees overall.

73.5%

The percentage of psychology doctoral degrees awarded to women in 2014, an increase from **69.3 percent** in 2004. In comparison, just **20.8 percent** of computer science doctoral degrees were earned by women in 2014 (down from 22.1 percent in 2004); **22.8 percent** in engineering (up from 17.7 percent in 2004); and **53.3 percent** in biological sciences (up from 46.3 percent in 2004).

Source: National Science Foundation, National Center for Science and Engineering Statistics. 2017. *Women, Minorities, and Persons With Disabilities in Science and Engineering: 2017*. Special Report NSF 17-310. Arlington, VA. Available at www.nsf.gov/statistics/wmpd/.

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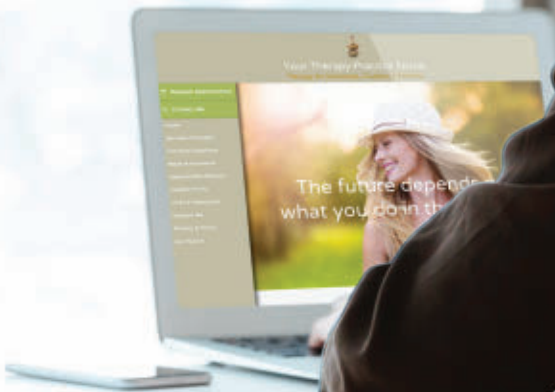
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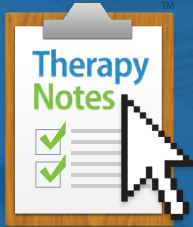
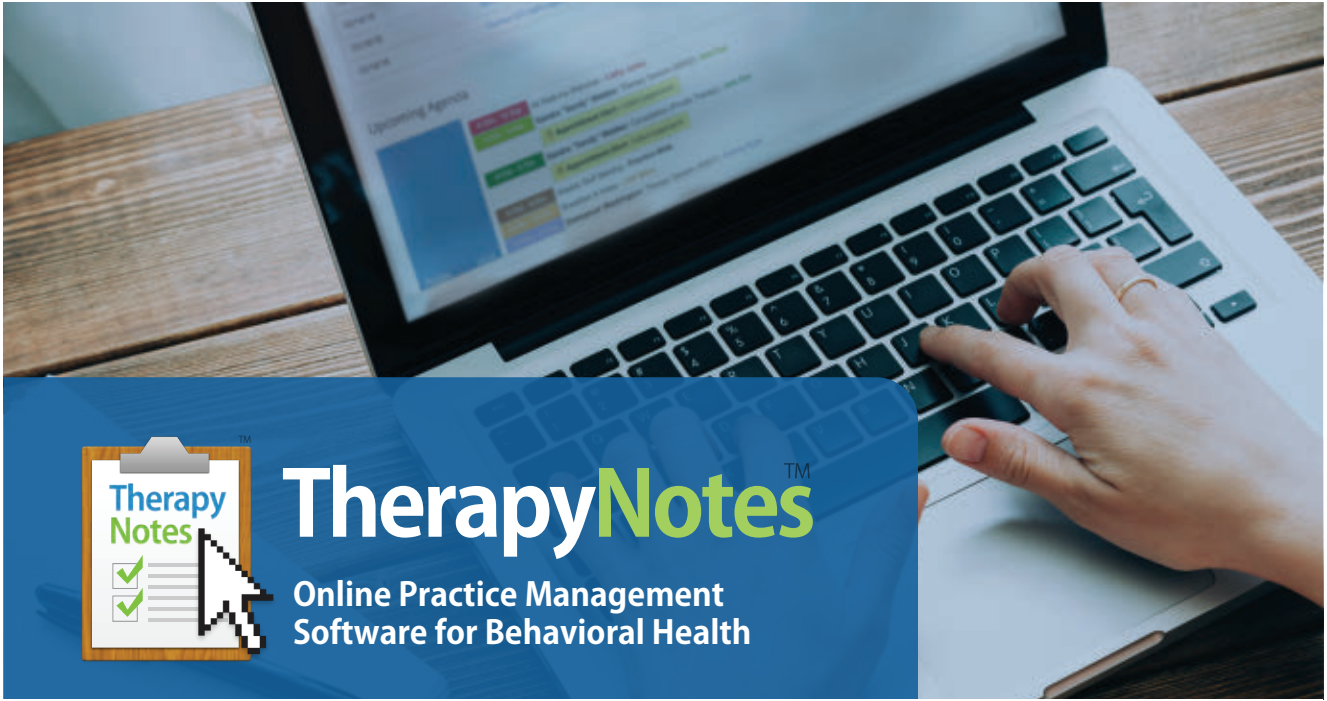
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 Progress Note
Treatment Plan

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 F41.4 Generalized Anxiety Disorder
 F41.8 Other Specified Anxiety Disorder

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