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# monitor on psychology

GST# R127612802

## THE SEARCH FOR MEANING

Psychologists are using a variety of approaches to help people lead more fulfilling lives

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## Stopping Sexual Assault on Campus

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SPECIAL SECTION

## Psychology Careers in the VA

PAGE 63



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## 46 TRAVELING TREATMENTS

Many rural Americans have to travel several hours to access mental health services—which means many go without diagnosis or treatment. To better accommodate these people, psychologists are deploying mobile mental health units to geographically isolated areas. Many populations benefit from these services, including children with autism, migrant agricultural workers and combat veterans and their families.

## 54 MAKING CAMPUSES SAFER

About one in five women will be the victim of a sexual assault in college, according to the latest estimates. Designing prevention programs hasn't been easy, but increasingly, administrators have been turning to psychologists and other researchers to figure out what might work.



## COVER STORY

# IN SEARCH OF MEANING

Psychologists are using a variety of therapies, including logotherapy, meaning therapy, existential therapy and a combination of approaches, to help people explore and develop greater meaning in their lives. While more research is needed to show which interventions work best, such meaning-related work is helping people identify what matters most to them. *See page 38*

COVER: CHARACTERDESIGN/GETTY IMAGES





Culturally aware interventions. Page 24

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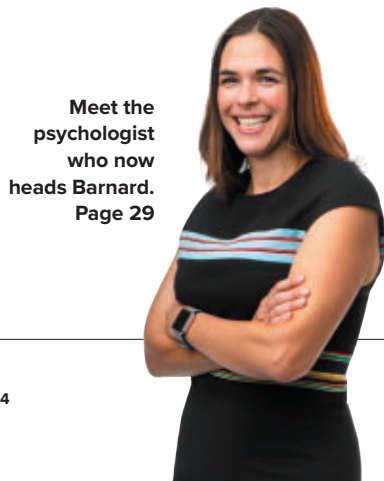
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## CE CORNER

### HIV LAWS THAT APPEAR TO DO MORE HARM THAN GOOD

In the 1980s, during the early panic surrounding the AIDS epidemic, states passed legislation that made it illegal to knowingly expose another person to the human immunodeficiency virus (HIV). Today, dozens of U.S. states and territories have laws criminalizing HIV exposure, even for acts with almost no chance of transmission. Now, a movement is afoot to change such laws. *See page 32*



## SPECIAL SECTION ON VA CAREERS

**“My job is so interesting because my daily routine changes all the time and often involves a melding of my research and clinical work.”**

Jack Tsai, PhD, Department of Veterans Affairs psychologist. *See page 63*

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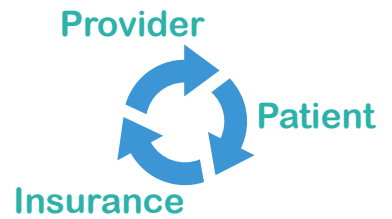
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# REACHING PSYCHOLOGY'S GLOBAL POTENTIAL

APA's Citizen Psychologist initiative is an opportunity for us to learn from our psychologist colleagues worldwide

BY JESSICA HENDERSON DANIEL, PhD, APA PRESIDENT

**T**here is a saying in the United States that all politics is local. That may be true, but when it comes to psychological science, all science is *international*. Whether we are concerned about the psychological health of an individual, the cohesiveness of a community or the well-being of an entire nation, we want the best science to lead us.

One way we can learn about that science is through the APA Citizen Psychologist initiative, which is open to all psychologists worldwide. The initiative honors psychologist leaders whose scientific knowledge and expertise enhance people's well-being locally, nationally or globally. These psychologists are engaged in a variety of far-reaching activities, including public service, volunteerism, serving on boards and committees, and many, many other roles.

Among the international psychologists we can learn from is Dr. Luís

G.C. Villas-Boas R. Marques, a licensed clinical psychologist who directs Refugio Aboim Ascensão, a nonprofit organization that develops and implements programs for abused, abandoned and neglected children under age 6. Another is Dr. Maria Luisa Ramírez of the Colombian College of Psychologists, who has supported her colleagues in Central and South America as they move toward regulation in the field by helping them learn about and apply the International Competencies in Psychology to their countries and training programs. A third is Dr. Joanne Hands, whom I met at the Middle Eastern Psychological Association meeting in Dubai last spring. She has been a tireless proponent for mental health in the Middle East.

In my view, there's never been a more important time to reach out to our international colleagues. The highly complex challenges facing our world, including climate change, the massive refugee crisis, the marginalization of certain groups, poverty and violence, all call for more attention, even as people in many countries—including our own—are seeking to become more insular and isolationist. The Citizen Psychologist initiative is one avenue for bringing us together.

Collaborating with our international colleagues is important in another critical way: It enables us to show how psychologists' unique skills and truly groundbreaking research can help address some of the globe's most intractable problems. That's why I welcome all psychologists, here in the United States and abroad, to join the Citizen Psychologist initiative. Let us know about your work and help us improve the lives of individuals all over the world. ■



APA President  
Dr. Jessica  
Henderson Daniel

● For more information about the Citizen Psychologist initiative, including training modules aimed at helping others take on these roles, go to [www.apa.org/citizen](http://www.apa.org/citizen).

KEN RICHARDSON

### TENURE AT COMMUNITY COLLEGE

I love the *Monitor*. I learn new research findings and use the articles to increase engagement and awareness in my community college psychology classes. I was disappointed, however, to see the July/August article on tenure misconceptions describe how different contexts matter but never mention community college tenure processes. In the community colleges that I have experienced, there is not a three-legged stool. Instead, teaching, and improving one's teaching, is the primary area of evaluation. Campus services, in any of their varieties, are also important.

In my experience, research is sometimes viewed suspiciously since reviewers assume it takes time away from teaching and service. If you're able to accomplish all three in the community

college context, to provide a quality education, be an informed committee member or active club advisor, and publish original research, then you will have little trouble with tenure. However, to earn tenure at a community college, often high-quality instruction is the main focus, and some campus service is required.

**Michelle Oja, PhD**

*Taft College, Taft, California*

### WHAT ABOUT THE EFFECTS OF PTSD?

The June "Update From the CEO" entitled "We Cannot Arrest Our Way Out of America's Opioid Crisis" is a timely message on the crisis we currently face in mental health and addictions. However, absent from the discussion is the importance of recognizing the dual diagnosis of substance abuse with post-traumatic stress disorder (PTSD). Even

when a full diagnosis of PTSD is absent, exposure to adverse childhood experiences, or trauma in general, is common in much of the population. Many clinical programs address either addiction or trauma with some trauma programs excluding those who are actively using. The interaction between substance use and PTSD is important to recognize and address in order to bring the appropriate evidence-based programming to each of these populations. Until we are screening for PTSD in those abusing substances, we will not be able to bring them appropriate care.

**Fiona Cunningham**

*Fielding Graduate University*

● **Send letters** to *APA Monitor on Psychology* Editor Sara Martin at [smartin@apa.org](mailto:smartin@apa.org). Letters should be no more than 175 words.



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# PROUD TO SERVE THOSE WHO SERVE

Advocacy to benefit our military personnel, veterans and their families is an association priority

BY ARTHUR C. EVANS JR., PhD

**T**he Department of Defense (DOD) is the largest single employer of psychologists, with approximately 8,000 in clinical, research, administration and training roles. The Department of Veterans Affairs (VA) runs a close second, employing 5,000 psychologists. That's why APA advocacy on behalf of these psychologists and the communities

they serve is such a priority. This work is informed by three goals:

- To promote the mental health and well-being of military personnel, veterans and their families.
- To protect and expand the scope of practice for the DOD and VA psychologists serving these populations.
- To expand funding opportunities for mission-critical fundamental and applied research.

To reach these goals, APA advocates for the use of evidence-based psychotherapies within the DOD and the VA, works to ensure that mental

health promotion is included in the transition from active-duty to veteran status and promotes health and applied research relevant to military personnel and veterans. We strive to protect integrated care at the VA and oppose expanding its privatization. We also work to promote psychologists as key health-care providers and leaders and advocate for prescribing authority for VA psychologists. And we support the training of more psychologists as providers of care to military and veteran populations.

Our efforts don't end there. We train psychologists who are not employed by the DOD or the VA on how to work most effectively with military and veteran clients and their families. We meet with the Defense Health Agency and members of Congress to advocate for better reimbursement for psychologists in TRICARE, the health-care service for military personnel and their families. We meet with White House officials and members of Congress to explain why funding is vital in such areas as veteran suicide prevention, traumatic brain injury, chronic pain, substance use and military sexual assault, as well as to support applied research in such military mission-critical areas as human factors design and team performance. We also help ensure federal support for psychology training programs, and we step in when there are threats to those training opportunities.

These are significant challenges. APA is proud to address them with the help of our members. ■

APA CEO  
Dr. Arthur C. Evans Jr.



SCOTT SUCHMAN

# The Hot List

## A REIMBURSEMENT VICTORY

In an advocacy win for APA, psychologists who provide psychological and neuropsychological testing services will receive a **6 percent increase** in reimbursement for outpatient testing services starting in 2019 under a new rule proposed by the Centers for Medicare & Medicaid Services. Find more information on the higher reimbursement rates at <http://bit.ly/APAReimburse> and watch a one-hour interactive webinar on the testing code changes at <http://bit.ly/TestingCodes>.

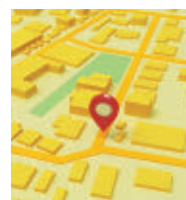


## HELP CLIENTS WITH SEXUAL DYSFUNCTION

Learn how to treat women unable to reach orgasm via the live web-cast “**Solutions for Female Orgasm Problems: Helping Clients Become Cliterate**” on Oct. 19, 1-4 p.m. EDT. The course is \$65 for APA members and \$80 for nonmembers. Register for the course at <http://bit.ly/Solutions-Orgasm>.

## A NEW WAY FOR PATIENTS TO FIND YOU

Create or update your profile for APA's free **Psychologist Locator** online search tool to connect with patients who are



looking for a psychologist with your expertise and treatment options. Get started at <https://locator.apa.org>.

## WEIGH IN ON APA'S DEPRESSION GUIDELINE

Members are encouraged to share their input on APA's clinical practice guideline for the treatment of depression during the guideline's 60-day public comment period, which ends on Oct. 23. Comment at <http://bit.ly/APADepressionGuidelines>.

## POLISH YOUR ONLINE BRAND

APA's webinar series “**Supercharge Your Online Presence**” offers best practices and strategies for graduate students and psychologists who



want to maximize their LinkedIn profiles, find collaborators through social media or reinvigorate their professional websites. Watch it at <http://bit.ly/APASupercharge>.

## FOLLOW THE LATEST COUNCIL ACTION

In August, APA's Council of Representatives voted on several important issues during its meeting at APA's Annual Convention in San Francisco. For a full report on the council's action, go to <https://bit.ly/2PljW8V>.

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# In Brief

THE LATEST PEER-REVIEWED STUDIES WITHIN PSYCHOLOGY AND RELATED FIELDS

## Wait for It ...

**T**oday's preschool-age children can delay gratification longer on Walter Mischel's well-known "marshmallow test" than could children of their parents' or grandparents' generations, finds a study in *Developmental Psychology*. Researchers analyzed data from three cohorts of U.S. children (840 children total) who participated in marshmallow test studies in the 1960s, 1980s and 2000s. In the test, children are offered a treat that they can eat immediately (like one marshmallow) but are told that they can have a larger treat (like two marshmallows) if they can wait to eat until the experimenter returns. On average, children tested in the 2000s waited one minute longer than children tested in the 1980s and two minutes longer than children tested in the 1960s. One explanation for the generational difference may be that more children today attend preschool, where they learn school readiness skills, including self-control. DOI: 10.1037/dev0000533





## MINORITIES AT RISK FOR DEPRESSION

African-Americans and Latinos are at increased risk for depression compared with white Americans, but that increased risk does not appear to be linked to chronic stress and unhealthy behaviors, finds a study in *Preventive Medicine*. The researchers analyzed data from 12,272 participants in the U.S. National Health and Nutrition Examination Survey (NHANES), including data on participants' depression levels; unhealthy behaviors, including smoking, excessive drinking, insufficient physical activity and poor diet; and physical biomarkers of chronic stress, including blood pressure, BMI and cholesterol. Overall, Latinos (11.3 percent) and African-Americans (10.4 percent) were more likely than whites (7.1 percent) to meet depressive disorder criteria. Although levels of chronic stress were higher overall among

Latino/a-Americans and African-Americans, chronic stress was not associated with the likelihood of depression within any of the groups, nor did unhealthy behaviors influence whether there was such an association.

DOI: 10.1016/j.ypmed.2018.02.002

## A DIFFERENT PERSPECTIVE

Contrary to popular belief, "putting yourself in another person's shoes" does not help you gauge their thoughts, feelings, attitudes or mental state more



**Latino/a Americans and African-Americans are more likely to suffer from depression than are white Americans.**

**"Putting yourself in another person's shoes" doesn't improve your insight into another's mental state, a study suggests.**

accurately, finds a study in the *Journal of Personality and Social Psychology*. In a series of 25 experiments, researchers asked participants to adopt another person's perspective and then do a variety of tasks, such as predicting the other person's emotions based on facial expressions and body postures, identifying fake versus genuine smiles and spotting when someone is lying. Overall, the researchers found no consistent evidence that trying to take someone else's perspective increased participants' accuracy at these tasks, though it did increase their confidence in their judgments.

DOI: 10.1037/pspa0000115

## SOCIAL SUPPORT AND SLEEP

People with more social support in their lives sleep better, finds a meta-analysis in *Health Psychology*. Researchers analyzed 61 studies with a total of 105,431 participants. Overall, they found that having more social support was associated with better sleep outcomes. The association held in studies that used self-reports as well as in those that used sleep actigraphy (which measures body movements) to measure sleep quality. It also held in studies with healthy populations as well as in studies with populations with chronic illness.

DOI: 10.1037/hea0000628

## A CHANGEABLE DISORDER

Borderline personality disorder (BPD) has historically been thought of as a stable condition, but a new study in the *Journal of*

*Abnormal Psychology* concludes that it has both stable elements and elements that are episodic or situational. Researchers followed 668 adults with BPD in the United States, administering semi-structured diagnostic interviews five times over 10 years. Analyzing those interviews, they found that the stable elements accounted for only about 45 percent of individual differences in the disorder's severity at any moment. They also found that these stable elements were associated with the personality traits (such as neuroticism) and environmental factors (including a history of child abuse) thought to underlie BPD.

DOI: 10.1037/abn0000364

### AN EARLY-BIRD ADVANTAGE

Middle-aged and older women who wake up and go to bed early are less likely to develop depression, finds a study in the *Journal of Psychiatric Research*. Researchers analyzed data on more than 32,000 participants, average age 55, who took part in the Nurses' Health Study. None of the participants in the analysis had depression when the study began in 2009. Thirty-seven percent were self-professed early birds, 10 percent were night owls, and 53 percent described themselves as intermediate types. Over the next four years, early birds were 12 to 27 percent less likely than intermediate types to develop

**Women who are early birds are less likely to become depressed, finds a study.**

depression, even after accounting for factors such as body weight, physical activity, chronic disease, night shift work and more. Night owls were slightly more likely than intermediate types to develop depression, although that difference was not statistically significant.

DOI: 10.1016/j.jpsychires.2018.05.022

### DEHUMANIZATION IN THE BRAIN

Thinking of a person as less than fully human involves a portion of the brain that is distinct from the brain region involved in disliking him or her, suggests a study in the *Journal of Experimental Psychology: General*. Researchers used fMRI to scan



the brains of 24 participants as they answered questions about 10 different groups, including Americans, Muslims, Europeans, Roma, homeless people, puppies and rats. Some questions measured like/dislike (how cold or warm participants felt toward the group) and others measured dehumanization (where they thought the group belonged on an “ascent of man” scale that depicts evolutionary stages). Overall, the researchers found that regions in the left inferior parietal cortex and left inferior frontal cortex were associated with ratings that indicated dehumanization, while a region in the posterior cingulate cortex was associated with like/dislike.

DOI: 10.1037/xge0000417

### INTEGRATED CARE SAVINGS

Bringing behavioral health providers into pediatric primary-care settings can reduce health-care costs, suggests a study in *Clinical Practice in Pediatric Psychology*. Researchers analyzed the medical records of 248 U.S. children seen at a community clinic in a medically underserved area and compared monthly medical charges for each patient before and after the patients were referred to an on-site behavioral health provider (a psychologist, social worker or trainee). On average, costs decreased by \$38 per patient per month after a patient saw the behavioral health provider. There was no significant difference in the savings between patients who saw licensed providers and those who saw trainees.

DOI: 10.1037/cpp0000231



### COURTROOM EMOTION

Male attorneys who express anger in the courtroom are seen as powerful and full of conviction, but female attorneys who express anger are seen as shrill and obnoxious, finds a study in *Law and Human Behavior*. In



**Pediatric integrated care reduces health-care costs, according to an analysis of community clinic medical records.**

**Male attorneys have an advantage when they express anger in the courtroom; female attorneys do so at their peril.**

three experiments with nearly 700 online MTurk and in-person undergraduate participants, participants watched videos of male or female attorneys presenting the same closing argument in a murder case, in either a neutral or an angry tone. The researchers asked the participants to rate their impressions of the attorney and whether they would be likely to hire him or her. Across all experiments, participants were more likely to reference the positive aspects of anger—such as power and conviction—to justify hiring an angry male attorney and the negative aspects of anger—such as shrillness—to justify not hiring an angry female attorney.

DOI: 10.1037/lhb0000292

### SUNK COSTS

It's not just humans who fall prey to “sunk costs”—the tendency to keep sinking time or other resources into a venture

TOP: MONKEYBUSINESSIMAGES/GETTY IMAGES; BOTTOM: SQUAREDPIXELS/GETTY IMAGES

once we've begun it. Mice and rats do it, too, according to research in *Science*. Researchers trained mice and rats in a "restaurant row" experiment: a square maze with different chambers at each corner where the rodents could find flavored food pellets. At each station, a tone signaled to the rodents how long they would have to wait before receiving the food. The rodents could choose at any time to leave a station and look for food elsewhere. The researchers found that, like humans, the longer the rodents spent waiting at a station, the less likely they were to give up and look elsewhere, even if the long wait cut into their limited time to explore the other food stations.

DOI: 10.1126/science.aar8644

## ABORTION AND DEPRESSION

Having an abortion does not increase a woman's chances of developing depression, suggests a study in *JAMA Psychiatry*. Researchers analyzed the medical records of nearly 400,000 Danish women born between 1980 and 1994. They found that women who had an abortion were more likely to have received an antidepressant prescription than those who had never had an abortion. However, that increased likelihood held in both the year *before* and the year *after* the abortion, suggesting that abortion does not cause depression but that other factors—such as experiencing mental illness symptoms or intimate-partner violence—may increase the risk for both.

DOI: 10.1001/jamapsychiatry.2018.0849

## REAL-LIFE MORALITY

The decisions people make when considering hypothetical moral quandaries may not reflect the actions they would take in real life, suggests a study in *Psychological Science*. Researchers asked more than 200 undergraduate participants to complete an online version of the "trolley test," in which people must decide whether they would passively allow a runaway train to kill multiple people or actively throw a switch that would send it onto a different track and kill just one person. Later, the researchers asked some of the participants to make an analogous "real-life" decision: Participants were shown a cage with one mouse and another cage with five mice and told that the five mice would receive an electric shock unless the participant pushed a button to send the shock to the cage with the single mouse (in reality, no mice were shocked). Meanwhile, other participants completed the mouse decision task online. The researchers found that 84

percent of participants who responded to the online mouse scenario allowed multiple mice to be shocked, compared with only about two-thirds of the participants faced with the real-life decision.

DOI: 10.1177/0956797617752640

Eating food in a new way could boost your enjoyment of the familiar.



## EATING POPCORN WITH CHOPSTICKS

Bored with the same old, same old? Try experiencing old things in a new way, suggests a study in *Personality and Social Psychology Bulletin*. Researchers asked 68 undergraduate participants to participate in a study supposedly about helping them eat more slowly. They instructed half of the participants to eat popcorn one piece at a time, using their hands, and the other half to do the same but with chopsticks. On average, participants who used the chopsticks reported enjoying the popcorn more than those who used their hands. In a second experiment, 300 online participants drank water. Half did so in the usual way (in a regular glass), while half made

up new ways, like drinking it from a martini glass or a shipping envelope. Again, participants who drank the water in unusual ways reported enjoying it more than those who used a regular glass.

DOI: 10.1177/0146167218779823

### INTERGENERATIONAL STRESS

Males may pass the effects of early-life trauma and abuse on to their children through epigenetic changes, suggests a study with mice and men in *Translational Psychiatry*. The researchers analyzed sperm samples from 28 men and found that men who reported experiencing childhood abuse had substantially lower concentrations of two types of microRNAs (which regulate gene activity) than men who were not abused as children. In a follow-up experiment, the researchers found that male mice who had been stressed as infants (by being moved to different cages several times) also had lower concentrations of the same two microRNA molecules and displayed more anxiety in lab tests. Further, these mice transmitted these lower concentrations to their offspring.

DOI: 10.1038/s41398-018-0146-2

### BRAIN AND DIET

Differences in brain structure could affect people's ability to stick to a healthy diet, suggests research in *The Journal of Neuroscience*. Researchers used structural imaging to examine the brains of 123 participants (78 women and 45 men) who completed four experiments in which they viewed photos of different



**A person's brain structure may affect his or her diet, a study finds.**

foods and decided which to eat. When asked to consider a food's healthfulness, participants with more gray matter volume in the dorsolateral prefrontal cortex and the ventromedial prefrontal cortex made more disciplined food choices, focusing more on the food's healthfulness and less on its taste.

DOI: 10.1523/JNEUROSCI.3402-17.2018

### EVALUATING THE MEDICAID EXPANSION

The Affordable Care Act's Medicaid expansion provision improved both quality of and access to care, including mental health care, in the states that implemented it, suggests a meta-analysis in *Health Affairs*. Researchers analyzed 77 studies and found that about 60 percent of the studies showed significant positive effects, including increases in health coverage, quality of care and access to care. About 35 percent found no significant effects and 4 percent found negative effects, such as increased wait times. None showed decreased quality of care.

DOI: 10.1377/hlthaff.2017.1491

### NO ONE-TIME TREATMENT FOR ANXIETY

Only about one in five youth treated for anxiety stay well after 12 weeks of formal treatment, finds a study in the *Journal of the American Academy of Child & Adolescent Psychiatry*. Researchers followed 319 young people (ages 10 to 25) diagnosed with social, separation or

generalized anxiety disorder, who received medication (sertraline), cognitive-behavioral therapy or both. After 12 weeks of treatment, the researchers checked in with each patient once a year for four years. Overall, 22 percent of the patients stayed well after treatment, 48 percent relapsed at least once and 30 percent met the criteria for an anxiety disorder at every follow-up. The researchers also found no difference in long-term outcomes among the treatment types.

DOI: 10.1016/j.jaac.2018.03.017

### TAKE A COFFEE BREAK

Teams that drink caffeinated coffee together work better as a group, finds a study in the *Journal of Psychopharmacology*. Researchers invited 72 U.S.

undergraduates—all self-described coffee drinkers—into the lab for a “coffee tasting.” Half of the participants were given coffee, split into groups of five and asked to read about and discuss a controversial political topic. The other half held the discussion first and did the coffee tasting afterward. The researchers found that participants with caffeine in their systems rated their co-discussants more positively than did those who drank the coffee after the discussion. In a second, similar, experiment, the researchers found that caffeinated participants rated their co-discussants more positively than did participants who were given decaffeinated coffee to drink.

DOI: 10.1177/0269881118760665

**Want to improve your work relationships? Drink coffee with your co-workers, suggests a study.**

### HANGRY FEELING

Last year, the Oxford English Dictionary added the word “hangry”—a feeling of hunger-induced anger. Now, a study in *Emotion* suggests that people become “hangry” due to an interplay of biological and environmental factors. Researchers showed about 400 online participants in the U.S. images designed to induce positive, neutral or negative feelings. Then they showed the participants an ambiguous image (a Chinese pictograph) and asked them to rate it on a seven-point scale from pleasant to unpleasant. Participants were also asked to report how hungry they felt. On average, hungrier participants were more likely to rate the pictograph as unpleasant,



but that effect held only if they were first primed with a negative image. The researchers suggest that the negative priming images provided a context for people to interpret their hunger feelings as an unpleasant emotion.

DOI: 10.1037/emo0000422

### BLACK-MARKET OPIOID SALES

When the U.S. government tightened restrictions on hydrocodone—the most popular opioid painkiller—in 2014, illicit online sales of opioids increased, suggests a study in *The BMJ*. Researchers used “web crawler” software to search for evidence of black-market online sales of the drugs between September 2013 and July 2016. According to their analysis, illicit sales of opioids through online markets rose to more than 13 percent of all U.S. opioid sales in 2016, compared with what would have been an estimated 6.7 percent if restrictions had not been



strengthened. In contrast, the researchers found no change during that time in illicit online purchases of opioids in markets based outside the United States.

DOI: 10.1136/bmj.k2270

### ADHD MEDICATIONS

Many college students without attention-deficit hyperactivity disorder (ADHD) believe that taking ADHD medications such as Adderall can give them an academic boost. But a pilot study in *Pharmacy* suggests that these “study drugs” provide no

**College students without ADHD get no cognitive benefit from using reputed “study drugs” such as Adderall, finds a pilot study.**

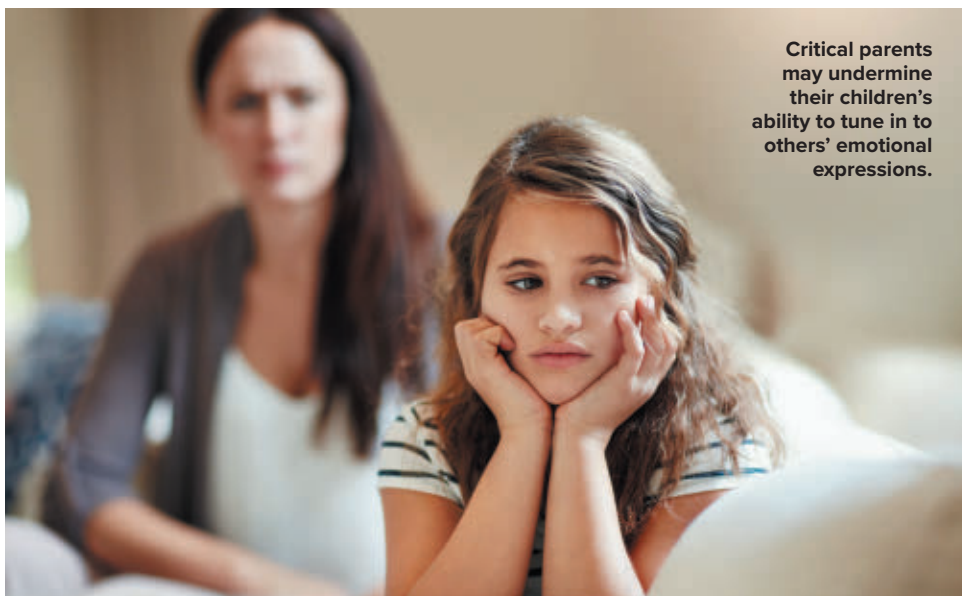
cognitive benefit and could actually harm people without ADHD. In the double-blind study, researchers tested 13 university students without ADHD in two sessions each. In one session, participants were given Adderall and in the other session, a placebo pill, before taking a battery of cognitive tests. The researchers found that the Adderall did not improve students’ reading comprehension or fluency, and it impaired their working memory. Meanwhile, it did increase their positive mood, heart rate and blood pressure.

DOI: 10.3390/pharmacy6030058

### CRITICAL PARENTING

Children of highly critical parents are less attuned to other people’s emotional facial expressions, finds a study in the *Journal of Clinical Child & Adolescent Psychology*. Researchers asked the parents of 87 7- to 11-year-old children in the United States to talk about their children for five minutes and coded those descriptions for level of criticism. Then, they used fMRI to scan the children’s brains while the children viewed pictures of faces showing various emotions. Children of highly critical parents showed less attention to all facial emotions, including fearful, happy and sad faces. The researchers suggest this may be because the children learn to pay less attention to faces to avoid their parents’ critical expressions. ■

DOI: 10.1080/15374416.2018.1453365



**Critical parents may undermine their children’s ability to tune in to others’ emotional expressions.**

● **For direct links** to the research cited in this section, visit our digital edition at [www.apa.org/monitor/digital](http://www.apa.org/monitor/digital).

# Datapoint

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

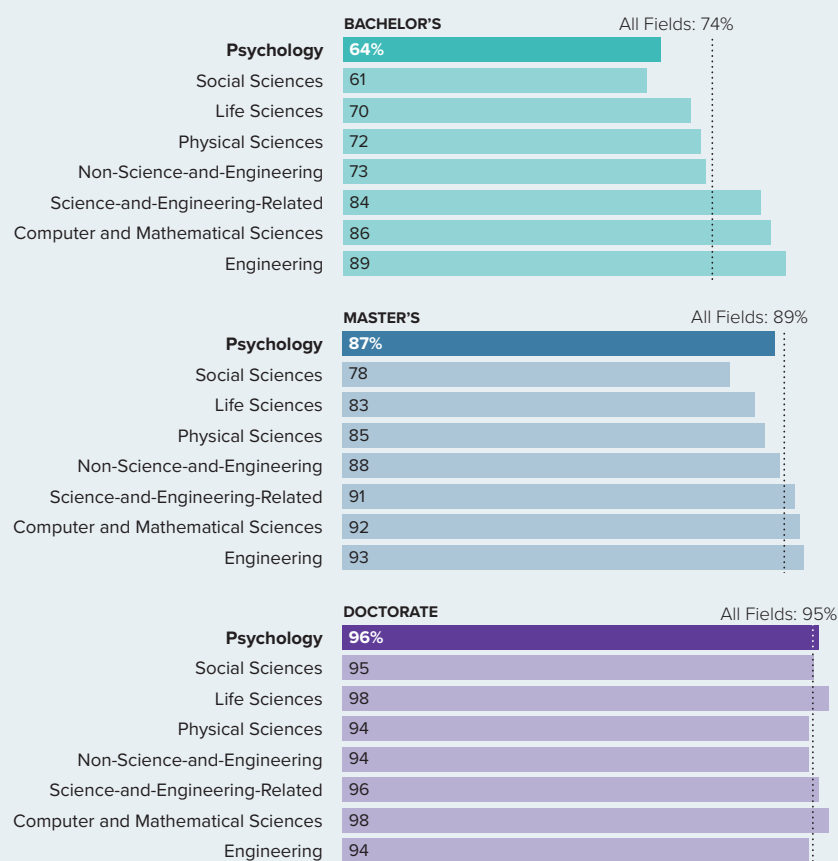
## DO PSYCHOLOGY DEGREE HOLDERS WORK IN PSYCHOLOGY JOBS?

■ In 2015, about 64 percent of the 1.3 million people in the U.S. workforce who held a psychology bachelor's degree as their highest degree reported that their jobs were related to that degree.<sup>1,2</sup> That's less than the percentage in science and engineering fields overall (74 percent).<sup>3</sup>

■ About 87 percent of the 604,200 people who held a psychology master's degree as their highest degree reported that their jobs were related to that degree. That's nearly the same as those who held a master's in science and engineering fields overall (88 percent).

■ About 96 percent of the 207,100 people with a psychology doctorate or professional degree reported that their jobs were related to their highest degree. That's the same level as those with doctorates in science and engineering fields overall.

### Percent of Graduates Whose Job Relates to Highest Degree



Source: 2015 National Survey of College Graduates, National Science Foundation

Note: "All Fields" include all science and engineering fields, science-and-engineering-related fields, and non-science-and-engineering fields.

By Luona Lin, MPP, Amrita Ghaness, BA, Karen Stamm, PhD, Peggy Christidis, PhD, and Jessica Conroy, BA

For an interactive version of this "Datapoint," including occupations for psychology bachelor's, master's, doctoral and professional degree holders, visit the APA Center for Workforce Studies data tool at [www.apa.org/workforce/data-tools/careers-psychology.aspx](http://www.apa.org/workforce/data-tools/careers-psychology.aspx).

For more information, contact [cws@apa.org](mailto:cws@apa.org).

<sup>1</sup>National Science Foundation (NSF), National Center for Science and Engineering Statistics. (2015). National Survey of College Graduates Public Use Microdata File and Codebook. Retrieved from <https://ncesdata.nsf.gov/datadownload>. Field of bachelor's degree was based on respondents' first major field of first bachelor's degree. Examples of professional degrees include PsyD, JD, MD, DDS and DVM. The use of NSF data does not imply NSF endorsement of the research, research methods or conclusions contained in this report.

<sup>2</sup>Respondents were asked to what extent was their work on their principal job (job spent most hours in a typical week) related to their highest degree: closely related, somewhat related or not related. Those who reported "closely related" or "somewhat related" were coded as working in a job related to their highest degree.

<sup>3</sup>Science and engineering fields include computer and mathematical sciences, life sciences, physical sciences, social sciences, psychology and engineering fields. Science-and-engineering-related fields (not included in "science and engineering fields") include health, science and mathematics teacher education, technology and technical fields, etc.

Non-science-and-engineering fields include management and administration fields, education, social service, sales and marketing, art and humanities, etc.

# HOW PORTUGAL IS SOLVING ITS OPIOID PROBLEM

By focusing on public health instead of incarceration, the country has stopped an opioid epidemic. Psychologists are playing a key role in this dramatic turnaround.

BY REBECCA A. CLAY

**L**ike the United States today, Portugal in the 1990s was in the grip of an opioid epidemic so intense that Lisbon was known as the “heroin capital” of Europe. But thanks to an innovative law that went into effect in 2001, Portugal has turned its crisis around.

With the backing of psychologists and other health-care professionals, the law decriminalized the use and possession of up to 10 days’ worth of narcotics or other drugs for individuals’ own use. (Dealers still go to jail.) Instead of facing prison time and criminal records, users who are caught by police go before a local three-person commission for the dissuasion of drug addiction, a panel typically composed of a lawyer plus some combination of a physician, psychologist, social worker or other health-care professional with expertise in drug addiction.

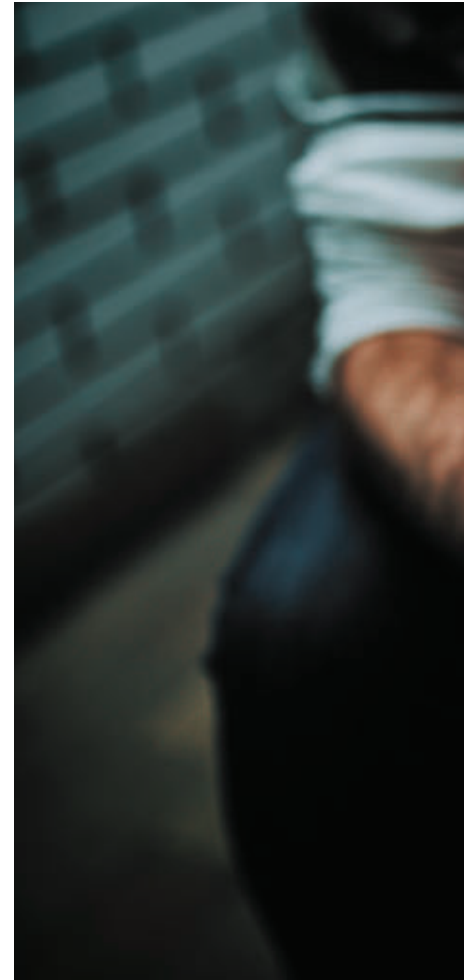
The commission assesses whether the individual is addicted and suggests treatment as needed. Nonaddicted individuals may receive a warning or a fine. However, the commission can decide to suspend enforcement of these penalties for six months if the individual agrees to get help—an information

session, motivational interview or brief intervention—targeted to his or her pattern of drug use. If that happens and the person doesn’t appear before the commission again during the six-month period, the case is closed.

Shifting from a criminal approach to a public health one—the so-called Portugal model—has had dramatic results. According to a *New York Times* analysis, the number of heroin users in Portugal has dropped from about 100,000 before the law to just 25,000 today. Portugal now has the lowest drug-related death rate in Western Europe, with a mortality rate a tenth of Britain’s and a fiftieth of the United States’. The number of HIV diagnoses caused by injection drug use has plummeted by more than 90 percent. Delegates from the United States and other nations—including APA’s Amanda Clinton, PhD, senior director for international affairs—arrive regularly to see the model firsthand.

“You cannot work with people when they’re afraid of being caught and going to prison,” says psychologist Francisco Miranda Rodrigues, president of the Ordem dos Psicólogos

**Portugal now has the lowest drug-related death rate in Western Europe, with mortality a fiftieth of that in the United States.**



Portugueses. “It’s not possible to have an effective health program if people are hiding the problem.”

## EMPHASIZING HARM REDUCTION

The Portuguese model is based in humanism—seeing people with drug problems as people with an illness, says psychologist Domingos Duran, head of the treatment division of the government’s Serviço de Intervenção nos Comportamentos Aditivos e nas Dependências. “By doing that, you can put the person



in the framework of health interventions, not judicial interventions,” he says.

When a dissuasion commission refers someone to treatment, that person typically seeks care in the country’s national health service, which offers integrated outpatient treatment that addresses the individual’s physical, psychological and social needs. Led by a physician or psychologist, the treatment team provides all services at one site to increase access to care. “We don’t have methadone clinics, for example,” says Duran. “We

have methadone in all the public centers in this framework of an integrated model.”

For those who aren’t ready or who are unwilling to seek treatment, the emphasis is on harm reduction. That means psychologists often leave their offices and go into the streets to bring care to the drug users who need it. For example, Rita Lopes, a psychologist with a nongovernmental organization called Crescer, spends her days in one of two vans cruising set routes in Lisbon. In addition to a psychologist, these mobile outreach

teams consist of a nurse, doctor and social worker who provide psychological support, exchange used syringes for clean ones, hand out condoms and urge drug users and other vulnerable populations to take advantage of shelters, hospitals and treatment centers.

The 1,200 patients the teams serve each year are encouraged to move at their own pace. “It’s OK for us if they don’t want to stop using drugs,” says Lopes. “If they want to, we help them.” The mobile units are a bridge to treatment, she explains. The main goal is to build a relationship with drug users. “Without a relationship, you can’t do anything,” she says. “First we create a relationship, then we help people.”

Other psychologists coordinate harm-reduction programs. Hugo Amaral Faria, for example, manages a mobile methadone program run by a nongovernmental organization called the Ares do Pinhal Association for Social Inclusion in Lisbon.

Staffed by a doctor who consults with patients and administers medication, a nurse, and two psychosocial technicians—professionals without university degrees who provide education on such topics as safer drug consumption and safe sex—the mobile units visit five spots across Lisbon each day. There the staff screen for infectious diseases, exchange needles, offer condoms and distribute methadone, along with medication for mental disorders, HIV and hepatitis. The program describes itself as “low-threshold,” meaning that individuals aren’t required to abstain from drugs to

use its services. Faria and the other psychologists and social workers join the mobile units at least once a week to check on participants who can't or won't come into the Ares do Pinhal office. Each of the psychologists and social workers is responsible for around 100 patients, who might need help finding a place to live or a referral to a substance abuse treatment program.

"It's not therapy but psychological support," says Faria. The goal is to empower individuals and help them attain autonomy, whether that means helping someone get an identification card to help reintegrate them into society

or getting them to the hospital for treatment of HIV. The organization also offers participants access to regular medical and psychosocial assessment, greater awareness of their health status and access to community health and social services.

This harm-reduction approach is paying off, says Faria. When the program first started three decades ago, for example, 55 percent of its clients were HIV-positive. Today, just 13 percent are. And the mobile units don't just improve participants' health, adds Faria. Because staff watch infectious disease patients take their medication

and thus ensure treatment adherence, they also help safeguard public health.

Now the Ordem dos Psicólogos Portugueses is launching a series of trainings so that more Portuguese psychologists—both in the national health system and in the private sector—can play a role in preventing and treating addiction to opioids and other substances. The trainings will focus on drug dependence in general, then home in on

issues particular to opioids, alcohol and other substances. The goal is to spread the tenets of the Portuguese model beyond substance use specialists and beyond the major cities of Lisbon and Porto, says Rodrigues. With a planned debut in October, the trainings will combine e-learning and live group sessions around the country. "This is our way of spreading a model that has results," he says. ■

● APA has a memorandum of understanding with the **Ordem dos Psicólogos Portugueses**, as well as with more than two dozen other national and regional psychological associations. These memoranda of understanding lay out mutual goals and commit the partners to regular communication and consideration of joint activities. **For more information** about APA's collaboration with its Portuguese counterpart, visit [www.apa.org/international/pi/2018/04/portuguese-psychologists.aspx](http://www.apa.org/international/pi/2018/04/portuguese-psychologists.aspx).



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# CULTURAL AWARENESS

Psychologists are testing school-based social-emotional interventions targeted for children of different cultures and ethnicities—and the work shows promise

BY ZARA ABRAMS

**A**frican-American girls are some of the most vulnerable students in American schools. As just one example, they are disciplined at up to 11 times the rate of their white peers, according to a report by the African American Policy Forum.

A desire to turn such discouraging statistics around was the impetus behind the “Sisters of Nia” program, an Afrocentric social-emotional intervention for early adolescents. Developed by Faye Belgrave, PhD, director of the Center for Cultural Experiences in Prevention at Virginia Commonwealth University, the program uses African principles that focus on unity, collective work, responsibility and more to foster a community for young women.

“Throughout the program, the girls develop close connections to their peers and mentors,” says Belgrave. “This focus on interpersonal relationships has a big effect on their positive identity development.”

A study of early adolescent African-American girls who completed the eight-week program found that they were more engaged in school and less relationally aggressive toward

their peers after the intervention (*School Psychology Forum*, Vol. 10, No. 2, 2016).

The study is admittedly small, but it is among a growing number that are worth watching because they are finding that culturally relevant programs work.

“Generally, culturally adapted interventions are more effective than either no intervention or some kind of comparison unadapted treatment,” says Gordon C. Nagayama Hall, PhD, professor of psychology at the University of Oregon. He is the lead author of a 2016 meta-analysis that evaluated cultural interventions across 78 studies with 13,998 participants, about half of whom were children (*Behavior Therapy*, Vol. 47, No. 6, 2016).

## NOT-SO-UNIVERSAL INTERVENTIONS

Some psychologists who are interested in adapting interventions for specific cultures and races have begun by studying empirically validated “universal” programs—those intended to work for all students regardless of culture. In particular, researchers have closely examined the “Strong Start,” “Strong Kids” and “Strong Teens” programs

developed by Kenneth W. Merrell, PhD, and his colleagues at the University of Oregon in 2007. The three social-emotional interventions teach kids behavioral strategies to reduce stress, offset negative thoughts, manage anger and resolve interpersonal conflicts.

But in their research, Scott L. Graves Jr., PhD, associate professor of school psychology at The Ohio State University, Candice Aston, PhD, assistant professor of psychology at Towson University in Maryland, and colleagues found that, in fact, the “Strong Kids” program did not apply to everyone: It appeared to have no significant effects on social-emotional knowledge or resiliency when tested with 39 fourth- and fifth-grade African-American girls (*School Psychology Forum*, Vol. 10, No. 2, 2016).

Graves and Aston say this finding points to a need for more culturally tailored research. “[The participants’] response to this universal intervention was essentially, ‘This is not my life, this does not relate to me,’” Aston says.

Armed with that finding, Graves and Aston culturally adapted the “Strong Start”





ASSET/GETTY IMAGES

program for African-American children and tested its effectiveness with 61 African-American boys in kindergarten through second grade (*School Psychology Quarterly*, Vol. 32, No. 1, 2017). The researchers modified the program by, for instance, incorporating storybooks that featured African-American characters and values (Shel Silverstein's "The Giving Tree" was

replaced by Derrick D. Barnes's "Stop, Drop, and Chill") and by using examples of problem behaviors taken directly from teacher reports, such as kids trading insults on the school bus. Compared with the control group, students who received the intervention demonstrated improved social-emotional knowledge, self-competence and self-regulation skills. The

**Psychologists seek to develop models that combine culturally grounded interventions with traditional mental health and behavior-modification programs.**

program did not, however, have a significant effect on empathy, responsibility or teacher reports of externalizing behavior.

In another study, Sara Castro-Olivo, PhD, associate professor of educational psychology at Texas A&M University, tested the effect of "Jóvenes Fuertes," a cultural adaptation of the "Strong Teens" program for Latino English-language learners, on the social-emotional knowledge and resiliency of 102 middle and high school students (*School Psychology Quarterly*, Vol. 29, No. 4, 2014). In addition to delivering the program in Spanish, the researchers administered specialized sessions designed to help students cultivate ethnic pride, handle familial acculturative gaps and cope with discrimination.

"These kids experience a cultural gap between home and school, and they need specialized social and emotional skills to navigate the two different worlds," she says.

The intervention increased students' social-emotional knowledge and resiliency, and 94 percent of those who participated said they liked the program. Castro-Olivo says future studies should also measure problem behaviors and attempt to determine which subsets of the population—certain age groups or genders, for instance—benefit most from "Jóvenes Fuertes."

#### **HYBRID MODELS**

Now, several researchers are interested in developing models that combine culturally grounded interventions with traditional mental health and



Many students experience a cultural gap between home and school, and they need programs that help them navigate the two different worlds.

behavior-modification programs. Aston, for example, is working to launch a hybrid intervention that combines Afrocentric elements similar to those featured in “Sisters of Nia” with a cognitive-behavioral therapy program to address symptoms of depression and anxiety, for instance by teaching students about mindfulness and thought stopping.

“While I’ve witnessed the benefits of Afrocentric-based interventions like ‘Sisters of Nia,’ these programs weren’t specifically designed to address mental health problems,” Aston says. “So, by combining these interventions, we can provide students with both a cultural piece and a mental health piece.”

Graves is also building a program that will cover culture, social-emotional skills and problem-solving, with versions for elementary, middle and high school students. Like “Sisters of Nia,” the intervention will teach Afrocentric values and introduce

students to role models in their communities; it will also train students to deal with anger and other social-emotional challenges. Graves is drawing on lessons learned from years of experience testing interventions in schools.

“We’ve seen that over time, children become numb to the violence in their communities. They begin to internalize it as a normal part of their lives,” says Graves. “That’s why the interventions I’m designing will start by targeting elementary school kids, because the earlier we can teach them coping skills, the better.”

Meanwhile, even as researchers work to develop and test culturally relevant interventions, they recognize that getting schools to embrace them may be a challenge. Graves and Belgrave say that such efforts should start small and build momentum, garnering more money for mental health services in schools and empowering administrators to

implement tailored programs.

Aston and Castro-Olivo suggest a more political route: lobbying decision-makers at the district and state levels to require that school-based mental health interventions be culturally appropriate. Without such a mandate, individual schools and teachers are unlikely to allocate the time and resources to develop their own programs, says Castro-Olivo, who is an advisor for the Chicago-based Collaborative for Academic, Social, and Emotional Learning’s Collaborating States Initiative, which works with state governments to add social-emotional learning to public school curricula.

“If it’s not policy, teachers just feel that an adapted intervention is one more thing to worry about, and they are already overwhelmed,” she says. “But if it becomes policy, they will get the resources, training and support they need—and everyone will see the benefit.”

Ultimately, the mounting evidence behind culturally relevant interventions is the best predictor of their success, says Janine Jones, PhD, associate professor and director of the school psychology program at the University of Washington in Seattle.

“We’re seeing growing numbers of scholars doing what they can to show the efficacy and importance of using cultural adaptations in schools,” Jones says. “The more data we have, the less resistance we will have to deal with. And as a result, more schools will be accepting of using these interventions to reach diverse students.” ■

## FURTHER READING

**Cultural Adaptations: Tools for Evidence-Based Practice With Diverse Populations**  
Bernal, G. & Rodriguez, D.M.M. (Eds.)  
APA, 2012

**Psychoeducational Assessment and Intervention for Ethnic Minority Children: Evidence-Based Approaches**  
Graves, S.L. & Blake, J.J. (Eds.)  
APA, 2016

**Effects of a Culturally Adapted Social-Emotional Learning Intervention Program on Students’ Mental Health**  
Cramer, K.M. & Castro-Olivo, S.  
*Contemporary School Psychology*, 2016

**Guidelines for Providers of Psychological Services to Ethnic, Linguistic, and Culturally Diverse Populations**  
APA, 1990

# SUPPORT FOR PSYCHOLOGIST PARENTS

The Families in Psychology Project offers insights on the most family-friendly doctoral programs and pairs up parent psychologists

BY AMY NOVOTNEY

**P**sychoologist Lila Pereira, PhD, doesn't know how she would have survived graduate school and her doctoral internship without friend and fellow trainee Breanna Wilhelmi, PhD. The two former Palo Alto University graduate students bonded over such shared experiences as whether to disclose their pregnancies during internship interviews and how to manage their workloads once they became mothers.

"We really leaned on each other," says Pereira, now a postdoctoral fellow in pediatric

hematology, oncology and stem cell transplantation at New York Medical College and Maria Fareri Children's Hospital.

The women realized that other parents pursuing psychology doctorates might need similar support. So, with the help of a handful of other early career parents and grad students, the pair has launched the Families in Psychology Project (FIPP) to encourage parents and other caregivers pursuing careers in psychology to advocate for their needs and connect with others in similar life situations.

**FIPP brings psychologists together to share their work-family balance stories.**

The group—open to all psychologists and graduate students—provides peer-to-peer support by bringing members together to share their work/family balance stories, struggles and solutions. FIPP fosters connections through its website, social media, blog and online forum.

FIPP also offers a family resource directory and ranking system that includes more than 400 APA-accredited and accredited on contingency doctoral training programs in clinical psychology. (The directory and rankings are not affiliated with or endorsed by APA.) The resource bases a program's "family friendliness" ranking on whether it offers on-site child care, child care subsidies, health benefits for dependents, flexible course scheduling and other factors.

FIPP is also gathering research data: The group recently surveyed psychology trainees and their mentors about their attitudes toward parenting and is analyzing that data to identify the issues that trainee-parents confront. That information will be used to raise awareness in the field, Wilhelmi says.

"Mostly we just want to ensure that students and early career psychologists with caregiving responsibilities have the same opportunities to learn and succeed as those without these obligations," she says. ■

● **To learn more** about the Families in Psychology Project, go to [www.familiesinpsych.org](http://www.familiesinpsych.org). Also see APA's new parental leave resource guide at [www.apa.org/careers/early-career/parental-leave-guide.pdf](http://www.apa.org/careers/early-career/parental-leave-guide.pdf).





Murray



Bhatia



Sharf



Greene



Chung

## PSYCHOLOGISTS IN THE NEWS

The NAACP has awarded its Dr. William Montague Cobb Award for special achievements in public health at the local level to **Carolyn B. Murray, PhD**, a professor of psychology at the University of California, Riverside. Murray was honored for her research and activism addressing health disparities in the African-American community. Her previous research investigated the socialization practices used by African-American families and her recent work examines how mental health disparities in the African-American population in California can be addressed.

Connecticut College has presented its Nancy Batson Nisbet Rash Research Award for outstanding scholarly work to **Sunil Bhatia, PhD**, a professor of human development who studies identity development within the context of transnational migration, neoliberalization and globalization. Bhatia is also the founder of Friends of Shelter Associates, a local chapter of a nonprofit that raises funds to construct toilets in slum settlements in Maharashtra, India.

The Association of Test Publishers has presented its Award for Professional Contributions and Service to Testing to industrial-organizational psychologist

**Jim Sharf, PhD**. Sharf drafted the “Uniform Guidelines on Employee Selection Procedures” for the Equal Employment Opportunity Commission and developed the Transportation Security Administration employment tests used to hire airport security screeners. Sharf is a director at Metrics Reporting Inc., a consulting company in Grand Rapids, Michigan, that helps employers recruit high-quality talent.

APA is presenting a Citizen Psychologist presidential citation to **Lisa Merlo Greene, PhD**, for her leadership and service to her community. Greene, a clinical psychologist at the University of Florida College of Medicine, is the founder of Be the Kind, an organization dedicated to improving the community through such activities as distributing clothing and household goods to refugees and assisting with relief efforts after Hurricane Irma. Greene is also a founding board member and volunteer for Drawn from Valor, a charity that partners health professionals with artists to create animated videos to educate children and families affected by chronic health conditions. Read more about the Citizen Psychologist initiative at [www.apa.org/about/governance/citizen-psychologist](http://www.apa.org/about/governance/citizen-psychologist).

**Y. Barry Chung, PhD**, is the new dean of the College of Education at San Diego State University. Chung had been the associate dean for graduate studies in the School of Education at Indiana University Bloomington since January 2017 and on the faculty in the school’s department of counseling and educational psychology since 2012. He is also a member of APA’s Council of Representatives for Div. 17 (Society of Counseling Psychology).

**Don Pope-Davis, PhD**, is the new dean of the Ohio State University College of Education and Human Ecology. Pope-Davis comes from the College of Education at New Mexico State University, where he had been dean since July 2015. His research focuses on multicultural counseling and education and he is a member of APA’s Committee on Ethnic Minority Affairs.

The University of Georgia has named **Edward A. Delgado-Romero, PhD**, associate dean for faculty and staff services at the College of Education. Delgado-Romero has been on the college faculty for 13 years. His research focuses on Latinx psychology, and he directs an integrated research and outreach program that serves the local Spanish-speaking population. ■

## 5 QUESTIONS FOR SIAN BEILOCK

The Barnard College president and cognitive psychologist is focused on preparing women for careers that don't exist yet—but will soon

BY JAMIE CHAMBERLIN

**W**hen it comes to performing well under pressure, Barnard College President Sian Beilock, PhD, literally wrote the book: “Choke: What the Secrets of the Brain Reveal About Getting It Right When You Have To” (2010), which details her research on how to succeed in high-stakes situations. It's just one example of the achievements of this cognitive psychologist, who earned her doctorate in 2003 at Michigan State University and who at age 42 became one of the youngest psychologists ever to serve as a college or university president when she was inaugurated in February.

Now Beilock, whose ongoing research also explores math anxiety and how adults and children learn best, is using her expertise to shape how Barnard prepares students for tomorrow's careers. A priority is ensuring that graduates of the all-women, 2,360-student Ivy League college in Manhattan associated with Columbia University have what she views as the essential skills for leadership roles: excellent writing, communication and critical-thinking skills and the ability to use empirical reasoning to inform their work.

“That's what is so powerful about being here—we can really think about how to do that on a level that will allow our students to go out and deal with unexpected challenges and opportunities,” says Beilock.

She spoke to the *Monitor* about the challenges of leadership and what the future holds for the generation of women she's shaping.

### What is the biggest challenge for the generation now enrolled at Barnard?

They are going to have lots of opportunities to choose from and should understand that there's not one linear path to be happy and successful. We want

our graduates to be able to be flexible so they can embrace unexpected circumstances and jump in when they come up.

There is this false dichotomy that students need one set of skills for graduate and professional school and another for industry, nonprofit or government. But I [believe] that being an effective writer, communicator, researcher or critical thinker—as well as someone who can work with data and think from a historical perspective—are all vital, regardless of where one ends up. The experience of acquiring fluency in a variety of skill sets, especially skills one doesn't think they will be able to master at the outset, builds resilience that will help students grab unexpected opportunities and weather challenges they won't be able to foresee in life.

### What's your advice for an assistant professor who would like to be where you are in 10 or 15 years?

Anything you can do to get a better sense of how universities operate will help you. For example, by sitting on committees outside my department I learned how academic institutions run and that was eye-opening. I realized that as a faculty member, you are not only in a department but in a division or school within the larger institution. There are priorities at all different levels and thinking about how these priorities line up across departments can lead to opportunities and resources that aren't at your disposal otherwise. The university is a complex ecosystem, and I don't think I really



appreciated that until I sat on a committee outside my department.

I also talked to a lot of leaders to understand what leadership at this level is like. For the most part, academic leaders are happy to talk to faculty interested in administrative possibilities. I often fretted about sending an email or asking for coffee to talk to high-level administrators about their experiences, but every time I did, people were so eager to provide advice and insight.

### Are there any leaders you try to emulate?

I think the goal is to take the best from different people and learn from it. I did that even as a graduate student; I looked at how different labs were run to figure out how I was going to run my own lab. The more that you can approach every

situation in terms of what you are going to learn from it, the better.

As for my own leadership style, I try to create an environment where people can voice their opinions. I think that's how you get to the best ideas. When you only talk with people who agree with you, you're not developing the best ideas. Being able to make your point to those who might have a different perspective makes your own ideas better—you are forced to sharpen your ideas.

### How can your psychological background help further Barnard's goals?

My research focus is particularly helpful for leading an academic institution because I'm interested in understanding how people can perform at their best. I'm thrilled to be able to use my training to help support the high-level teaching and

research that goes on at Barnard, while at the same time helping to ensure that we equip our students with the attitudes, motivations and resiliency that will enable them to pursue their passions.

### What are you curious about exploring next?

I am still working with my former graduate students at the University of Chicago and collaborators to explore questions such as how parents and teachers influence what young kids—especially young girls—learn in math and science and how we can create environments to help students succeed to the best of their abilities. As we explore those questions, I am starting to think about them with respect to the students at Barnard. I think that will always be part of what I do. ■

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# SUPREME COURT FAILS TO USE SCIENCE IN KEY DECISION

By not considering the voluntariness of a confession by a 16-year-old, intellectually disabled defendant, the court missed a chance to use science to address a critical issue

BY JENNIFER N. WEINTRAUB, MA, AND

CYNTHIA J. NAJDOWSKI, PhD, UNIVERSITY AT ALBANY, STATE UNIVERSITY OF NEW YORK

In June, the U.S. Supreme Court declined to grant *certiorari* in the case of *Dassey v. Dittmann*. As shown in the recent Netflix documentary series “Making a Murderer,” Brendan Dassey was convicted in 2007 for the heinous sexual assault and murder of Teresa Halbach. Following several coercive interrogations, Dassey confessed to committing these crimes with his uncle. Although he retracted his confession immediately, his attempts to have it excluded from evidence were unsuccessful. Dassey’s appeal for a retrial was denied in 2010, a decision that the Wisconsin Court of Appeals affirmed in 2013. Dassey continued to assert his innocence and three years later, a

U.S. magistrate in the federal circuit overturned his conviction. The state of Wisconsin then appealed the case to the U.S. Court of Appeals for the 7th Circuit. Dassey’s release was supported by a three-judge panel, but a full seven-judge panel ultimately upheld his conviction. Unless paroled or pardoned, Dassey will spend the rest of his life in prison.

The primary issue the Supreme Court was asked to consider involved the voluntariness of Dassey’s confession. He was 16 years old when he confessed; he is also intellectually disabled. The claim was that if the Wisconsin Court of Appeals had applied the voluntariness standard properly, it would have recognized that Dassey had been manipulated to produce a confession that was neither voluntary nor true. Review of Dassey’s multiple interrogations reveals that detectives told him at least 24 times they already knew how Halbach had been murdered. This is a form of maximization, whereby detectives represent evidence against the suspect as stronger than it really is to communicate that denial is futile. The detectives also repeatedly implied they believed Dassey had been acting under his uncle’s influence. This is known as minimization—detectives offer excuses and sympathy to reduce the perceived seriousness of

the situation. Research has shown that such coercive questioning techniques can generate unreliable confessions. Juveniles are particularly ill-equipped to resist the techniques because they cannot yet make mature decisions and are more suggestible to pressure. Intellectually disabled individuals are further limited because they are unlikely to fully understand their legal rights. These vulnerabilities were illustrated by Dassey’s inability to grasp the gravity of his situation: After confessing to the brutal crimes, he expressed an expectation that he would return to school that day. He also told his mother, “They got to my head.” Unfortunately, the latter statement was not seen by the jury that convicted him.

Over half a century ago, the Supreme Court recognized the vulnerability of juveniles and intellectually disabled individuals in the context of police interrogations (*In re Gault*, 1967; *Reck v. Pate*, 1961). Since that time, a wealth of psychological science has supported this point. APA summarized this literature in an *amicus* brief it submitted to encourage the Supreme Court to hear Dassey’s case. Similar APA briefs discussing developmental psychology findings have influenced several decisions regarding the treatment of juvenile and disabled defendants, leading to the abolition of the death penalty for juveniles (*Roper v. Simmons*, 2005) and those with intellectual disabilities (*Atkins v. Virginia*, 2002), for instance. By declining to hear *Dassey v. Dittmann*, the court missed an important opportunity to apply psychological science to the standard for evaluating the voluntariness of confession evidence and therefore reinforce the precedent of taking special care when vulnerable populations interact with the criminal justice system. ■



## AT ISSUE

What special considerations should the criminal justice system take when interacting with vulnerable individuals?

# CE

## CONTINUING EDUCATION HIV LAWS THAT APPEAR TO DO MORE HARM THAN GOOD

BY STEPHANIE PAPPAS

In the 1980s, during the early panic surrounding the AIDS epidemic, states began to pass a new type of legislation. These laws made it illegal, often felonious, to knowingly expose another person to the human immunodeficiency virus (HIV). Many reflected the oft-irrational fears of HIV that were prevalent at the time. Today, in many states, people with the virus can be prosecuted for such acts as spitting, even though HIV cannot be transmitted through saliva.

These laws, often called “HIV exposure” or “HIV criminalization” laws, spread throughout the 1990s and early 2000s. There are now 34 states and two U.S. territories where a variety of acts—from having sex or sharing needles without disclosing one’s status to exposing others to bodily fluids—are illegal if a person has been

diagnosed with HIV. These laws rarely take into account the factors that affect actual transmission risk, such as condom use or adherence to antiretroviral therapy. Tracking arrests, prosecutions and convictions under HIV-related laws is a challenge because there is no central repository or system for reporting those data, but the Center for HIV Law and Policy and the Positive Justice Project documented at least 363 arrests and prosecutions between 2008 and May 2018. Research suggests these laws are enforced more often against marginalized populations, including people of color and sex workers. At the same time, there is no evidence that they reduce HIV transmission or make people more likely to disclose their serostatus or get tested.

“In general, the literature is reaching the conclusion that these laws aren’t really helping,” says experimental psychologist Timothy Heckman, PhD, associate dean for research at the University of Georgia’s College of Public Health. “If anything, they’re hurting.”

While the tide hasn’t yet gone out on HIV exposure laws, there are signs of an impending sea change. Over the past decade, multiple professional organizations, including APA, have opposed the laws. A draft federal bill, the REPEAL HIV Discrimination Act (H.R. 1739), has been introduced over the past several congressional sessions.

Though the bill has not yet made it to a vote in the House or Senate, it would incentivize states to reform HIV criminalization laws. Meanwhile, California, Colorado, Iowa and North Carolina have recently revised their laws and statutes related to HIV.

Amid these steps, though, advocates debate what ideal reform looks like: Is it enough to say, for example, that people whose viral load is undetectable should be exempt? Or does linking laws to viral levels simply further stigmatize those who can’t access treatment?

### CRIMINAL EXPOSURE

HIV-related laws differ by state. According to the legal and policy advocacy group the Center for HIV Law and Policy, some states require disclosure before consensual sex. Others enhance penalties for sex work if the worker is HIV-positive or criminalize needle-sharing by people living with HIV. Still others target behaviors with little to no risk of transmission, including spitting or biting.

On their face, laws requiring the disclosure of HIV-positive status before risky activities might seem like a reasonable way to reduce transmission. But there is good evidence that the laws aren’t accomplishing that goal—and evidence that they might be undermining it.

A 2017 study, conducted by a team of researchers from the Centers for Disease Control and Prevention led by Patricia Sweeney, MPH, compared the

### CE credits: 1

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

1. Define “HIV exposure” or “HIV criminalization” laws and discuss the limits of these laws and the ways they can subject people to discrimination.
2. Discuss the research done to date as well as further research that is needed.
3. Discuss advocacy efforts that seek to change these laws.

For more information on earning CE credit for this article, go to [www.apa.org/ed/ce/resources/ce-corner.aspx](http://www.apa.org/ed/ce/resources/ce-corner.aspx).



On their face, laws requiring the disclosure of HIV-positive status before risky activities might seem like a reasonable way to reduce transmission. But there is good evidence that the laws aren't accomplishing that goal.

relationship between the existence of HIV criminalization laws in a state and the rate of diagnosis of HIV and AIDS through 2010. That year, 30 states had laws criminalizing HIV exposure. The researchers found no relationship between the laws and HIV diagnosis rates (*AIDS*, Vol. 31, No. 10, 2017).

In many cases, people at risk for HIV may not even know the laws exist. A 2012 study led by Medical College of Wisconsin researcher Carol Galletly, JD, PhD, surveyed 479 HIV-positive New Jersey residents recruited through local organizations. Only 51 percent were aware that the state criminalized sexual penetration without disclosing one's HIV-positive status (*American Journal of Public Health*, Vol. 102, No. 11, 2012).

Another study, led by University of Minnesota associate professor of epidemiology and community health Keith Horvath, PhD, found that across 16 states, 75 percent of men who have sex with men (whether HIV-positive or not) were unaware of their state laws (*AIDS and Behavior*, Vol. 21, No. 1, 2017).

### DO THESE LAWS BACKFIRE?

But even awareness of such laws doesn't seem to translate to the kind of results policymakers might have been hoping for when they put HIV criminal exposure laws on the books. In fact, the laws may actually increase risky sexual

behavior among people at risk for HIV. Horvath's study found that participants who believed their state had an HIV exposure law (whether it really did or not) engaged in riskier sexual behavior than those who believed their state did not have a law. It's possible, the researchers hypothesize, that these people took comfort in the idea that the laws would protect them from contracting HIV.

Unfortunately, that comfort is probably false. Multiple studies, including the 2012 New Jersey survey, have found that HIV exposure laws don't increase disclosure or abstinence, or modify any risk behavior among people with HIV or people at risk of contracting the virus. One study that surveyed people at high risk of HIV because of sexual behavior or intravenous drug use found that most believed it was morally wrong to expose someone unknowingly to the virus but that their beliefs about the legality of doing so did not affect their self-reported behaviors (*Arizona State Law Journal*, 2007). A 2006 study on disclosure before sex found no link between living in a state with HIV criminalization laws and whether HIV-positive people actually shared their status with their partners (*AIDS and Behavior*, Vol. 10, No. 5, 2006).

In fact, many experts worry that HIV exposure laws could backfire. HIV-specific laws might generally increase HIV stigma

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by subtly dissuading people at risk from discussing their sexual behavior with their doctors because the doctor's notes might later be subpoenaed, says Maya Kesler, PhD, MSc, a postdoctoral fellow at the University of Toronto. Or the laws might engender a sort of self-defeating logic that prompts people not to get tested because knowledge can make them legally culpable.

"Somebody who does not know their HIV status and is positive and is likely very infectious cannot be prosecuted, because they don't know their status," says psychologist Perry Halkitis, PhD, MPH, dean of the Rutgers University School of Public Health, who researches health disparities affecting gay men. "[Yet] the positive person who knows their status, who is doing the right thing, who is probably in care and in treatment, can get prosecuted. It makes no sense."

There is little evidence on whether HIV laws do in fact influence real-world testing decisions. But in one small study, Kesler and her colleagues reported that of 150 HIV-negative men who had sex with men who were interviewed at a primary-care clinic in Toronto, 7 percent said concerns over prosecution would make them less likely to be tested (*PLOS ONE*, Vol 13, No. 2, 2018). Seven percent sounds small, Kesler says, but it could mean as much as an 18.5-percent increase in community HIV transmission.

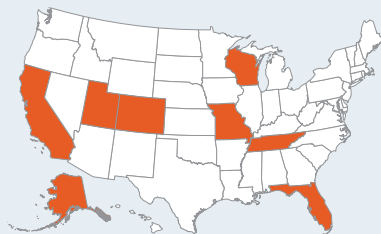
"When you put it at the community level, an 18.5-percent increase is very high and could have drastic effects," she says.

HIV exposure laws may have even grimmer effects than the

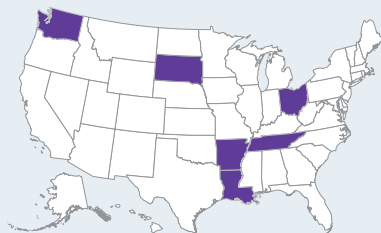
**There's a dearth of good qualitative research on the experiences of people living under these laws and how the laws play into decisions about testing.**

## HIV Criminalization in the United States

An overview of the variety and prevalence of laws used to prosecute and punish people living with HIV (PLHIV)

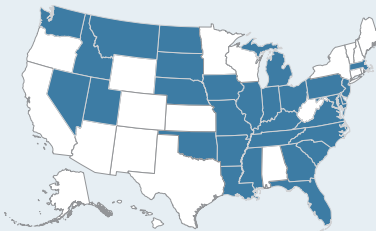


States with laws that apply increased penalties for PLHIV who commit an underlying sex crime, such as rape or sexual assault

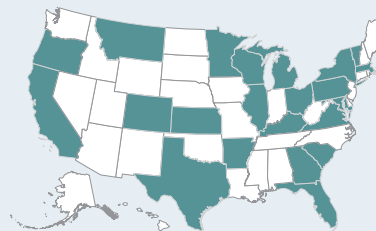


States that may require registration as a sex offender as part of the punishment under HIV-specific laws

Source: The Center for HIV Law and Policy



States with HIV-specific criminal laws, including laws targeting sex/nondisclosure, exposure to bodily fluids, needle-sharing, sex work or blood/organ/semen donation



States that have prosecuted PLHIV under non-HIV-specific, general criminal laws (within the past 10 years)



States that have reformed or repealed one or more parts of their HIV-specific criminal laws

people accounted for 67 percent of cases, despite making up only 51 percent of people living with HIV in California. The report also found that 21 percent of people who had contact with the justice system over their HIV status were black women, while this group makes up only 4 percent of people with HIV in California.

A separate report from the Williams Institute that focused on Georgia found complex racial disparities in the 571 arrests between 1988 and September 2017 in that state (Williams Institute, January 2018). The most disproportionately affected group in Georgia was white women, who accounted for 11 percent of HIV-related arrests while making up only 3 percent of people living with HIV in the state. Black men and women were more likely to be arrested for HIV-related offenses than white men or women, the researchers found, but not out of proportion to the rate of black men and women with HIV in the state. However, black men were twice as likely to be convicted of the HIV-related offense as white men.

Race and sexuality also play a role in the court of public opinion, says Kenyon Farrow, a senior editor at the HIV-focused website The Body. In one illustrative case in 2013, Farrow says, police said (and the media reported) that a Missouri man named David Mangum was arrested on HIV-related charges that he may have exposed more than 300 men to the virus. Ultimately, Mangum told a judge under oath that his real number of sex partners was closer to 12, and he was convicted on just two counts of

research lets on. In many cases, the studies draw from relatively well-off populations, like the educated gay men with access to medical treatment in Kesler's study. In contrast, the people most affected by the laws are often hard-to-contact marginalized populations, says Kate Boulton, JD, an attorney with the Center for HIV Law and Policy.

"Sex workers are among the most disproportionately harmed," Boulton says. That's based on a 2015 report from the Williams

Institute, a think tank at the University of California, Los Angeles, devoted to researching sexual orientation and gender identity law, and the California HIV/AIDS Research Program. The report examined the 800 cases of people who came into contact with the justice system because of HIV-related laws in California between 1988 and 2014 (Williams Institute, December 2015). Of those cases, 95 percent involved sex workers or people accused of sex work. Black and Latino

exposure. In another Missouri case, that of college student Michael Johnson, prosecutors described the size of Johnson's penis in graphic detail and showed screenshots of videos that included his genitalia.

"So much of what the prosecutor did in the Johnson case was to play on fears of black male sexuality and black male genitalia because his accusers were almost all white," Farrow says.

There is growing awareness that HIV exposure laws are a problem, Boulton says. In 2014, the Department of Justice released a best-practices guide urging that laws be updated to consider condom usage, pre-exposure prophylaxis and antiretroviral therapies, the latter of which can make transmission impossible. An APA resolution adopted in 2016 opposes HIV exposure laws. Other organizations that have issued statements against the laws include the Association of Nurses in AIDS Care, the HIV Medicine Association, and the National Alliance of State and Territorial AIDS Directors. In March, an op-ed by researchers from George Mason University and Columbia University in *The New England Journal of Medicine* called for the continued repeal or amendment of the laws (*NEJM*, Vol. 378, 2018).

Four states have reformed their HIV exposure laws in the past five years. In 2014, Iowa changed a law that had imposed up to 25 years in prison and a spot on the sex offender registry

● **To read** the APA resolution on HIV criminalization laws, go to [www.apa.org/about/policy/hiv-criminalization.aspx](http://www.apa.org/about/policy/hiv-criminalization.aspx).

## BY THE NUMBERS

**34**  
Number of states that have HIV-specific criminal laws and/or sentence enhancements applicable to people living with HIV (PLHIV)

**8**  
Number of states with laws that apply increased penalties for PLHIV who commit a sex crime

**6**  
Number of states that may require registration as a sex offender if punished under HIV-specific laws

**6**  
Number of states that have reformed or repealed one or more parts of their HIV-specific criminal laws

Source: The Center for HIV Law and Policy

for nondisclosure of HIV-positive status to a sexual partner, even with condom use and no actual transmission. Under the revised law, other transmittable diseases such as hepatitis are included—HIV is not singled out—and penalties are tiered based on whether the person took precautions to prevent transmission. In 2016, Colorado eliminated felony offenses for engaging in sex work if HIV-positive and reduced some sentencing enhancements for sexual assault by an HIV-positive person. In 2017, California reduced its HIV transmission penalties from felonies to misdemeanors. And effective this year, North Carolina updated the HIV control measures in its administrative code to take into account whether an HIV-positive person is virally suppressed at the time of sexual intercourse.

That last change is one that advocates against HIV exposure laws are watching closely. One common charge against the laws is that they don't take into account antiretroviral therapies that can suppress the virus so that it is undetectable in the blood, and thus untransmittable. Thus, a potential emerging solution is to modernize laws so that they don't prosecute people who are virally suppressed. There are reasons to be cautious about that strategy, though, says Kesler.

"We need to be careful and have new research looking at people who can't obtain an undetectable viral load," she says. "We don't want to increase stigma within that group of individuals."

Or leave them out in the cold in terms of criminal prosecution, Boulton adds. The people most

disproportionately affected by HIV criminalization, including sex workers, are also those least likely to access the care they need to achieve "undetectable" status, she says. That means the most vulnerable populations could still be the most in danger of prosecution under revised laws.

## MORE WORK AHEAD

Much more research is needed into how laws are enforced on the ground, Boulton says. There's also a dearth of good qualitative research on the experiences of people living under these laws and how the laws play into decisions about testing, says Heckman. For example, one question that no one has studied, he says, is whether HIV criminalization laws affect people's use of home testing kits for HIV, which are available over the counter and allow people to learn their serostatus without it becoming part of their medical record.

"Psychologists are uniquely positioned to conduct the behavioral and social science research needed in this area," says University of South Florida psychologist Tiffany Chenneville, PhD, chair of APA's Committee on Psychology and AIDS. "Different disciplines within psychology can provide insight into issues of relevance to discussions about HIV criminalization laws. For example, social psychologists may study the impact of HIV criminalization laws on HIV-related stigma and discrimination, while forensic psychologists may study the impact of HIV-related stigma on jurors' perceptions in cases involving charges related to existing HIV criminalization laws."

In a 2017 article in APA's *Psychology and AIDS Exchange Newsletter*, Heckman outlined other suggestions for psychologists researching HIV-related laws. Health psychologists might examine disparities in post- and pre-exposure prophylaxis use, while cognitive psychologists could investigate the heuristics and biases involved in making decisions about disclosure of HIV-positive status in light of HIV exposure laws. Addiction specialists might study the impact of HIV exposure laws on intravenous drug users, while industrial/organizational psychologists might focus on if and how people living with HIV disclose their serostatus at work (*Psychology and AIDS Exchange Newsletter*, March 2017).

"I think the question we need to be asking is 'Why are HIV transmissions still happening at such high rates in

the black and Latino communities in the richest country in the world?' Why is it that people with HIV still struggle to have access to treatment in this country?" Farrow says. "We need to put our focus on making sure that people have access to prevention and to treatment rather than on creating systems that stigmatize people with the virus and then ultimately criminalize them."

There's work to be done on the clinical side as well, Halkitis says. "Clinicians need to be prepared to support their HIV-positive or at-risk clients through decisions about testing and treatment in the face of pervasive stigma. HIV criminalization laws are just one way that stigma persists."

"It's more than just about HIV," he says. "It's about the various '-isms' and the 'othering' perpetuated by our society." ■

## FURTHER READING

**HIV Criminalization in the United States: A Sourcebook on State and Federal HIV Criminal Law and Practice**  
Center for HIV Law and Policy, 2017

**Criminalization of HIV Exposure: A Review of Empirical Studies in the United States**  
Harsono, D., et al.  
*AIDS and Behavior*, 2017

**Prevalence and Public Health Implications of State Laws That Criminalize Potential HIV Exposure in the United States**  
Lehman, J.S., et al.  
*AIDS and Behavior*, 2014

**Positive Justice Project Consensus Statement on the Criminalization of HIV in the United States**  
Positive Justice Project/Center for Law and HIV Policy, 2012

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# IN SEARCH OF

Psychologists are using a variety of approaches to help clients lead richer, more fulfilling lives

BY TORI DEANGELIS

A full-page photograph of a person walking away from the camera down a path covered in fallen autumn leaves. The path is flanked by tall, thin trees with sparse foliage. A bright, hazy light source, likely the sun, is positioned in the upper left, creating a strong backlight effect and illuminating the scene with a warm, golden glow. The word "MEANING" is superimposed in large, bold, red capital letters across the middle of the image.

# MEANING

**IN A CULTURE THAT VALUES SPEED**, technology and consumer cravings, you might think meaning would fade into the background. But people's desire for meaning remains strong. More than 90 percent of us say our lives are meaningful, according to a literature review by University of Virginia research associate Samantha J. Heintzelman, PhD, and University of Missouri social psychologist Laura A. King, PhD (*American Psychologist*, Vol. 69, No. 6, 2014).

What's more, meaning in life appears to nurture us, with studies linking it to good health and health behaviors (*Health Psychology Review*, Vol. 11, No. 4, 2017), longevity, higher quality of life and lower rates of mental disorders, including depression and post-traumatic stress disorder.

To help clients explore and develop greater meaning in their lives and enjoy those benefits, psychologists use strategies from a variety of therapies, including logotherapy, meaning therapy, existential therapy and a combination of approaches. While more research is needed to show which interventions work best, such meaning-related work is helping people identify, prioritize and act on what matters most to them, says Clara Hill, PhD, a University of Maryland, College Park, psychology professor and author of "Meaning in Life: A Therapist's Guide" (APA, 2018).

"Almost every problem that's brought into therapy," she says, "is implicitly about the meaning of life."

According to a model developed by University of Connecticut researchers Login S.

George, PhD, and Crystal L. Park, PhD (*Review of General Psychology*, Vol. 20, No. 3, 2016), most psychologists who study the topic agree that people believe their lives are meaningful when three aspects are in place:

- They feel that their lives make sense and have continuity.
- They are directed and motivated by meaningful goals.
- They believe their existence matters to others.

As for sources of meaning, they tend to fall into two main categories: meaningful relationships and meaningful occupation, whether that's a career, hobby or other creative pursuit. Many studies find that relationships rank No. 1, with studies showing that people feel the greatest sense of meaning when our needs for relatedness are met, when we feel we belong in the world and

when we feel close to and supported by our families.

In addition to examining what constitutes meaning, researchers and practitioners are also exploring what Park calls "meaning-making": what we do when confronted by the need to re-evaluate our baseline sense of meaning due to an outside challenge, say a divorce or an illness. Park's research finds that people tend either to re-evaluate an event so that it better fits within their original beliefs and goals or to revise those beliefs and goals to accommodate the new information—a process that can take time and is not always successful, she notes.

Such periods of upheaval may spark an existential crisis that can blossom into important growth opportunities, says Paul T.P. Wong, PhD, a Toronto-based



clinical psychologist and professor emeritus at Trent University in Ontario, Canada.

“Crises are a chance for people to give up dead wood—toxic habits or patterns—and explore who they truly are and what really matters in life,” he says.

## A VARIETY OF APPROACHES

Wong is among the psychologists who have developed therapies that help clients foster more meaningful lives. Many of these interventions trace their origins to Viktor Frankl, the Austrian psychiatrist and author of “Man’s Search for Meaning,” first published in 1946, which chronicles his experiences in four Nazi concentration camps. After his release, Frankl went on to create logotherapy, which holds that humankind’s main

motivation is finding meaning in life, as opposed to striving mainly for pleasure or power, as other theorists emphasized.

Logotherapy posits that meaning is based on enduring values that emanate from three main sources: engaging in creative work or deeds of kindness; appreciating love, goodness, truth or beauty; and taking a courageous stance toward life’s difficulties. In his work with clients, Frankl used techniques such as dereflection (helping clients focus less on themselves and more on higher-level goals such as helping others) and Socratic dialogue (asking open-ended questions to help people uncover meaning-related aspirations). If a client is passionate about saving the environment, for example, a therapist might help him or her explore concrete ways to realize

**Many studies rank strong relationships with others as a top factor in a meaningful life.**

that vision, such as participating in a river cleanup or starting a work-based recycling program.

Others have since refined Frankl’s work. In 2010, Wong developed meaning therapy, which incorporates elements of cognitive-behavioral therapy (CBT), positive psychology and research findings on meaning. Using a model he calls PURE (purpose, understanding, responsible action and enjoyment/evaluation), Wong helps people balance positive and negative elements of life by helping them assume personal responsibility and encouraging them to pursue goals or activities that are greater than themselves. Studies have shown that his approach helps to reduce stress and depression and increase well-being (see “Clinical Perspectives on Meaning,” Springer, 2016).

Meaning-centered psychotherapy is another form of therapy derived from Frankl’s work. Developed for advanced cancer patients by William S. Breitbart, MD, chair of psychiatry service at Memorial Sloan Kettering Cancer Center in New York, the intervention confronts patients’ fears of mortality by helping them explore what they would consider to be a good or meaningful death. It also encourages patients to embrace more positive attitudes about their lives, illness and death; to consider how to courageously fulfill their responsibilities; and to connect with what makes them feel most alive. In addition, participants create “personal legacy projects” to address what is most meaningful to them, such as mending a broken relationship,

volunteering or visiting a place they have always wanted to see.

In two randomized controlled trials, Breitbart and colleagues found that the treatment enhanced patients' sense of meaning, improved their quality of life and decreased their depression and hopelessness compared with controls (*Journal of Clinical Oncology*, Vol. 33, No. 7, 2015; *Cancer*, in press).

Still another vehicle for helping clients tap into meaning is existential therapy. Started by contemporaries of Sigmund Freud, including Otto Rank and Rollo May, it was updated in 1980 by Stanford University psychiatrist Irvin D. Yalom, MD. His model holds that life is inherently random and meaningless, so humans must create their own sense of meaning. The way to do that, Yalom asserts, is to engage more fully in life—with activities and people you're drawn to and that nurture you. From there, meaning arises naturally, he maintains. Therapists can help clients break down barriers to engagement by asking them what is preventing them from doing what they want, such as traveling more or taking an art class they've long been interested in. Existential therapies appear to benefit certain populations, particularly people with physical illnesses, research finds (*Journal of Consulting and Clinical Psychology*, Vol. 83, No. 1, 2015).

Finding meaning also plays a central role in acceptance and commitment therapy, or ACT, established in 1982 by psychologist Steven C. Hayes, PhD, of the University of Nevada, Reno. Like existential and meaning therapies,

## HELPING CLIENTS FIND MEANING

1

**Help them consider and recraft their life stories**

2

**Help them take the high road to problem-solving**

3

**Help them see that many things in life can be meaningful**

ACT seeks to help clients live full lives and face existential issues. It also helps them identify their values, choose behaviors in harmony with those values, and use mindfulness, awareness and acceptance strategies to meet life's difficulties. At least one meta-analysis concludes that ACT is effective in treating depression and anxiety, but there is insufficient evidence to deem it more effective than other treatments, such as CBT (*Journal of Affective Disorders*, Vol. 190, 2016).

## USING MEANING IN PRACTICE

While some psychologists adhere to these specific modalities in their work with clients, others incorporate elements of these approaches while practicing more traditional therapy forms, including psychodynamic therapy and CBT. For instance, when cognitive-behavioral therapists

use behavioral activation, they make sure to help their clients consider how they can incorporate their values into their actions, says Bruce Liese, PhD, a professor of family medicine and psychiatry at the University of Kansas who studies CBT approaches in treating addiction. CBT also emphasizes goal-setting, which involves articulating goals that are consonant with a meaningful life, he notes.

He and others provide these additional ideas to foster clients' quest for meaning:

■ **Have a plan.** As with any type of therapy, structure is key, says Liese. In developing case conceptualizations, he asks clients what is meaningful to them and uses that information to guide treatment.

In her work, Hill uses a three-part model that encourages clients to explore their



Meaning therapy helps clients see the value of helping others and larger causes.

MIXETTO/GETTY IMAGES

meaning-related issues, gain insight into them and take action on them if they so choose. She also believes that therapists who do this work should be involved in this kind of inquiry themselves.

“By experiencing the depths and ambiguities of self-examination, therapists are more likely to be humble and compassionate and thus able to help and encourage clients in navigating their journey toward self-awareness,” she says.

■ **Foster a big-picture view.** A big part of meaning therapy is helping clients learn to see the potential in difficult circumstances, develop resilient attitudes toward suffering, and contribute to others or to a larger cause. To this end, Wong uses a “double-vision” strategy to encourage his clients to aim high toward future ideals on the one hand while staying grounded in the present on the other. He uses strategies such as having clients keep daily journals to express gratitude for life’s gifts, including challenges, and to track the sometimes bumpy journey toward making positive changes.

He also employs cognitive and behavioral techniques to help clients change their self-centered attitudes and habits. For someone who’s an incessant complainer, for example, Wong might prescribe homework asking him or her to say something good about a person or circumstance every time he or she is tempted to grouse.

■ **Tap the power of stories.** Likewise, clinicians can use

elements of life review and narrative therapy to help clients broaden their life views and assess where they’ve been and where they want to go, says Michael F. Steger, PhD, creator of the widely used Meaning in Life Questionnaire and director of the Center for Meaning and Purpose at Colorado State University. Blending meaning and narrative approaches “can facilitate how we really want our life story to be, how we want to write our stories,” he says, and place challenges in a perspective of learning and growth.

Meanwhile, research by University of Kansas social psychologist Mark J. Landau, PhD, suggests that metaphors can be powerful tools for facilitating meaning. In fact, humans probably created metaphors based on cultural or physical experiences, such as journeys or wars, to make sense of abstract life events, says Landau, who along with Kathleen V. Vohs, PhD, and Roy F. Baumeister, PhD, edited a special issue on meaning in the *Review of General Psychology* (Vol. 22, No. 1, 2018).

“When we conceptualize our life in terms of these known areas, we’re giving it meaning—a structure and a framework—that it didn’t have before,” he says.

A series of studies he conducted with Matthew Baldwin, PhD, and Trevor J. Swanson, PhD, shows that students who framed their lives as a journey reported more meaning in life than those who simply wrote about their lives in a straightforward, literal fashion (*Self and Identity*, Vol. 17, No. 2, 2017).

## FURTHER READING

### **Meaning-Centered Psychotherapy in the Cancer Setting**

Breitbart, W.S. (Ed.)  
Oxford University  
Press, 2017

### **Meaning in Life: A Therapist’s Guide**

Hill, C.  
APA, 2018

### **Meanings of Meaning**

Vohs, K.V., et al.  
(Eds.)  
*Review of General  
Psychology*, special  
issue, 2018

### **Trauma, Meaning, and Spirituality: Translating Research Into Clinical Practice**

Park, C.L., et al.  
APA, 2017

### ■ **Respect individual differences.**

While close personal connections and purposeful work are universal sources of meaning, meaning in life also differs depending on such factors as a client’s age, context, culture and religion, says Hill. Not surprisingly, the need to reformulate one’s sense of meaning can bisect any of these areas: A young woman raised in a conservative religious household may face a crisis of meaning when she realizes her sexual orientation is different from the norms of her faith. Or a man from a collectivist culture may face an existential conflict when his life goals fail to square with those of his parents. Because of the complex, personal nature of meaning, therapists’ best strategy is to help clients explore their own meaning issues and guide them in finding their own answers, Hill says.

“We have to listen to them to hear what they’re thinking and where their beliefs come from, and to explore how that is working for them,” she says.

■ **Don’t impose meaning.** In a related vein, let the topic of meaning emerge organically, Hill advises. Only about 12 percent of clients enter therapy with an explicit request to work on meaning issues, according to a survey she conducted with 212 practicing psychotherapists (*Counselling Psychology Quarterly*, Vol. 30, No. 4, 2017). In another qualitative study she and colleagues conducted with 13 experienced psychotherapists (*Psychotherapy Research*, Vol. 27, No. 4, 2017), the therapists recommended approaching the

topic with care. The best times to do so are when clients bring it up or during times of major life transitions or crises, they agreed. “The therapist’s job is to figure out when it is beneficial to bring up the topic of meaning, and when it’s not,” says Hill.

■ **Keep it off a pedestal.** Finally, the University of Missouri’s King is studying the notion that meaning is everywhere—in

actions as simple as hanging out with one’s family or walking the dog.

She and colleagues have also found that simply being in a good mood can inspire a greater sense of meaning and that intuition—not analysis—is linked to our ability to perceive a meaningful world.

King likes to share this research with older adults as well as their caretakers to let them

know that everyday activities—tasks as simple as helping a person get dressed or taking a stroll together—can be as valuable as loftier or more ambitious goals.

“We tend to think of meaning as this most profound of human experiences,” she says. “Yet all of these more ordinary things also foster our sense of meaning. And that, I think, is an incredibly huge relief.” ■

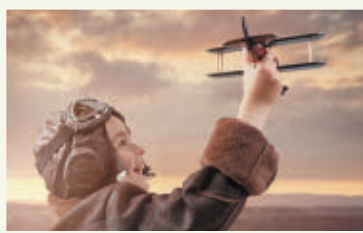
### NEW RESEARCH

## EXTRA TOOLS FOR ENHANCING MEANING

**R**esearch by social and cognitive psychologists suggests additional ways to help clients enhance their meaning in life, including:

■ **Mentally distancing oneself from an event.** Inducing people to think about the past or future versus the present, or to think specifically about a location different from the one they’re in, enhances their self-reported meaning in life, according to research by psychologists Adam Waytz, PhD, of Northwestern University, Hal E. Hershfield, PhD, of the University of California, Los Angeles, and Diana I. Tamir, PhD, of Princeton. The reason, it seems, is that people tend to imagine more profound or meaningful events the more removed they are from the present reality, which they assess as more mundane than events beyond the here and now, say the authors (*Journal of Personality and Social Psychology*, Vol. 108, No. 2, 2015).

■ **Thinking nostalgically about the past.** Priming people’s sentimental



**Reconnecting people with their past can help them access their “true selves.”**

affection for the past helps them access their most authentic selves, also known as the “true self,” a concept that is associated with higher reported meaning in life, finds a series of studies by Matthew Baldwin, PhD, of the University of Cologne, and Monica R. Biernat, PhD, and Mark J. Landau, PhD, of the University of Kansas (*Journal of Personality and Social Psychology*, Vol. 108, No. 1, 2015).

■ **Using counterfactual thinking.** The term “counterfactual thinking” refers to people’s “what if?” tendency to imagine alternate paths to a particular life event or choice. In a study by

Samantha J. Heintzelman, PhD, of the University of Virginia, and colleagues, people who wrote about their birth by imagining it took place differently than it actually did evaluated their lives more favorably than people who did so in a factual manner (*The Journal of Positive Psychology*, Vol. 8, No. 1, 2013).

■ **Creating more order in your life.** Seeing beautiful pictures of trees in seasonal order prompts a greater sense of meaning than viewing the same pictures in random order, finds research by Heintzelman, Laura A. King, PhD, of the University of Missouri, and Jason Trent, PhD, of Marist College in Poughkeepsie, New York (*Psychological Science*, Vol. 24, No. 6, 2013).

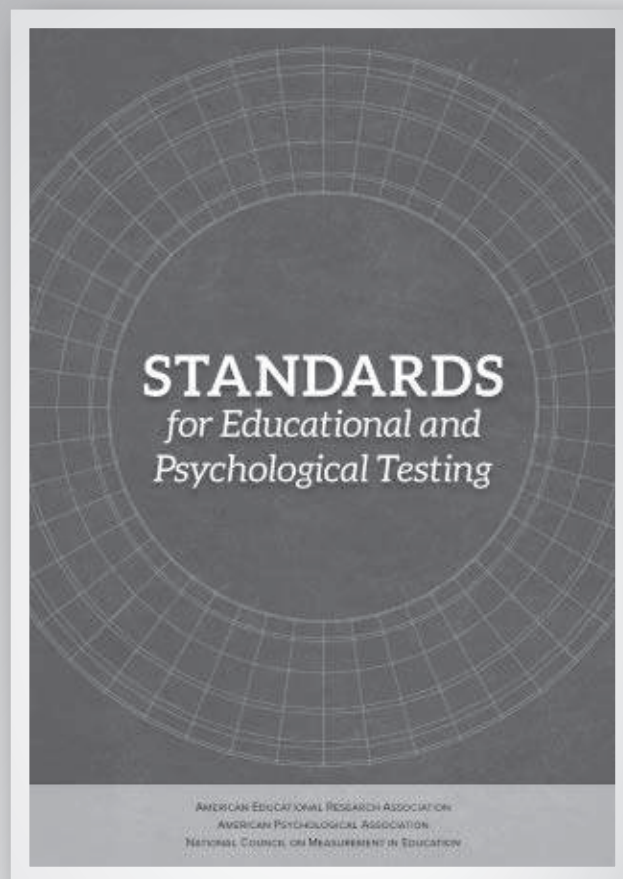
“Stability and regularity in life are often ignored when we think about a meaningful life,” says Heintzelman. “But our ability to make sense of the things going on around us is really important for the experience of meaning.” —Tori DeAngelis

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Virginia Tech psychologist  
Dr. Angela Scarpa  
transformed a 29-foot  
Winnebago Spirit RV into a  
traveling treatment facility  
for children with autism  
and their families in rural  
southwestern Virginia.





# TRAVELING TREATMENTS

Mobile units are serving populations that might not otherwise get care, including veterans, children with autism and seasonal farmworkers

BY ZARA ABRAMS | PHOTOGRAPHY BY BRENT CLARK

W

hen psychologist Angela Scarpa, PhD, learned in 2003 that her 23-month-old son had autism, she sought out the best care possible. But finding it wasn't easy: She had to drive several hours from her home in Blacksburg, Virginia, for an evaluation by an autism specialist in Charlottesville, and the nearest evidence-based treatment center was more than an

hour away. ¶ That experience led her to develop a creative solution to help other families with similar needs: She transformed a recreational vehicle into a traveling treatment facility for kids with autism and their families. Launched in June, the mobile unit builds on the work of Scarpa's existing brick-and-mortar facilities: an autism clinic and research center opened, respectively, in 2005 and 2012 at

the Virginia Polytechnic Institute and State University (Virginia Tech). The traveling clinic has held two open houses and is now providing services to several families in rural Virginia.

"My journey with my son has inspired me to reach out to the families who are going through this same experience and find a way to help," says Scarpa, an associate professor of psychology at Virginia Tech.

Scarpa is among a number of psychologists and other mental health professionals who are deploying mobile units to address the mental health needs of people in geographically isolated areas by taking treatment straight to those they serve. The need is large: Americans in rural areas may have to travel up to several hours for mental health services, with the result that many mental and behavioral health issues go undiagnosed and untreated. In 2014,

the U.S. Department of Health and Human Services reported that underserved areas were short by 4,000 mental health professionals (*The American Journal of Psychiatry Residents' Journal*, Vol. 11, No. 10, 2017).

Besides children with autism, other populations benefiting from these services include migrant agricultural workers and combat veterans and their families, who often have trouble accessing care due to lack of transportation, health insurance or both. Below are some examples of what goes into funding, launching and running these traveling treatment units.

### THE MOBILE AUTISM CLINIC, VIRGINIA TECH EMPOWERING FAMILIES

Scarpa's form of treatment transportation is a 2004 Winnebago Spirit RV, which she purchased in 2016 thanks to a \$99,784

grant from the Malone Family Foundation, a Colorado-based nonprofit focused on education and medical research. The money enabled her to transform the vehicle into what she calls the Mobile Autism Clinic, or MAC, a full-fledged treatment facility with a waiting area and treatment room, along with a bathroom and kitchenette. Under Scarpa's supervision, three clinical psychology PhD students from Virginia Tech administer services—including social skills, language development and behavior management—to patients and their families. In addition, the MAC's rural outreach coordinator, Jennifer Scott, MPH, connects with communities in rural southwest Virginia.

To better serve families in the area, Scarpa's team conducts research through a series of focus groups with local parents and health-care providers, assessing

the availability of services, the feasibility of incorporating technology into treatment plans and any barriers to providing care. For example, the researchers ask parents what type of training is most important for their children and which delivery format they prefer (face-to-face, electronic or both). The team also asks providers about the needs of each community, such as the age range of local children with autism and how frequently treatment sessions should be held.

The MAC makes weekly visits to communities in rural southwest Virginia and hopes to provide about 20 hours of autism services each month. Services offered include evidence-based

behavioral and cognitive interventions for autism—such as pivotal response treatment, a type of applied behavior analysis that aims to improve communication and social skills—and a stress-and-anger-management program that teaches emotion-regulation skills to young children with the condition. Scarpa will continue to use a combination of these and other methodologies depending on what the focus groups reveal about specific needs of families in the area.

The ongoing research, funded by a \$19,686 grant from Virginia Tech's Policy Strategic Growth Area stakeholders group, aims to find ways to modify traditional autism interventions for

**With grant funding, Dr. Angela Scarpa retrofitted an RV to include a full treatment room and family waiting area in the Mobile Autism Clinic.**

the target population and to use technology to improve access to autism services. Scarpa has partnered with Virginia Tech colleagues in the departments of public policy and computer science to devise technological, or “telehealth,” solutions that could enable the MAC to reach even more patients in remote areas.

MAC staff members also track outcomes such as parents' knowledge of how the interventions work and their efficacy at home.

“A big part of what we do is thinking about family resilience and empowerment,” says Scarpa, adding that research shows the most effective interventions are those that actively involve



caregivers and are used daily. “We want to leave parents with the skills they need so that they can continue the work with their children, even when we’re not around.”

### MAINE MOBILE HEALTH PROGRAM

#### SERVING FARMWORKERS

Originally an offshoot of a traditional brick-and-mortar clinic based in Augusta, the Maine Mobile Health Program, or MMHP, now operates solely from four mobile units, providing both medical and behavioral health services to the state’s thousands of migrant and seasonal farmworkers. The clinic opened more than 20 years ago, and in 2004 it became a self-sufficient federally qualified health center and transitioned to exclusively offering mobile services.

“Because we work with such a dispersed population and the

harvests are so far apart from each other, mobile health is the logical solution,” says Lisa Tapert, MPH, executive director of MMHP.

A typical patient may have traveled with his or her family from Mexico, Honduras or Haiti to Maine to harvest blueberries, broccoli or Christmas trees. He or she usually lacks health insurance, transportation and English fluency. Tapert says these workers are key contributors to both the state and U.S. economy and require access to reliable health care.

The four RVs reach up to 40 patients each day, traveling hundreds of miles across the state. One to two clinicians and one behavioral health provider—a bilingual clinical psychologist or social worker—staff each unit. Every patient is screened for depression and substance use, and those who test positive are referred for services in

Creole, Spanish or English. In 2017, about 7 percent of patients received behavioral health treatment, primarily for depression or anxiety.

“For us, the follow-up care that happens after the initial visit is critical,” says Tapert, adding that this often involves multiple sessions—either in the RV or off-site with a specialist—and a combination of face-to-face and phone contact. “It’s not enough to do a screening or a test. Each patient becomes part of our health center population and we’re responsible for helping them get additional care that they might need.”

The majority of funding for the clinic comes from federal community health center grants, which support federally qualified centers that provide care for low-income populations across the country. Some patients have health insurance, allowing MMHP to bill for reimbursement. MMHP also receives additional donations from private foundations such as the Maine Health Access Foundation.

This year, MMHP is expanding its services to better accommodate the needs of Maine’s agricultural workers. New efforts include offering behavioral health services for children of farmworkers, researching substance use disorders within the community and developing a telehealth program.

“Substance use disorders in particular are a huge federal priority at the moment,” Tapert says. “It’s important for us to assess what the needs are in these communities so we can provide appropriate care to our patients.”

### CARE IN THE CITY

#### NEW YORK IS LAUNCHING MOBILE UNITS

**M**obile units aren’t just providing mental health care in rural areas. In July, New York City announced a plan to deploy “mobile trauma units” to crime scenes to provide support for friends and family members of victims as well as those who have witnessed violent crimes.

“When there’s a shooting, we have the murals, the candlelight vigils, the solidarity walks,” says City Councilwoman Vanessa Gibson, who helped spearhead the initiative. “But we also recognize that in the aftermath of burying a loved one, when the candles stop burning and the

funeral is over, there’s still a lot of trauma involved.”

That’s why the Mayor’s Office of Criminal Justice, in partnership with the New York City Council, has allocated \$1.8 million to outfit and staff five mobile units, one for each of the city’s boroughs. Each 60-foot bus will bring antiviolence advocates, licensed psychologists and other certified mental health professionals to communities for one week following a violent crime. The administration will spend the remainder of 2018 assembling a team of professionals before launching the mobile units in January. —Zara Abrams



#### **VA MOBILE VET CENTERS ASSESSING NEEDS IN THE COMMUNITIES**

The most comprehensive mobile mental health units are run by the Veterans Health Administration (VHA). Mobile Vet Centers, or MVCs, serve combat veterans as well as active-duty service members and their families who need help making the transition from military service back into civilian society. Along with 300 brick-and-mortar vet centers and more than 1,000 community access points, 80 MVCs serve the Lower 48 states, Hawai'i and Puerto Rico. Together, the mobile units and stationary vet centers make up the Readjustment Counseling Service (RCS).

"The vehicles help us assess the needs of communities in the region," says Mike Fisher, chief officer of RCS. "We pick

locations that are distant from our existing brick-and-mortar facilities, provide initial services to those communities and try to determine what the demand is like for long-term care in those areas."

For example, a trip in a mobile unit may reveal an area with a large unserved veteran population, and as a result, staff may work with community partners to secure a local space where regular services can be provided.

All MVCs are staffed with an outreach specialist and, in some cases, social workers, marriage and family therapists or clinical psychologists to provide counseling services and information about veterans' benefits, including disability compensation, pensions and health care. In fiscal year 2017, more than 264,000 visits occurred at MVCs

**Clinical psychology students Alyssa Gatto (left) and Angela Dahiya-Singh (right) incorporate learning toys in treatment sessions in the Mobile Autism Clinic.**

and access points outside of traditional vet centers. Services include therapy for those suffering from post-traumatic stress disorder, traumatic brain injury and depression, as well as marriage or bereavement counseling. The RCS and its mobile units do not provide diagnoses or prescriptions; rather, providers refer patients to the VHA for crises or serious ongoing problems such as suicidal ideation or chronic substance use.

In Kentucky, RCS outreach specialist Jeff Weems travels in a combined truck and motor home equipped with two private counseling rooms, telehealth functionality and a foldout big-screen TV. He recently visited the Serenity Center, a food pantry in Shelby County where veterans gather each Wednesday for a community meal.

His primary purpose is to meet veterans and ascertain their needs—something that he did during this visit by parking and rolling out the big screen on the side of the vehicle, where he queued up "Shakey's Hill," a documentary about the 1970 American incursion into Cambodia. A crowd of veterans soon gathered to watch the film, a favorite because of its focus on soldiers' personal stories.

This laid-back approach is central to his success with veterans and service members, Weems says.

"We don't wear white coats, we don't hand out medications, we're not here to give you a diagnosis," he says. "We just want you to come in, put your feet up on the coffee table and talk about whatever's going on.

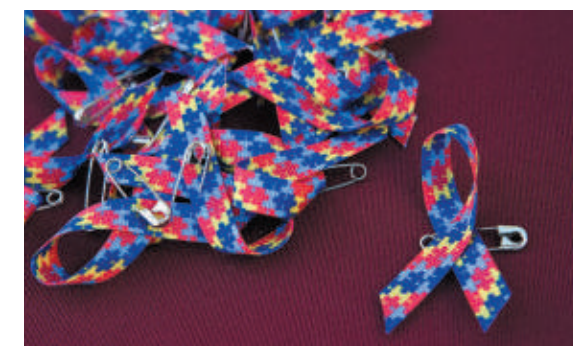


When you come at it with that approach, it breaks down a lot of barriers and the stigma of talking to a counselor.”

### MOBILE CRISIS SERVICES, WOODLAND CENTERS REACHING THE ONCE UNREACHABLE

The mobile units deployed by Woodland Centers, based in the town of Willmar, Minnesota, make calls 24 hours a day, seven days a week, responding to mental and behavioral health crises in the state’s 5,200 square miles of rural territory. Funded by a grant from the state’s Department of Human Services, the organization launched its mobile crisis service in 2008, and in 2016 it expanded the program into a 24/7 operation that accommodates both youth and adults.

Woodland Centers’ goal is to reach people before serious mental or behavioral health crises occur and lead patients to visit emergency rooms.



“Transportation is a huge issue for people in these remote areas, so getting to our traditional clinics can be a problem,” says Ashley Kjos, PsyD, the organization’s chief executive officer. “Mobile services are extremely helpful because we can go out to people’s homes, evaluate the situation and make recommendations from there.”

The mobile team, composed of 50 on-call employees stationed throughout the service region, answers about 35 calls each month. Responders are mostly bachelor’s-level mental

**Angela Dahiya-Singh (left) with Jennifer Scott (right), the Mobile Autism Clinic’s rural outreach coordinator and driver. The team also hands out pins at resource fairs to raise autism awareness.**

health practitioners, each with at least 2,000 hours of supervised mental health experience and 30 hours of crisis training. Licensed psychologists and master’s-level clinicians provide additional supervision and guidance.

More than a third of the centers’ calls respond to people reporting suicidal ideation, says Kjos, while a quarter involve behavioral outbursts, which tend to be family disputes such as kids refusing to follow directions or running away from home. Another quarter is split evenly between anxiety and depression calls, while a handful involve other issues such as self-harm or psychotic behaviors, she says.

As a result of the interventions, 68 percent of the organization’s patients remain at home and need no additional care. While most calls are made to homes, a small portion take place in hospitals, jails and schools. And because practitioners deliver services on-site wherever they are requested, Woodland Centers staff use company cars for transport rather than specialty RVs.

While the model has proven effective, Kjos wants to make it even more so by finessing the mobile staffing model so that it can cover their service area more efficiently and reduce time spent on the road.

“When we say it will take us an hour to get there, they sometimes retract the request,” she says. “We’re reaching people who may have never been able to receive services before,” she adds, “and we want to make sure we can effectively treat them before they’re in a serious crisis state.” ■

# APF GRANTEE SPOTLIGHT

## *APF/National Register Internship Partnership Fund*



“The generous grant from the APF/National Register Internship Partnership Fund allowed us to create a new integrated primary care placement within our APA-accredited internship training program at UT Health San Antonio. The value of the new intern was immediately evident, both to our training staff and to our administration, and I’m happy to say we decided to maintain the position for the upcoming training year.”

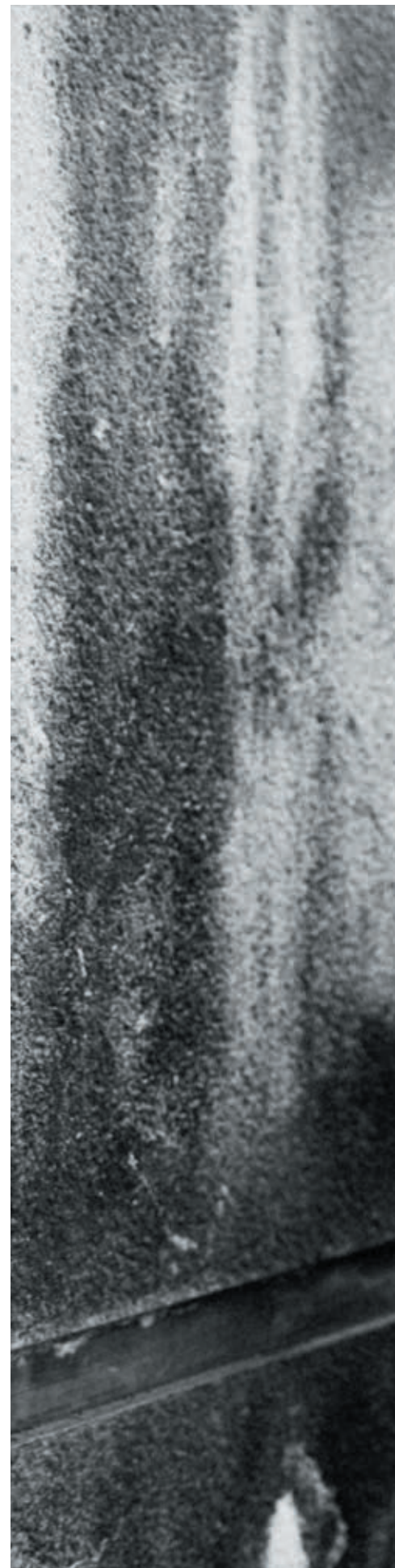
— Stacy Ogbeide, PsyD, Assistant Professor  
Department of Family & Community Medicine, UT Health San Antonio

In 2019, three \$15,000 grants are available to internship programs accredited by APA or CPA to increase the number of internship slots. For more information, visit [www.apa.org/apf](http://www.apa.org/apf).

# MAKING CAMPUSES SAFER

Psychologist-designed programs are showing some success at preventing sexual assault on college campuses, but there are no one-size-fits-all solutions

BY LEA WINERMAN





**At Stanford University, a varsity swimmer was convicted of sexually assaulting an unconscious young woman behind a dumpster. At Columbia University, a student carried a mattress around campus for a year, a performance art piece designed to rebuke the school for its failure to discipline a fellow student she claimed had assaulted her. At Baylor University, the president, athletic director and head football coach resigned or were fired after an investigation revealed years of neglecting to follow up on claims of sexual assaults by football players.**

Over the past few years, the list of these and other big-name schools roiled by big-time sexual assault scandals has mushroomed. And the headlines only begin to reveal the extent of the problem. There are no definitive numbers—it's notoriously tough to gather data on the prevalence of sexual violence on campus, and most assaults go unreported. But the most common estimate is that about one in five college women will be the victim of a sexual assault during her years in school, an estimate backed up by surveys from the U.S. Department of Justice's Bureau of Justice Statistics and the Association of American Universities, among others.

(Estimates on male victims of sexual assault are more variable, but they range from about one in 10 to one in 20 students.)

The growing public awareness of these numbers—and a 2014 legislative mandate from Congress to address them—has sent colleges and universities looking for solutions. That's not entirely new: Efforts to educate college students about sexual assault date back at least to the 1970s, when community and student activists began organizing Take Back the Night marches and, later, Sexual Assault Awareness Month events in cities and on campuses. "In the past few years," however, "schools have been moving

away from just these 'awareness' options and thinking much more about primary prevention," says psychologist Sarah DeGue, PhD, a senior scientist in the Division of Violence Prevention at the U.S. Centers for Disease Control and Prevention.

Prevention isn't easy. Schools face many challenges, including inadequate resources, students' limited attention spans and simply gathering accurate data on the scope of the problem. But increasingly, administrators have been turning to psychologists and other researchers to figure out what might work.

#### FROM AWARENESS TO ACTION

For many years, there were few evidence-based sexual assault prevention programs for schools to consider. Awareness events like Take Back the Night were among the only tools at their disposal, along with some risk-reduction strategies—like encouraging female students not to drink or walk alone at night—that put the onus on women to prevent assault. And there was scant evidence that these strategies worked.

Psychologist Dorothy Edwards, PhD, says that when she arrived at the University of Kentucky to found the Violence Intervention and Prevention Center in 2005, "I'd already been doing work on campus sexual assault for about a decade, and the common theme of that decade was my failure. I couldn't help but notice that my work wasn't gaining momentum, and the numbers of sexual assaults weren't coming down."

Frustrated by the inadequacy of available resources, Edwards went on to develop the Green Dot program, now one of the nation's most widely used sexual violence prevention programs. In the multipart program, some students—men and women selected because they are student leaders or social influencers—take a six-hour, multisession class that teaches them how to be an “active bystander.” They learn to recognize high-risk situations in which someone nearby is at risk of becoming a victim of sexual assault, to understand the social and other barriers that might keep them from intervening and to overcome those barriers to stop the potential assault. The program also includes a one-hour training for the rest of the students on campus, as well as a faculty/staff training portion.

The idea, Edwards says, came from digging into the

psychology literature on how to change behaviors and shape social norms. “We’d only been talking about two characters: the potential victim and the potential perpetrator,” she says. “And because of disproportionate statistics, we lumped all men into perpetrators and all women into victims. But there’s a third character—the bystander. And that third character can be the most important, because if you can mobilize those folks, it allows you to change what will and will not be tolerated.”

For example, a young man might see his fraternity brother about to take a drunk young woman upstairs during a party. The young man could intervene directly, but if that feels too risky, he could also distract the potential perpetrator, even saying something like, “Hey, man, your car is being towed.”

“It’s not about convincing

**In recent years, colleges and universities have moved away from sexual assault “awareness” and toward prevention programs.**

[the bystanders] to do something they don’t want to do; it’s about giving them the tools to do what they want to do anyway,” Edwards says. “It’s about doing what we can to make the university a less hospitable environment for assault, and everyone has a part to play in that.”

Edwards was inspired by a similar program developed in the late 1990s and early 2000s at the University of New Hampshire called Bringing in the Bystander. The two programs differ in details—for example, Bringing in the Bystander began by training men and women in separate groups, while Green Dot programs have always been co-ed—but the philosophy is similar.

“They are getting at the same core components,” says Vicki Banyard, PhD, a psychology professor at the University of New Hampshire who has conducted several evaluations of the Bringing in the Bystander program.

Over the past decade or so, her studies and others have found evidence that bystander-intervention programs can change students’ attitudes and behavior. In one of the first rigorous trials, Banyard and her colleagues studied 389 undergraduates randomized to either an intervention group that received Bringing in the Bystander training or a control group that did not. They found that those who completed the training were less likely to accept “rape myths”—for example, that women are responsible for being assaulted—and were more likely



to say they would intervene in risky situations than students in the control group who hadn't received the training (*Journal of Community Psychology*, Vol. 35, No. 4, 2007). A larger follow-up study found that those effects could last up to a year after the intervention, and that they were effective at both a rural and an urban college (*Journal of Interpersonal Violence*, Vol. 30, No. 1, 2015).

Meanwhile, a study of nearly 7,500 undergrads by epidemiologist Ann Coker, PhD, of the University of Kentucky, and colleagues found that students who had completed a Green Dot training were significantly less likely to believe rape myths and more likely to engage in bystander interventions than students who didn't undergo the training (*Violence Against Women*, Vol. 17, No. 6, 2011).

Spurred in part by research like this, the 2013 Campus Sexual Violence Elimination (SaVE) Act required all schools that receive Title IX funding to provide bystander training to their students, though it did not specify what that training should include.

Still, bystander training is not an all-purpose solution to sexual assault on campus, researchers say—and there is still much work to be done in refining and evaluating the programs. For one thing, while there is good evidence that the training can change students' attitudes and self-reported behaviors, there is not yet as much evidence that the programs work to actually reduce the number of assaults on campus. That's simply because

it is difficult to get those data, Banyard says.

Some evidence is beginning to emerge. In a five-year randomized controlled trial that included nearly 90,000 students at 26 Kentucky high schools, Coker and her colleagues found that schools that implemented a high-school-adapted version of the Green Dot program saw rates of student-initiated sexual violence drop by the third and fourth years of the program (*American Journal of Preventive Medicine*, Vol. 52, No. 5, 2017).

And in a smaller (nonrandomized) study that surveyed students at three universities, Coker and her colleagues found that students at the University of Kentucky, which had a bystander-training

program in place, reported rates of sexual violence victimization 17 percent lower than students at two comparison schools that did not have the program (*American Journal of Preventive Medicine*, Vol. 50, No. 3, 2016).

Now that the SaVE Act requires many colleges and universities to implement some form of bystander training, the time is ripe for more research to find out how well it is working, according to Coker. She and her colleagues are in the midst of a four-year study to evaluate bystander programs at 24 universities. The schools use a range of programs, including Green Dot, Bringing in the Bystander, "home-grown" adaptations of each, and other in-person and online-only training. Coker and her colleagues are using administrative and survey data to figure out what the schools are doing and whether it's working.

"We're looking at attributes of the programs—how they're delivered, to whom, and the efficacy of those programs," she says.

### TEACHING RESISTANCE

Even at its best, however, bystander training cannot work in every situation and cannot stop every assault.

"Bystander programs help all the students on campus take responsibility to intervene—but there isn't usually a bystander there," says Charlene Senn, PhD, a psychology professor and Canada Research Chair in Sexual Violence at the University of Windsor in Ontario, Canada. A young woman alone in her dorm room with a potential assailant—be it a friend, an

### APA ACTION

## RESPONDING TO CAMPUS SEXUAL ASSAULT

**A**PA's Committee on Women in Psychology is drafting a comprehensive resolution on campus sexual assault. The resolution will review the literature on the incidence and prevalence of sexual assault on campus; the aftereffects of assault, for both the victim and the offender; the process of disclosing and reporting assault on campus; and prevention efforts.

"In all areas, we cover what we know and where we need more research," says Sarah Cook, PhD, a clinical psychology professor at Georgia State University and vice chair of the committee. "There is a lot of science that exists that can inform public policy around the issue of campus sexual assault. We're hoping this will give APA a sound policy document on which to advocate."

At *Monitor* press time, committee members were aiming to bring the resolution to APA's Council of Representatives next year.



**OVER THE PAST DECADE, STUDIES HAVE FOUND EVIDENCE THAT **BYSTANDER-INTERVENTION** PROGRAMS CAN CHANGE STUDENTS' ATTITUDES AND BEHAVIOR.**

acquaintance or a date—needs other tools to resist coercion.

That's where Senn's work comes in. She has developed a 12-hour sexual assault resistance program for young women called the Enhanced Assess, Acknowledge, Act (EAAA) program, based in feminist social psychological theory. The intervention includes group discussions and role-playing activities and aims to teach women to understand their own sexual and relationship desires and to recognize factors—like isolation, or sexual entitlement in men's behavior—that can raise the risk of sexual assault. It helps the young women recognize and

overcome emotional barriers that might keep them from resisting coercion from men they know, and also learn effective verbal and physical self-defense strategies.

So far, research suggests that the program works. In a randomized controlled trial with almost 900 undergraduate women, Senn and her colleagues found the program cut the incidence of rape almost in half: After one year, 5.2 percent of women who had completed the program reported being the victim of a rape, compared with 9.8 percent of those in the control group who received only informational brochures on sexual assault. In addition,

just 3.4 percent of those in the EAAA intervention reported experiencing an attempted rape, compared with 9.3 percent of the control group (*The New England Journal of Medicine*, Vol. 372, No. 24, 2015).

Two years later, Senn and her colleagues surveyed the same group of women and found that the program's effects persisted: Students who took part in the intervention were 30 percent to 64 percent less likely to experience rape, attempted rape or nonconsensual sexual contact over the two years than women in the control group (*Psychology of Women Quarterly*, Vol. 41, No. 2, 2017).

The program has been hailed as a rare clear-cut success in the field, but it has also attracted controversy. Some feminist activists believe it harkens back to the kind of risk-reduction strategies that place too much of a burden on women for preventing assault.

Senn doesn't see it that way. "I am a feminist who has been appalled at the kind of interventions that tell women what they shouldn't do—that they shouldn't drink, shouldn't go where they want," she says. "But that's not what this is about. I don't find the term 'risk reduction' helpful; I use the word 'resistance.' It's about saying, 'We know the risks are there and we can trust our instincts when we feel things are going wrong. We have the right to live freely and to have our rights respected, and we don't need to be "nice" about standing up for ourselves.'"

In fact, Senn's study found that after completing the

training, women in the program were less inclined to believe rape myths and to engage in “women blaming” than were control participants.

### CHANGING THE SOCIAL FABRIC

Bystander interventions and the EAAA program are very different, but they are both forms of primary prevention that target individual students to change their attitudes and behavior. Some researchers, however, are taking a different approach—looking more broadly at the fabric of campus life to figure out what kinds of institutional and cultural changes could help make sexual assault less likely.

Claude Ann Mellins, PhD, a clinical psychologist and professor in the psychiatry department at Columbia University Medical Center, teamed up with her colleague, anthropologist Jennifer Hirsch, PhD, of the sociomedical sciences department in Columbia’s Mailman School of Public Health, after a sexual assault accusation and ensuing trial rocked the Columbia/Barnard community in 2013.

The two researchers had worked together in related areas, including HIV prevention. They realized, Mellins says, that the field of sexual assault prevention could benefit from a multidisciplinary approach that would garner a more nuanced understanding of students’ social

and sexual lives, as well as the social contexts in which campus assaults take place.

Over two years, they worked collaboratively with Suzanne Goldberg, an executive vice president at Columbia who oversees the Office of University Life, as well as an interdisciplinary team of investigators and both undergraduate and faculty/administrative advisory boards, to conduct a three-part mixed-methods study they called SHIFT—the Sexual Health Initiative to Foster Transformation.

One component was an ethnographic study that included more than 150 in-depth interviews with students, 17 student focus groups and more than 500 hours of observations in settings such as bars and fraternity parties. The researchers also asked 500 students to complete a daily diary study to gain a better understanding of the timing and context of assaults. Finally, they conducted a detailed one-time survey of 2,500 randomly selected students that asked about students’ experiences, behaviors and attitudes related to sex, relationships, mental health, substance use, social life, family and other sociodemographic data. Because Columbia University faculty are mandated reporters, they also applied for and received a Title IX waiver so that they could promise students confidentiality about the

### FURTHER READING

**A Systematic Review of Primary Prevention Strategies for Sexual Violence Perpetration**  
DeGue, S., et al.  
*Aggression and Violent Behavior*, 2014

**Efficacy of a Sexual Assault Resistance Program for University Women**  
Senn, C.Y., et al.  
*The New England Journal of Medicine*, 2015

**Transforming the Campus Climate: Advancing Mixed-Methods Research on the Social and Cultural Roots of Sexual Assault on a College Campus**  
Hirsch, J.S., et al.  
*Voices*, 2018

information they received.

The study wrapped up last fall, and Mellins and Hirsch published their first paper in November 2017—an estimate of sexual assault prevalence and demographic risk factors at Columbia/Barnard. Overall, they found, 22 percent of students reported being the victim of a sexual assault while in college (28 percent of women and 12 percent of men). Many factors increased that risk, they also found, including nonheterosexual identity, difficulty paying for basic expenses, fraternity/sorority membership and binge drinking, among others.

Now, Mellins and Hirsch are talking to university administrators about how to interpret and use the mountains of data they collected. They have presented their findings to orientation leaders, the school’s Title IX coordinator, the head of student life and the head of facilities, among others. After hearing their presentation, the head of facilities decided to keep one dining hall open all night to provide students a safe place—that is not a dorm room or bedroom—to hang out and find food at all hours if they’ve been drinking. Mellins says she hopes the work will lead to a continuing discussion of the complexity of the issues at hand in preventing assault. She and Hirsch are also talking to colleagues who are interested in conducting similar studies at other schools.

“We need a multisystem, multitarget approach,” Mellins says. “We need interventions on the individual level, on the social level and on the institutional

**THE BEST PREVENTION PROGRAMS AND STRATEGIES WILL DIFFER FROM SCHOOL TO SCHOOL.**



level. We need more than one approach on any given campus.”

DeGue, the CDC scientist, agrees. “We’ve seen a real shift toward and growth in primary-prevention strategies, but they mostly still fall at the individual or relationship level,” she says. “What we are really still missing are community-level strategies. What can we change about campus climates, the physical and social environment, to create an environment in which people’s behavior can change more easily?”

## IMPLEMENTATION CHALLENGES

If there’s anything the field’s researchers agree on, it’s that there is no one solution to the problem of sexual assault on

campus. All of these strategies—bystander programs, resistance programs, structural changes on campus—have a role to play. And in fact, the best programs and strategies will differ from school to school, they say.

Meredith Smith, JD, is the assistant provost for Title IX compliance at Tulane University in New Orleans. She and other administrators like her are on the front lines of this issue, charged with surveying their options and choosing the best prevention programs for their schools. At Tulane, for example, the city’s drinking culture and lax enforcement of the minimum drinking age is a particular problem, she says.

Other issues are more uni-

**Researchers are looking more broadly at what kinds of institutional and cultural changes could help make sexual assault less likely.**

versal. Among them is burnout: Right now, for example, Tulane students participate in a mandatory sexual assault education program during orientation. Fraternity members go through another one when they join a Greek organization, as do student athletes.

“So, some students have gone through this three times,” says Smith. “By that time, where is their level of engagement?”

“Higher education is starting to learn that prevention is different at different schools,” she adds. “We all want each other to succeed, and so there is an element of ‘Here, this worked for me ... take it.’ But we need to make sure that it actually fits our campuses’ needs.” ■



# Driving the Integrated Care Conversation

APA hosted more than 80 association leaders from every sector of health care to share ideas on ways to provide better and more comprehensive care for patients. Working together, members of this Integrated Primary Care Alliance identified more than 40 action steps—immediate ways in which health-care professionals can collaborate to improve integrated-care delivery.

► To learn more, visit: [pages.apa.org/forward](https://pages.apa.org/forward)

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AMERICAN PSYCHOLOGICAL ASSOCIATION

# CAREERS IN THE VA

The Department of Veterans Affairs offers an expanding array of opportunities for psychologists

**The VA Seeks  
More Mental Health  
Professionals**

.....

**Life-Changing  
Research at the VA**

.....

**A Deep Dive  
Into One VA  
Psychologist's  
Career**

.....

"My job is so interesting because my daily routine changes all the time and often involves a melding of my research and clinical work," says Dr. Jack Tsai.

## THE VA IS HIRING

One of the world's largest employers of psychologists wants more of them. Here's a glimpse at the many roles psychologists take on at the VA to serve the nation's veterans.

BY AMY NOVOTNEY

**T**he need for psychologists' expertise at the U.S. Department of Veterans Affairs (VA) has never been higher. Over the past decade, more than 2 million Americans have been deployed to Iraq and Afghanistan, and increasing numbers are returning home with depression, anxiety, post-traumatic stress disorder (PTSD) and substance use disorders. The VA reported in June that an average of 20 veterans die by suicide each day, with female veterans two times more likely to die in that way than nonveteran American adult women. Homelessness also continues to affect veterans at a higher rate than nonveterans, according to a 2015 review led by VA psychologist Jack Tsai, PhD (*Epidemiologic Reviews*, Vol. 37, No. 1, 2015). ¶ In an effort to reverse those statistics and

expand mental health services for veterans, the VA has committed to hiring 1,000 additional mental health providers by the end of 2018. The agency is seeking to hire a range of mental health providers, including psychologists, psychiatrists, psychiatric nurses and social workers, as well as licensed professional mental health counselors and marriage and family therapists.

"This initiative aligns with the VA's top critical priority—suicide prevention—but we're also really focused on providing services across the continuum of care," says clinical health psychologist Lisa Kearney, PhD, lead of the mental health hiring

initiative in the VA's Office of Mental Health and Suicide Prevention. "We want to hire professionals whose vision and passion is serving those who have served us."

Opportunities for psychologists abound across the agency's 140 health-care systems. They include research, clinical, training and leadership positions, with many options for roles that combine some or all of these skills, Kearney notes. The hiring initiative welcomes mental health professionals from all career stages, including trainees and early career psychologists, as well as those further along in their careers.

### LEADING THE WAY

Why work at the VA? A top perk is that the agency provides diverse opportunities for career growth and continued learning, say psychologists who work there.

"Part of why I love being in the VA is the range of opportunity," says psychologist John McQuaid, PhD, associate chief of staff for mental health at the San Francisco VA Health Care System. "The VA systems where I've worked have provided the opportunity for psychologists to serve in the multiple roles we do well, including providing excellent patient care, doing the science to understand patient care and do it better, doing the training to prepare people to be the best providers they can be and using our skills to help improve systems."

Also attractive to psychologists is the VA's role as a leader in integrated care. Clinical psychologists at the VA provide evidence-based general and preventive mental health services; treatment for PTSD, substance abuse, depression and anxiety disorders; and spinal cord injury treatment. They also work in inpatient, outpatient and residential care settings, says Terence Keane, PhD, director of the





Behavioral Science Division of the National Center for PTSD and associate chief of staff for research and development at the VA Boston Healthcare System. “No one has the breadth and the depth and the scope of mental health and psychological treatments that the VA offers,” he says.

The VA, for example, is one of the nation’s only health-care systems that offers integrated mental health care in all of its primary-care settings. When patients raise a mental health issue with their primary-care physician, the physician can simply walk the patient down the hall and introduce him or her to an on-site psychologist

for treatment in the same clinic. That approach has led to a near-constant demand for primary-care psychologists at the VA, Keane says.

The VA also has interdisciplinary care teams for nearly any condition a veteran might face—most of which include and need psychologists.

“We have an interdisciplinary team dedicated to helping patients manage tinnitus, for example, which can be a consequence of war-zone exposure and can be very distressing for people,” Keane says. “Psychologists work with audiologists, speech pathologists, and ear, nose and throat physicians to help

patients manage the condition in different ways.”

Others say the VA is a good place for early career psychologists to launch their careers if they aren’t yet sure which direction to take. “The VA offers so many opportunities to try different things,” says Wayne Siegel, PhD, training director at the Minneapolis VA Health Care System. “From a clinical perspective, it’s also really nice to work in an environment that is not driven by a billing system. We never have to consider whether we’re going to get paid when we’re providing a needed treatment to a patient.”

The VA is also a leader in

**The VA’s hiring initiative welcomes psychologists from all career stages, including trainees.**

providing telemental health services, Kearney says. In May, the VA broke new ground by allowing its health-care providers to practice via telehealth across state lines, pre-empting previous state licensing and telehealth restrictions. The move allows VA providers, including psychologists, to deliver care, and veterans to receive care, from any location. Other aspects of VA care that psychologists say they enjoy are the agency's emphasis on empowering patients to take charge of their own treatment and recovery, and on helping veterans and their families connect with the information and services they need to resume civilian life.

### COMPETITIVE RESEARCH

The VA also offers unique opportunities for psychologists interested in pursuing research. There are strong advantages to being a researcher at the VA, Keane says, the biggest of which is access to the VA's large funding pool.

What's more, VA researchers have access to a huge national population of study participants, thanks to a data warehouse that includes information on millions of veterans who use VA services each year, says Tsai. That includes portals that allow researchers to access the data, he adds.

The agency also operates Centers of Excellence, ripe for scientists interested in studying PTSD, geropsychology, Alzheimer's disease, traumatic brain injuries and neurological disorders such as amyotrophic lateral sclerosis, or ALS. Keane notes that the VA also runs Mental Illness Research, Education and

Clinical Centers, or MIRECCs, many of which are headed by psychologists and include clinical and neuropsychology researchers. (See article on page 70.)

"These roles can include a 50 percent or larger commitment to research," Keane says.

Some psychologists who work at the VA also hold joint affiliations with nearby universities. Tsai, for example, has dual appointments as an associate professor of psychiatry at the Yale School of Medicine and as director of the university's Division of Mental Health Services and Treatment Outcomes Research. He's a staff psychologist at the VA's Errera Community Care Center in West Haven, Connecticut, where he is also director of research. Throughout his career Tsai has studied VA programs for homeless veterans—including the best ways to implement and support these programs—as well as ways to improve social integration

among veterans once their military service ends, he says.

"I spend about 50 percent of my time doing direct clinical work on a critical time intervention team, working with veterans who are homeless and/or experiencing severe mental illness, and the other 50 percent of my time conducting research that aligns with that clinical work," he says.

McQuaid, who also holds a dual appointment as vice chair of adult psychology at the University of California, San Francisco, in addition to his role at the San Francisco VA Health Care System, says the combined staff and academic positions provide the best of both worlds. "I have the stability of a staff VA position, but the creativity and innovation of an academic role," he says.

### TRAINING AND LEADERSHIP

The VA has always had a strong teaching and training mission, and as a result, the agency has become a major training ground for psychologists, both within the discipline and intraprofessionally, Siegel says.

The agency provides predoctoral internships, postdoctoral fellowships and doctoral practicum training for psychology trainees nationwide. In fact, over the past 13 years, VA psychology internship and postdoctoral training has almost tripled in scale. This year, the VA is funding 711 psychology internship positions across 133 internship programs in all 50 states, the District of Columbia and Puerto Rico. Similarly, the agency supports more than 450 postdoctoral fellowship positions at 145 VA medical centers.

### Psychologists in Rising Demand

The U.S. Department of Veterans Affairs (VA) is in the midst of a major hiring initiative, hoping to hire 1,000 new psychologists, psychiatrists and other mental health professionals by year's end.



Source: U.S. Department of Veterans Affairs



**Dr. Jack Tsai is among the many VA psychologists who have university affiliations. He is also an associate professor at Yale School of Medicine.**

As the psychology training director at the Orlando VA Medical Center, Mary Beth Shea, PhD, uses her 25 years of institutional VA knowledge to train and supervise doctoral psychology students, interns and postdocs on how to provide excellent mental health care to the veterans they serve.

“The VA has really recognized the ability of psychologists to help train our medical colleagues on how to better serve the veterans that they see,” she says.

With their expertise in improving operational excellence, psychologists are also well-equipped to take on

administrative and leadership roles within the VA, McQuaid says.

“Part of why I like being in the VA is the ability to have a big impact across a system,” he says. Much of McQuaid’s daily job as associate chief of staff for mental health is ensuring that his staff has the resources they need and measuring outcomes to determine whether veterans’ needs are being met effectively. McQuaid’s team recently developed the Behavioral Education and Support Team (BEST) program, which takes a team-based approach toward reducing behavioral disruption among

veterans in inpatient care, using what they call development plans. Since the program was launched, the VA has seen a 40 percent drop in injuries among nurses and an increase in the nurses’ feelings of safety and effectiveness, McQuaid says.

“This is a program that is not a classic psychologist role in a lot of ways,” he says. “But the psychologist is central to creating the development plans and in educating staff on how to implement them.”

While the VA offers a plethora of career options for psychologists, those who work there do admit that, as with any

● **To search for VA job openings**, see the special classified ad section in this issue, or visit [www.psychcareers.com](http://www.psychcareers.com) or [www.vacareers.va.gov/careers/mental-health](http://www.vacareers.va.gov/careers/mental-health).

job, the roles can come with challenges. One is the ongoing demand for psychologists' services, Kearney says.

"Anyone who has ever worked in a PTSD clinic will tell you about how it's hard to hear those stories over time, and the requests for mental health services seem to be ever-expanding," she says. "These days especially, the needs are increasing while our staffing hasn't grown at the same rate. It can seem almost impossible to keep up with all that need."

McQuaid also notes that it can sometimes be challenging for psychologists who have not had

exposure to military or veteran culture to familiarize themselves with some of the unique expectations and challenges veterans are addressing, such as the transition from military to civilian life.

Some psychologists also point to the potential for challenges related to working in the large, complex bureaucracy of the federal government and the political nature of how the U.S. Congress and the public view the VA.

"The VA has become a target for political debate, with some arguing the system should be privatized," Keane says. "The criticisms of the system have led

to demoralization of people who are working exceptionally hard to provide excellent patient care."

Yet Siegel notes that these challenges are outweighed by the positives of working for a system that "cares for its population for their life spans." Kearney agrees, adding that the ability to develop and implement such life-changing programs keeps the work rewarding.

"I have never felt stuck at any point in my 15-year career at the VA because it's so easy to switch pathways, learn new things and advance my career as a psychologist," she says. ■

## APA'S DIVISION 18

## THE HOME OF VA PSYCHOLOGISTS

Since its establishment in 1946, APA's Div. 18 (Psychologists in Public Service) has been an advocate for Department of Veterans Affairs (VA) psychology and other public service entities.

In early years, advocacy focused on recruitment, pay and promoting psychological services to administrators—common themes across psychologists working in public service settings. In 1977, the division created its VA Section to focus on VA psychologists' concerns, including bonus pay for those who obtained board certification as well as support for training and research funding. The section has continued this strong legacy of advocacy and now serves members through education, recognition and timely attention to membership needs. The section offers regular continuing-education webinars



of interest to VA psychologists, such as incorporating mobile health apps into clinical practice, finding and serving as a mentor and how to advocate as a federal employee. Since 2005, the VA Section has co-sponsored the VA Psychology Leadership Conference, along with the Association of VA Psychologist Leaders and APA. This annual event educates attendees on the latest VA initiatives and programs for veterans and offers networking opportunities.

In addition, division members receive *Psychological Services*, the official Div. 18 journal, featuring articles by and for VA psychologists. The section also honors outstanding colleagues in clinical practice, research, administration and education/mentoring at APA's Annual Convention. Finally, the VA Section responds to timely topics that affect the VA psychology community, such as its recent partnering with the National Center for PTSD to offer a webinar on workplace safety following the murders of three mental health clinicians at the Veterans Home in Yountville, California, in March.

● **Learn more** about APA Div. 18 on its website: [www.apadivisions.org/division-18](http://www.apadivisions.org/division-18). For more information on how to join or become involved with Div. 18 and/or its VA Section, email Dr. Tiffanie Fennell at [tiffanie.fennell@va.gov](mailto:tiffanie.fennell@va.gov).



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# LIFE-CHANGING RESEARCH AT THE VA

Psychologists who conduct research at the Department of Veterans Affairs put their findings into action and foster healing in a multitude of ways

BY STEPHANIE PAPPAS

**T**racey L. Smith, PhD, first went to work for the Veterans Health Administration 12 years ago to start an evidence-based psychotherapy clinic for post-traumatic stress disorder (PTSD). At the time, the mainstream thinking was that veterans with the condition would continue to spiral downhill, regardless of what psychologists like Smith tried to do, she says. ¶ But by using a rigorously tested intervention for PTSD patients, Smith and her VA colleagues helped to change that negative outlook. The team used cognitive-processing therapy, developed by VA clinical psychologist Patti Resick, PhD, which involves challenging and changing unhelpful thoughts about trauma. Many of the patients had served in Vietnam and had struggled for decades with

unemployment and family schisms as a result of their trauma.

With the treatment, they started to get some relief, Smith says. “I had one veteran who went back to Vietnam,” she says. “He went and saw people in the village where he served. His whole life just changed. There’s nothing better than that, to be part of that journey with somebody.”

Cognitive-processing therapy is now considered one of the gold-standard evidence-based treatments for PTSD.

Talk to psychologist researchers at the VA, and that’s the sort of story you’ll hear: They can watch their work move into

clinical practice, or shepherd it there themselves thanks to the VA’s expansive, integrated structure. And with more than 9 million patients being treated at 1,240 facilities by more than 20,000 mental health professionals—including more than 5,000 psychologists—there’s a dizzying range of work being done, much of which goes on to influence the private sector.

“We are the largest system of psychologists and we train more psychologists than any other group in the United States,” says Smith, who this year serves as president of the Association of VA Psychologist Leaders (AVAPL).

## BY THE NUMBERS

**9 million+**  
Number of patients in VA care

**1,240**  
Number of VA health-care facilities

**20,000+**  
Number of mental health professionals who work for the VA

**5,000+**  
Number of VA psychologists

Source: U.S. Department of Veterans Affairs

Much of the VA’s mental health research takes place at its 17 Centers of Excellence (COE), which include 10 Mental Illness Research, Education and Clinical Centers (MIRECCs). MIRECCs are overseen by the VA’s Office of Mental Health and Suicide Prevention. Each COE and MIRECC has its own focus, though they collaborate with one another and coordinate projects in line with the VA’s Office of Research and Development. Research is conducted both by dedicated staff at the MIRECC or COE as well as by academic psychologists who collaborate with VA scientists.

Here, the *Monitor* explores the work taking place at the research hubs directed by psychologists.

## ROCKY MOUNTAIN MIRECC A FOCUS ON SUICIDE PREVENTION

The research at each center runs the gamut from basic to translational. The Rocky Mountain MIRECC, with its spotlight on veteran suicide prevention, is a good example. Based in Denver and Salt Lake City, this MIRECC supports researchers who are looking at basic physiological correlates of suicide and



suicidality, a major priority for the VA. Others work on translating basic science to treatment, and still others on dissemination and implementation.

An average of 20 veterans die by suicide each day, and veterans account for 14.3 percent of all suicides among U.S. adults, according to a VA report. Of those 20 veterans, however, 14 are not in VA care—hence the agency’s increased urgency in reaching out to vets in need of mental health services, Smith says.

One project, led by MIRECC director and psychologist Lisa Brenner, PhD, is recruiting veterans to provide blood samples so that researchers can try

to untangle the relationships among markers of inflammation, PTSD and post-concussive symptoms. An emerging line of research at the site by Teodor Postolache, MD, a psychiatrist at the University of Maryland School of Medicine and a VA Capitol Health Care Network and Rocky Mountain MIRECC research psychologist, suggests that inflammation may be linked to suicide (*Acta Psychiatrica Scandinavica*, Vol. 132, No. 3, 2015). Another line of research, led by University of Utah psychiatrist Perry Renshaw, MD, PhD, MBA, asks how the high altitude of the Rocky Mountain West might affect brain chemistry

**Health and wellness, family-oriented service, suicide prevention and community engagement are among the many topics psychologists are studying in their efforts to improve veteran care.**

and thus suicide risk (*Journal of Affective Disorders*, Vol. 129, No. 1–3, 2011).

The center also hosts research on suicide prevention. One project that particularly excites Brenner is a small-group counseling method called Window to Hope, which focuses on veterans with moderate to severe traumatic brain injury (*Brain Injury*, Vol. 28, No. 10, 2014). Window to Hope puts veterans into groups of two or three, each with a facilitator who leads training on problem-solving, coping and other cognitive-behavioral interventions. There is also a heavy focus on re-establishing a sense of identity after a

life-altering brain injury.

“We showed that we could reduce hopelessness in those with moderate to severe TBI [traumatic brain injury],” Brenner says, “and hopelessness is a well-known precursor to suicide risk.”

In the future, Brenner hopes to do more research on early suicide prevention. While it’s crucial to intervene when someone is contemplating suicide, she wants to reach veterans before crises occur, catching risk factors like sleeplessness or unemployment before they spiral into suicide risk. However, this does create some methodological challenges.

“How do you, as a researcher, measure something that doesn’t happen?” Brenner says. “That’s a really hard question.” Even just improving veteran quality of life by targeting risk factors would be a step forward, she says. “It just requires us to rethink and broaden what we conceptualize as suicide prevention.”

#### THE MID-ATLANTIC MIRECC HELPING RECENT VETERANS

The veterans who rely on the VA for their care span many demographic categories: young, old, male, female. At the Mid-Atlantic MIRECC, the focus is on post-deployment mental health, primarily among a younger subset of veterans—those who have served since the Sept. 11, 2001, terrorist attacks.

“We’re thinking in terms of relatively recently returning veterans who have been deployed to combat situations,” says psychologist John Fairbank, PhD, who directs the Mid-Atlantic MIRECC, which is made up

of sites in Durham, North Carolina; Richmond, Virginia; Hampton, Virginia; and Salisbury, North Carolina.

“The issues facing these veterans include well-known injuries of war, both physical and psychological, such as PTSD, TBI and substance use,” says Deputy Director Mira Brancu, PhD.

Working with these vets, though, clinicians and researchers have also uncovered lesser-studied problems, including chronic pain, impacts on families and the challenges of access to mental health care for rural vets. Taking a translational approach, this MIRECC starts with studies of animal models of PTSD and TBI and advances through clinical studies, health-service studies and all the way to implementation studies to get evidence-based practices into the real world.

Among this MIRECC’s hallmark efforts is the Post-Deployment Mental Health study, with data from more than 3,800 veterans serving during the Afghanistan and Iraq conflicts. Participants filled out detailed questionnaires about post-deployment mental health, participated in a structured clinical interview of psychiatric disorders, donated blood for genetic and biomarker studies and in some cases underwent neuroimaging. One of the revelations

from this multisite study was the finding published by Nathan Kimbrel, PhD, and colleagues that combat exposure increases suicidal behavior by increasing PTSD and depressive symptoms (*Journal of Affective Disorders*, Vol. 235, 2018). Another key study from the center looked at the association between suicide-risk factors and receiving an “other-than-honorable” military discharge—the type of discharge issued when a veteran is convicted of a crime or otherwise breaks the military code of conduct. Many veterans with such discharge status are ineligible for VA care and benefits, Brancu says, but there’s a chicken-and-egg problem for this population. Veterans “often get an ‘other-than-honorable’ discharge because they were struggling with mental health issues while on deployment,” she says.

In 2017, the VA secretary expanded emergency mental health care to this group, and Mid-Atlantic MIRECC researchers jumped at the opportunity to examine the factors linked to this kind of discharge. In research led by psychologist Eric Elbogen, PhD, and co-authored by Brancu and Fairbank, the team found that veterans discharged under other-than-honorable conditions were younger than average and reported more intensive family histories of drug abuse and depression. The researchers found no overall difference in suicidal ideation or behavior between veterans discharged other-than-honorably and those receiving honorable discharges. However, they did find

**The research at each center runs the gamut from basic to translational. The Rocky Mountain center, for example, supports research on basic physiological correlates of suicide and suicidality.**



differences in suicide-risk factors, including more self-reported sleep problems, drug misuse and low levels of social support. The other-than-honorably discharged were also more likely than other vets to meet the criteria for major depressive disorder (*Military Medicine*, online first publication, 2018).

#### **THE VA CAPITOL HEALTHCARE NETWORK MIRECC IMPROVING ACCESS FOR SMI PATIENTS**

The motto at the VA Capitol Healthcare Network MIRECC is “Putting recovery into practice.” The research at this Baltimore-based center is focused on serious mental illness (SMI) and is divided into five areas: health and wellness, family-oriented service, stigma, psychopharmacology and neurobiology, and treatment and

community engagement.

As that list might indicate, ensuring that veterans with SMI receive effective services is a big part of this MIRECC’s mission. One major project, led by program director and psychologist Richard Goldberg, PhD, focuses on implementing a self-management program in which veterans participate in a group curriculum led by a mental health professional and a peer specialist. The goal is to help the veterans manage critical aspects of their health, from sleep quality to stress reduction to managing pain and diet.

The peer specialist is key, Goldberg says, because that person provides a model for the kind of change the program hopes to encourage. The results of a large trial of the program are under review in a leading journal, Goldberg says, but the research

**In addition to studying veterans’ psychological injuries of war, VA psychologists have focused on lesser-studied problems, including chronic pain, impacts on families and the challenges of access to mental health care for rural vets.**

team found that the program spurred positive functional, attitudinal and behavioral changes.

Another successful evidence-based program developed at this MIRECC focuses on reducing internalized stigma among vets with SMI. The center’s Ending Self Stigma program is a nine-session group psycho-education intervention in which participants learn to disassociate themselves from myths about mental illness and shift their thinking about their own conditions (*Psychiatric Rehabilitation Journal*, Vol. 35, No. 1, 2011). It’s taken off in clinical settings, Goldberg says.

“There was so much interest in this that we offered consultation in supporting the intervention in nonresearch settings in over 70 programs across the country,” he says.

#### **THE SOUTH CENTRAL MIRECC REACHING OUT TO RURAL VETS**

Access to care is a key focus of the South Central MIRECC in Houston, where Tracey L. Smith, PhD, the AVAPL president, works as the associate director for improving clinical care. Long wait times for care and high demand for psychological services have been notorious problems for the VA in the past. To help ease access to care, Smith and her team are studying how to improve patient flow by identifying those who are ready to transition back to primary care within the VA setting after being seen by mental health specialists.

“When we looked at the data, about 13 percent of the veterans identified were transferred to



The sense of obligation to veterans at the VA is a driving force.

primary care, and of those, only 2 percent came back to mental health,” Smith says. That low return rate suggests that the identification methods were catching vets who were ready for a less-intensive level of care, she says. Veterans are told that the road between primary care and mental health services is a two-way street, she says, and that they should be able to move between the two depending on their evolving needs.

Despite the MIRECC’s urban location, research is also focused on pushing care out toward rural areas for veterans far from VA facilities. Each VA medical center has eight to 10 community-based outpatient clinics associated with it, Smith says, and these smaller clinics are often more conveniently placed for rural vets. To better meet the need for psychological services, South Central MIRECC researchers and clinicians are working to implement brief psychotherapy programs at these community clinics.

#### THE CENTER FOR INTEGRATED HEALTHCARE IMPROVING INTEGRATED CARE

There are also entire VA research programs devoted to implementation studies, such as one at the Center for Integrated Healthcare, headquartered in Buffalo, New York. The goal of this center is to bring mental health care into primary care to improve access for vets.

Research shows that even when patients feel comfortable enough to ask their primary-care physicians about mental health issues, they often fail to follow up with the referral to a mental health professional if there’s a delay in scheduling an appointment, says Executive Director Laura Wray, PhD, a clinical psychologist.

“We need to make sure we’re providing availability,” Wray says. To that end, the goal is to have a mental health practitioner, whether a psychologist, psychiatrist or social worker, embedded

#### ADDITIONAL READING

**MIRECCs/  
CoEs at the U.S.  
Department of  
Veterans Affairs**  
[www.mirecc.va.gov](http://www.mirecc.va.gov)

**Military and  
Veteran  
Health Behavior  
Research  
and Practice:  
Challenges and  
Opportunities**  
Haibach, J.P., et al.  
*Journal of  
Behavioral  
Medicine*, 2017

**A Brief  
Exposure-Based  
Treatment  
vs Cognitive  
Processing  
Therapy for  
Posttraumatic  
Stress Disorder:  
A Randomized  
Noninferiority  
Clinical Trial**  
Sloan, D.M., et al.  
*JAMA Psychiatry*,  
2018

with the primary-care team to triage patients. These changes are currently being implemented and studied by the center, Wray says. Veterans who are experiencing severe problems can be quickly assessed and, if willing, sent to specialist care, while those with less serious issues can receive brief mental health interventions, such as a short series of counseling sessions, on the spot.

The integrated nature of the VA system makes this possible, Wray says. “If I go to my primary-care doc and say, ‘I haven’t been eating, sleeping, my mood is terrible,’ they’re going to refer me out to someplace in the community. Here in the VA, the primary-care doc is going to say to you, ‘I have somebody on my team and she can talk to you for a few minutes and help you figure out what to do. Would you be willing to talk to her?’”

Wray and her team are now testing the efficacy of short mental health sessions in primary care. The interventions are scaled-down versions of longer evidence-based treatments, Wray says, and the researchers want to find out if they work and if they boost patients’ willingness to get more intensive help.

The VA is a one-of-a-kind place for this type of work, Wray says, in part because its nationally linked electronic health-care records make it possible to pull out the data researchers need to test these programs at multiple sites. And driving this work, Wray says, is the sense of obligation to veterans. “We all have this shared mission to take care of the people who have protected us,” she says. ■

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\*A compilation of *Monitor on Psychology* articles outlining 10 unique psychology job paths.

A portrait of Matt Miller, a man with short brown hair, a beard, and glasses, wearing a dark grey suit, white shirt, and blue striped tie. He is standing with his hands clasped in front of him, leaning against a white architectural element. The background is a light blue wall with a subtle geometric pattern.

**“I was watching the news and heard about the issues that the Department of Veterans Affairs was facing with veteran suicide and I was compelled to rejoin the mission and assist in any way possible.”**

MATT MILLER, PhD, DIRECTOR OF  
THE VA VETERANS CRISIS LINE

# OVERSEEING THE VETERANS CRISIS LINE

Matt Miller's career is dedicated to supporting the military and preventing veteran suicides

BY GILLIAN LAW

Veterans account for 14.3 percent of all deaths by suicide among U.S. adults, yet they represent only 8.3 percent of the population. Among the people committed to reducing those numbers is Matt Miller, PhD, who has served as director of the U.S. Department of Veterans Affairs Veterans Crisis Line since July 2017. ¶ Launched in 2007, the service has more than 500 phone responders, who to date have answered over 3.5 million calls and sent emergency services to more than 93,000 people. The Crisis Line expanded to add an anonymous chat service in 2009 and text messaging in 2011. ¶ The *Monitor* talked to Miller about how he got the job.

## How did you first get interested in psychology?

As an undergraduate I studied psychology and business administration at Michigan State University.

I had taken an introductory psychology class as a freshman and found it interesting, so when I had to select a major, I thought, "Why not start here?" I then went on to complete a master's and a PhD in counseling psychology, also at Michigan State. I was interested in vocational theory, vocational development and what leads to occupational satisfaction.

In 2001, as my PhD was coming to a conclusion, I chose to pursue an internship with the U.S. Air Force.

## What was it like to move from university life to the Air Force?

It was exciting! That year exposed me to a variety of roles associated with being a professional and licensed clinical

psychologist. I had rotations in health psychology, neuropsychology, in the emergency room and performing assessments within the ER setting, as well as in outpatient mental health and what's now known as primary-care mental health integration.

## How long did you stay in the Air Force?

After the internship, I owed the military three years and was given a list of possible bases and installations, ranging from large military treatment facilities to very small installations with just a clinic.

A few weeks later, I was sent to Vance Air Force Base in Enid, Oklahoma, where I would be the only psychologist and in charge of mental health for the whole base. I could not have had a better assignment from a career perspective. The base is a joint services undergraduate pilot training base, and I led mental health services for active-duty service members and their families. I headed suicide

prevention, family advocacy, substance use treatment and critical-incident response services. That's really where I got my first taste of the integration of business and management skills and practices with the provision of psychology. I learned about managing access to care, about productivity and about managing staff. I thoroughly enjoyed the experience.

## After those three years, why did you choose to leave the military?

During my last year, a friend and colleague had died by suicide and I found that I needed to step away and reflect. So, I did that for a few years. I worked in a variety of roles, including working in a group practice setting in psychology.

Then one day in 2011 I was watching the news and heard about the issues that the Department of Veterans Affairs [VA] was facing with veteran suicide and I was compelled to rejoin the mission and assist in any way possible. I hopped onto USAJOBS [the federal government job site] and looked for leadership positions in mental health in the VA. I applied for a position as chief of mental health at the VA in Saginaw, Michigan, and was selected.

## What was it like to be back in a military setting?

It was wonderful to feel I was contributing to the mission overall. During my second year in Saginaw, the central

office of mental health operations started running site visits to different VA locations to help with adherence to what was called the mental health handbook. They would send a team of four people to every VA site and perform a consultative visit, going over the handbook and helping sites to explore what they were doing well and maybe points of improvement.

I volunteered to go on one visit and ended up enjoying it so much I did numerous visits.

From 2014 to 2016 I was also studying for—and was awarded—a master's in public health at the University of Michigan. Meanwhile, I was asked by the acting director if I would be interested in applying for the role of deputy chief of staff at Saginaw. I saw that as a good challenge, and mission-oriented, and so I applied for and stepped into that role.

### **In 2017 you became director of the VA Crisis Line. How did you get that job?**

I was directed to my current role by friends and colleagues in the VA who encouraged me to consider applying for the position. I researched the role and the history of the Crisis Line and decided that it represented an incredible opportunity to meaningfully contribute to suicide prevention in the VA. With my background in the military and experience of the impact of suicide I knew how important the Crisis Line is to veterans, and that my skills and background could help to improve the service.

After submitting my application materials via USAJOBS, I engaged in two levels of interviews. Interview questions focused on experience in leading people, in leading change, risk-management best practices, business acumen within

the context of clinical operations, public health perspectives applied to clinical care, and public affairs and communication. This is a management role, but there is a strong overlap between management and psychology. It's really important to understand principles within our field, principles of evidence-based psychology, principles and concepts of change, how people change and how to facilitate that change. Then you need to integrate all that into management principles and philosophy and a broader understanding of the dynamics within health care.

I'm proud to say that this is the nation's largest integrated suicide prevention program and a key source of support and referrals to additional resources. ■

● **Contact the Veterans Crisis Line** at [www.veteranscrisisline.net](http://www.veteranscrisisline.net) or (800) 273-8255, press 1.

## **VA ADVANCED FELLOWSHIP IN VETERAN MENTAL HEALTH AND SUICIDE PREVENTION**

The VA VISN 2 Center of Excellence for Suicide Prevention is pleased to announce the availability of postdoctoral fellowships to prepare the next generation of leaders and innovators in suicide prevention research, education and clinical care. We offer specialized training focused on suicide prevention strategies, with emphasis on at-risk populations including older Veterans; Veterans with a variety of mental health and substance use disorders; and Veterans facing health challenges such as chronic pain and sleep disorders. We also offer unique clinical and research opportunities in crisis response strategies and brief interventions to address suicide risk. Fellows spend approximately 75% time in research and 25% in clinical activities. To apply send letter of interest, CV, graduate transcripts and 3 letters of recommendation to Deborah King, PhD, [deborah\\_king@urmc.rochester.edu](mailto:deborah_king@urmc.rochester.edu) by December 10, 2018. Entry into the program requires U.S. citizenship and completion of a doctoral degree from an APA-, CPA- or PCSAS-accredited clinical or counseling program prior to the start of fellowship. The VA VISN 2 Center of Excellence is committed to promoting and sustaining a culturally and ethnically diverse work environment, inclusive of people regardless of race, ethnicity, national origin, gender, sexual orientation, socio-economic status, marital status, age, physical abilities, political affiliation, religious beliefs or any other non-merit fact. For more information: <http://www.mirecc.va.gov/suicideprevention/fellowship.asp>

## **APA-Accredited VA Postdoctoral Residencies**

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# VETERANS AFFAIRS INTERPROFESSIONAL FELLOWSHIP PROGRAM IN PSYCHOSOCIAL REHABILITATION AND RECOVERY ORIENTED SERVICES

The U.S. Department of Veterans Affairs (VA) announces openings for the 2019 – 2020 academic year of its Interprofessional Fellowship Program in Psychosocial Rehabilitation and Recovery Oriented Services for Veterans with serious mental illness. The Fellowship Program is a state-of-the-art, advanced clinical training program that focuses on the theory and practice of psychosocial rehabilitation. Individualized, mentored clinical training is combined with a curriculum that emphasizes a comprehensive psychosocial rehabilitation approach to service delivery, education, and implementing change in a mental health care setting. Fellows will work with Veterans diagnosed with serious mental illnesses, including schizophrenia, schizoaffective disorder, bipolar disorder, and major depression and receive training in delivering a range of evidence-based services. Veterans served, may also have co-occurring diagnoses, such as PTSD and substance use disorders. The purpose of the Interprofessional Fellowship Program is to develop future mental health leaders with vision, knowledge, and commitment to transforming mental health care systems in the 21st century by emphasizing functional capability, rehabilitation, and recovery. The Fellowship Program is offered at six VA sites (see below). The Fellowship Year runs from September 2019 – August 2020. It is a one-year, full-time onsite post graduate VA trainee position at the Veterans Affairs Medical Centers that are indicated below. Applications are being solicited across a range of disciplines (including psychology, psychiatry, nursing, social work, vocational rehabilitation, clinical pastoral education and occupational therapy) and each fellowship class is interdisciplinary. Application and position details vary across disciplines. **Psychology fellows must be U.S. citizens and must be graduates of APA accredited academic programs in Clinical or Counseling Psychology and APA accredited internships.** Stipends are competitive and based in part on location. Psychology fellows are eligible for health and life insurance benefits. All fellows earn annual and sick leave and are entitled to all Federal holidays. The PSR Fellowship sites follow APPIC Postdoctoral Selection Guidelines - Psychology Fellow selection. Application requirements and specifications differ across sites, so please contact the Fellowship Director at each site of interest for detailed information (see contact information for each site below).

For general information and available applications and program descriptions for the fellowship sites see also: [http://www.mirecc.va.gov/visn5/training/interprofessional\\_fellowship\\_program.asp](http://www.mirecc.va.gov/visn5/training/interprofessional_fellowship_program.asp) Application deadlines vary by site and discipline, please contact each site to confirm deadlines.

## Bedford, MA

Co-Directors: Amy Wilson, Ph.D., Psychology Service (116B)  
Megan MacKay, LICSW, Social Work Service (122)  
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## Durham, NC

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## Little Rock, AR

Director of Post-Doctoral Training: Courtney Crutchfield, Ph.D.  
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Inquiries to: Nathaniel Cooney, PhD Nathaniel.Cooney@va.gov or (501) 257-3455  
[http://www.littlerock.va.gov/careers/psychology/fellowship/Psychology\\_Fellowship\\_Prgram.asp](http://www.littlerock.va.gov/careers/psychology/fellowship/Psychology_Fellowship_Prgram.asp)

## Palo Alto, CA

Director: Stephen T. Black, Ph.D.  
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## San Diego, CA

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## West Haven, CT

Director, Interprofessional Fellowship: Anne Klee, Ph.D., CPRP  
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Meaghan.Stacy@va.gov or (203) 932-5711 ext. 2916  
<http://www.connecticut.va.gov/careers/psychologytraining.asp>

## FOR GENERAL INFORMATION, PLEASE CONTACT:

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[http://www.mirecc.va.gov/visn5/training/interprofessional\\_fellowship\\_program.asp](http://www.mirecc.va.gov/visn5/training/interprofessional_fellowship_program.asp) \*Note: Hub Site does not host a training program. Each site coordinates its own admissions processes.

## CALIFORNIA

### ASSISTANT OR TENURED ASSOCIATE PROFESSOR OF MENTAL HEALTH EPIDEMIOLOGY:

The UCLA Jonathan and Karin Fielding School of Public Health invites applications for a full-time, state-funded tenure-track Assistant or tenured Associate Professor of Epidemiology (<https://epi.ph.ucla.edu>). The ideal candidate will have a strong, emerging record of an innovative and productive research program in mental health epidemiology, including mental health, substance use, and/or psychiatric disorders, and a history of successful external funding, consistent with career stage. The successful candidate should also have a strong track record and dedication to teaching foundational and advanced epidemiology courses (e.g., introductory epidemiology, population health, measurement, research methods, and/or study design), as well as courses in the candidate's specialty area. Since its inception, the UCLA Department of Epidemiology has established itself as a leader in epidemiologic theory and methods, applied epidemiology, and public health. We are looking for a candidate with excellence in research and dedication to teaching and training the next generation of epidemiologists in areas such as, but not limited to, epidemiologic studies of mental health and substance use, randomized clinical trials for psychiatric disorders, psychiatric genetics, psychopharmacology, mental health comorbidities with infectious or other chronic diseases, and/or mental health-related studies using "big data" (e.g., omics, electronic health records, administrative databases, internet-based data). The Fielding School of Public Health is located on the main UCLA campus in direct proximity to the other health sciences schools (Medicine, Dentistry, and Nursing), several professional schools, the Semel Institute, and the College of Letters and Science. The UCLA community has a rich history of and commitment to interdisciplinary research and collaboration, including partnerships with the VA. The Department also has strong research and training relations with the Los Angeles County Department of Public Health and national and international institutions. Successful candidates must have (or be on track to conclude before July 1, 2019) a doctoral degree (PhD, ScD, MD, DrPH or equivalent) in Epidemiology or related field, demonstrable expertise and interest in epidemiologic research,

evidence of excellence in teaching and training of pre- and/or post-doctoral students, peer-reviewed publications, and a demonstrated commitment to public health. Faculty appointment level and salary will be commensurate with the candidate's experience and qualifications. **The deadline for applications to be submitted is November 1, 2018 but the search remains open until the position is filled.** The anticipated start date is July 1, 2019. Informal inquiries may be submitted to [episearch@ph.ucla.edu](mailto:episearch@ph.ucla.edu). The University of California is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability, age or protected veteran status. For the complete University of California nondiscrimination and affirmative action policy, see: UC Nondiscrimination & Affirmative Action Policy. Submit your applications at: <https://recruit.apo.ucla.edu/apply/JPF03945>.

## CONNECTICUT

### TENURE-TRACK ASSISTANT PROFESSOR:

The Department of Psychology in the College of Arts & Sciences at Fairfield University invites applications for a tenure-track Assistant Professor position in Cognitive Neuroscience beginning Fall 2019. Applicants must have a strong commitment to excellence in undergraduate teaching, including a commitment to innovation and demonstrated excellence in using technology in the classroom. The potential for developing an active research program in the candidate's area of specialization is also required. Applicants are expected to have completed a Ph.D in Cognitive Neuroscience or a related field, but ABD candidates who expect their degree by Fall 2019 will also be considered. The teaching load is three undergraduate courses each semester. Courses taught would include Behavioral Neuroscience, Cognitive Neuroscience, Psychological Statistics, as well as courses in the candidate's area of specialization. Preference will be given to candidates who are able to teach additional courses such as Cognitive Psychology, Learning, Sensation/Perception, Research Methods, and/or General Psychology. The department consists of ten full-time faculty representing a range of specialties and is housed in a spacious, well-equipped facility in the Bannow

Science Center. There is a vibrant culture of undergraduate student-faculty research and a growing institutional emphasis on the health sciences. Faculty routinely present at regional, national, and international conferences, frequently with undergraduate students as co-authors. Psychology is one of the largest majors in the College of Arts & Sciences, offering a Psychology Club, a large internship program, and chapters of Sigma Xi and Psi Chi. The salary and the benefits for the position are competitive.

**Review of applications will begin immediately; for full consideration all material must be submitted by October 18, 2018.** For full consideration, please click "[https://fd.wd1.myworkdayjobs.com/en-US/EmploymentOpportunities/job/Fairfield-CT/Tenure-Track-Assistant-Professor--Cognitive-Neuroscience--Department-of-Psychology\\_JR0000114](https://fd.wd1.myworkdayjobs.com/en-US/EmploymentOpportunities/job/Fairfield-CT/Tenure-Track-Assistant-Professor--Cognitive-Neuroscience--Department-of-Psychology_JR0000114)" and upload the following materials: a curriculum vitae, a letter of application, statement of research interests, statement of teaching philosophy, examples of syllabi and teaching evaluations if available, representative reprints of scholarly work, unofficial graduate transcript, contact information for three references. Fairfield University is an Equal Opportunity/Affirmative Action Employer, committed to excellence through diversity, and, in this spirit, particularly welcomes applications from women, persons of color, and members of other historically underrepresented groups. The university will provide reasonable accommodations to all qualified individuals with a disability.

**NON-TENURE-TRACK ASSISTANT OR ASSOCIATE PROFESSOR:** The Department of Psychology in the College of Arts & Sciences at Fairfield University invites applications for a Non-Tenure-Track Assistant or Associate Professor position in Industrial/Organizational Psychology beginning Fall 2019. Applicants must have a strong commitment to excellence in graduate teaching, including a commitment to innovation and demonstrated excellence in using technology in the classroom. Applicants are expected to have a Ph.D in Industrial/Organizational Psychology or a related field. The teaching load is three graduate courses each semester. The Assistant or Associate Professor will also be responsible for the administrative components of the I/O Master's Program, including admissions, student internship coordination,

and overseeing review and revision of the program. Graduate courses taught would include Introduction to I/O Psychology, Organizational Development, Effective Interviewing, Consulting Theory & Practice, as well as courses in the candidate's area of specialization. Opportunities also exist for teaching undergraduate psychology courses. The psychology department consists of ten full-time faculty representing a range of specialties and is housed in a spacious, well-equipped facility in the Bannow Science Center. There is a vibrant culture of student-faculty research.

The department offers a robust internship program, a Psychology Club, and chapters of Sigma Xi and Psi Chi. The salary and the benefits for the position are competitive. **Review of applications will begin immediately; for full consideration all material must be submitted by October 12, 2018.** For full consideration, click "[https://fd.wd1.myworkdayjobs.com/en-US/EmploymentOpportunities/job/Fairfield-CT/Non-Tenure-Track-Assistant-or-Associate-Professor--Industrial-Organizational-Psychology\\_JR0000113](https://fd.wd1.myworkdayjobs.com/en-US/EmploymentOpportunities/job/Fairfield-CT/Non-Tenure-Track-Assistant-or-Associate-Professor--Industrial-Organizational-Psychology_JR0000113)" and upload the following materials: a curriculum vitae, a letter of application, statement of teaching philosophy, examples of syllabi and teaching evaluations if available, representative reprints of scholarly work if available, unofficial graduate transcript, contact information for three references. Fairfield University is an Equal Opportunity/Affirmative Action Employer, committed to excellence through diversity, and, in this spirit, particularly welcomes applications from women, persons of color, and members of other historically underrepresented groups. The university will provide reasonable accommodations to all qualified individuals with a disability.

**PSYCHOLOGY OPPORTUNITY IN CHICOPEE, MASSACHUSETTS:** We put YOU FIRST, because you put patients first. RiverBend Medical Group in Chicopee, Massachusetts – a member of Trinity Health of New England, the region's largest nonprofit health system – is seeking an experienced, Massachusetts-licensed Psychologist to join our team within the Behavioral Health Services Department. In this rewarding role, you will have the opportunity to work with adult patients, families and couples. Additional experience working with women's issues and domestic

violence is preferred. We are seeking an individual who has a minimum of two years of practice experience with strong evaluation and brief treatment skills. Additional experience in an administrative or supervisory role is a plus. Practicing in the Springfield, Massachusetts, metropolitan area puts you in the heart of New England. This small city environment of 700,000 residents offers a tremendous selection of welcoming neighborhoods in which to live, excellent public and private schools and colleges, great restaurants, shopping, music, museums and historical areas. The central New England location puts you within a commutable distance from Hartford, Connecticut, and in close proximity to New York City and Boston with easy access to dependable air and rail services. Trinity Health of New England is proud of its history of provider collaboration. Our practice model empowers our practitioners to work at their highest level, while allowing time for professional development and family life. If you are focused on providing outstanding patient-centered care, you will thrive at Trinity Health of New England. For more information, call Daniele Howe, Physician and Advanced Practitioner Recruitment Specialist, at (413) 523-0824 today. Or email your curriculum vitae and letter of interest to [daniele.howe@sphs.com](mailto:daniele.howe@sphs.com). For Details: <http://www.jointrinityne.org/PsychologyRBMG/APAEE0-AA-M/F/D/V> Pre-employment drug screening.

## GEORGIA

**THREE TENURE-TRACK PROFESSORS:** The Department of Psychology at the University of West Georgia invites applications for three tenure-track positions (two at the rank of Assistant Professor and one at the rank of Associate Professor) beginning August 2019. Qualified applicants will have a doctorate in psychology or related discipline (which must include 18 hours of graduate psychology credits), demonstrated excellence in teaching, and an active research agenda. Successful candidates will teach courses at the undergraduate and graduate levels and engage in departmental and university service activities. Founded in 1968 through a shared vision of humanistic psychology, the department supports innovative directions in theory, research, teaching, and practice. We offer BS, MA, and PhD degrees; our doctoral

program emphasizes "Consciousness and Society." Our programs incorporate existential, phenomenological, transpersonal, contemplative, critical, sociocultural, feminist, and depth psychologies in dialogue with more traditional research emphases (e.g., social psychology, developmental psychology, clinical psychology, theoretical psychology, ecological psychology, et al.). We emphasize a human science approach, qualitative methods, community praxis, cultural studies, social justice, consciousness studies, parapsychology, human potentiality, and spirituality. **Review of applications will begin on October 12 and will continue until the three positions are filled.** Send curriculum vitae, three letters of recommendation, a writing sample, and a statement of your vision for psychology (including your teaching and research interests) to [psyc2018@westga.edu](mailto:psyc2018@westga.edu). Search committee chair is Dr. Alan Pope. The University of West Georgia is an Equal Opportunity/Affirmative Action Employer.

**GEORGIA LICENSED (OR LICENSE ELIGIBLE) CLINICAL PSYCHOLOGIST – FULL TIME EMPLOYMENT IN ALBANY, GEORGIA:** Albany Area Primary Health Care, Inc. is nestled in Albany, Georgia which is in Dougherty County. A place where sugar and honey aren't merely staples of cooking, but also part of the unique lingo that makes this Southern city all the more charming. Albany is a place to enjoy outdoor adventure, the arts, shopping, dining and the friendliest folks anywhere. Albany has it all! You can learn more about Albany at [www.choosealbany.com](http://www.choosealbany.com). Albany Area Primary Health Care, Inc. is a southwest Georgia practice combining urban and rural practice locations in a coordinated system of care. Established in 1979 our multi-specialty practice has grown to include well-trained internist, pediatricians, family practitioners, OB/GYN, midwives, optometrist, podiatrist, dentist, Psychologist, and advanced practitioners. We provide services to the underserved and uninsured patients. Here at AAPHC we pride ourselves in being accredited by the NCQA and PCMH certified AAPHC offers a competitive benefits package including health and dental-premiums paid at as pre-tax dollars. Short-term disability, long-term disability, paid vacation and sick time, CME time, and participation in a tax deferred annuity plan with employer contributions after one year of service. Based on AAPHC

being deemed a Community Health Center we also qualify for Federal Torts Claims Act, which allows provider free malpractice insurance. We also qualify for loan repayment from both a national level and a state level. Feel free to visit our website at [www.aaphc.org](http://www.aaphc.org) for more information. If you are looking for variety in your clinical work with a variety of clients, as well as consultation services to business and industry, this is a great opportunity. This is a very stable (30 year) practice with strong ties to the medical community, school system, business and industry, as well as social service and law enforcement agencies. We provide therapy, assessment and consultation to children, adolescents, adults and families. Excellent salary with great benefits, retirement plan, vacation, CEU time, and student loan repayment for service in a rural practice. Email your letter of interest, vitae, reference letters, assessment proficiencies and two sample reports to: Dr. Nick Carden, Director, AAPHC/Renaissance Centre, [nickcarden@mindspring.com](mailto:nickcarden@mindspring.com), phone: (229) 344-5534.

## ILLINOIS

**CLINICAL PSYCHOLOGIST:** Davken Associates was established in the early 1990s and has established an outstanding reputation in the long-term care industry. We have full- and part-time positions available for licensed psychologists in the Chicago metro area and other locations in Illinois and Indiana. We handle all billing and provide the work. Days and hours are flexible, and training is provided for our highly efficient system. Send resume and questions to [drfils@davkenpc.com](mailto:drfils@davkenpc.com).

**PSYCHOLOGIST:** Gary Dec and Associates, a Suburban Chicago group practice specializing in process addictions, especially sex addiction, and anxiety disorders, is seeking a full- or part-time licensed or license-eligible psychologist to join our established, growing, and highly professional team. Excellent compensation. Contact Gary Dec, PsyD at (630) 752-9874.

UNIVERSITY of  
West Georgia

Psychology  
College of Social Sciences

**THREE TENURE-TRACK PROFESSORS:** The Department of Psychology at the University of West Georgia invites applications for three tenure-track positions (two at the rank of Assistant Professor and one at the rank of Associate Professor) beginning August, 2019. Qualified applicants will have a doctorate in psychology or related discipline (which must include 18 hours of graduate psychology credits), demonstrated excellence in teaching, and an active research agenda. Successful candidates will teach courses at the undergraduate and graduate levels and engage in departmental and university service activities. Founded in 1968 through a shared vision of humanistic psychology, the department supports innovative directions in theory, research, teaching, and practice. We offer BS, MA, and PhD degrees; our doctoral program emphasizes "Consciousness and Society." Our programs incorporate existential, phenomenological, transpersonal, contemplative, critical, sociocultural, feminist, and depth psychologies in dialogue with more traditional research emphases (e.g., social psychology, developmental psychology, clinical psychology, theoretical psychology, ecological psychology, et al.). We emphasize a human science approach, qualitative methods, community praxis, cultural studies, social justice, consciousness studies, parapsychology, human potentiality, and spirituality. Send curriculum vitae, three letters of recommendation, a writing sample, and a statement of your vision for psychology (including your teaching and research interests) to [psyc2018@westga.edu](mailto:psyc2018@westga.edu). Search committee chair is Dr. Alan Pope. **Review of applications will begin on October 12 and will continue until the three positions are filled.** The University of West Georgia is an Equal Opportunity/Affirmative Action Employer.

**CLINICAL PSYCHOLOGIST AND POST-DOC POSITIONS IN AN EXPANDING GROUP PRACTICE:** Gersten Center for Behavioral Health, a thriving and well established group practice with six locations in Chicago, Evanston, Skokie, and Melrose Park, is presently hiring for several open positions. 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. For full-time eligible candidates, the position offers excellent pay and benefits such as medical, dental, vision coverage, flexible spending account (FSA), 401K retirement plan with a company match for psychologists only, short term disability (STD) with a maternity benefit, life insurance, liability insurance coverage, and sick pay; W-2 employee status; weekly individual and group clinical consultation; in-house continuing education, highest reimbursement rates and pay 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; 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](http://www.gerstencenter.com) to learn more about our practice and the reasons for our success. If interested, please submit your curriculum vitae to Dr. Deborah Liebling at [dliebling@gerstencenter.com](mailto:dliebling@gerstencenter.com).

### MASSACHUSETTS

**POST-DOCTORAL RESIDENT IN FORENSIC PSYCHOLOGY:** The Law-Psychiatry Program, University of Massachusetts Medical School (UMMS), expects two positions for a one-year post-doctoral forensic psychology resident fellowship, beginning September 1, 2019. The training focuses primarily on work with an adult forensic popu-

lation and includes seminars covering a broad range of topics within forensic psychology as well as review of landmark case law; supervised research on issues in mental health law; and training in expert witness testimony. Rotation sites include: forensic inpatient unit (Worcester Recovery Center and Hospital) and court clinics. Applicants must have completed all requirements for a Ph.D/Psy.D in clinical or counseling psychology, by September 1, 2019, from an APA-/CPA- accredited program, including an APA-/CPA-approved pre-doctoral clinical internship. Stipend \$40,000 plus \$2,000 support for educational/research expenses, and excellent fringe benefit package. **All material must be received no later than January 17, 2019 at 5 p.m. Eastern Time.** Full program descriptions, downloadable application form, and instructions for submission of applications are available at <http://www.umassmed.edu/forensicpsychology> Inquiries: Ira K. Packer, Ph.D., ABPP (Forensic), Director Forensic Psychology Training, [Ira.Packer@umassmed.edu](mailto:Ira.Packer@umassmed.edu). The University of Massachusetts is an Equal Opportunity/Affirmative Action Employer.

**APA-ACCREDITED VA POSTDOCTORAL RESIDENCIES:** The residency program at the Edith Nourse Rogers Memorial Veterans Hospital includes two APA-accredited residency programs: Clinical Psychology and Clinical Neuropsychology. The hospital is located in Bedford, Massachusetts, 20 miles northwest of Boston. The Clinical Psychology program offers full-time one-year positions within eight focus areas: Interprofessional Mental Health, Psychosocial Rehabilitation, Community Reintegration, Interprofessional Primary Care Behavioral Health, Tobacco Cessation, Geropsychology, Intimate Partner Violence, Lesbian, Gay, Bisexual, Transgender, Queer/Questioning Interprofessional Care. The Neuropsychology training program offers a two-year training position in this specialty track: Clinical Neuropsychology. See our online brochure for details: [www.psychologytraining.va.gov/bedford](http://www.psychologytraining.va.gov/bedford).

### MINNESOTA

**MAYO CLINIC – MEDICAL PSYCHOLOGY FELLOWSHIP PROGRAM:** APA Accredited in the specialty practice areas of Clinical Child Psychology, Clinical Health Psychology,

& Clinical Adult and Pediatric Neuropsychology. The Department of Psychiatry and Psychology, Mayo Clinic Rochester, is accepting applications for our APA-Accredited two-year specialty practice programs. Applicants must come from APA- or CPA-accredited graduate programs and internships and apply to one of our three programs. Fellowship positions are available for July 1, 2019. Start dates are flexible. The program's aim is for fellows to achieve advanced competencies in their respective areas of specialty (clinical child psychology, health psychology, clinical neuropsychology) to prepare them for employment in academic health centers and board certification in professional psychology. The Medical Psychology Fellow's experience in each specialty practice area combines clinical, educational, and research activities, with at least 50% time in clinical activities. Fellows select research mentors and have 30% protected research time. Educational opportunities are tailored and include weekly departmental grand rounds, case conferences, journal club, and didactic seminars. Fellows also receive funding for attendance and/or presenting at professional conferences. **Clinical Child Psychology:** The Clinical Child Psychology fellowship offers supervised advanced clinical training, education, and research activities in the areas of clinical child psychology and/or pediatric psychology, with opportunities for greater depth of experience within the specialty (e.g., anxiety disorders, mood disorders, chronic pain and autonomic dysfunction, consultation/liaison, weight management). Fellows spend ~50% time in clinical service (e.g., assessment, intervention, consultation) with children and adolescents, their families, and multidisciplinary teams. Clinical activities include an outpatient therapy caseload throughout the fellowship (about 20% of fellows' time) and rotations in specialty services (about 40% of fellows' time), with experiences related to diagnostic assessment, weekly treatment groups, intensive outpatient treatment programs, and outpatient and hospital-based consultation. Rotation schedules are based upon the fellow's interests and training goals. **The application deadline is December 21, 2018, for Clinical Child Psychology. Clinical Health Psychology:** The Clinical Health Psychology Fellowship aims for fellows to achieve advanced competencies in clinical

We put  
**YOU FIRST**  
because you put patients first.



### Psychology Opportunity in Chicopee, Massachusetts.

RiverBend Medical Group in Chicopee, Massachusetts—a member of Trinity Health Of New England, the region's largest nonprofit health system—is seeking an experienced, Massachusetts-licensed Psychologist to join our team within the Behavioral Health Services Department.

In this rewarding role, you will have the opportunity to work with adult patients, families and couples. Additional experience working with women's issues and domestic violence is preferred. We are seeking an individual who has a minimum of two years of practice experience with strong evaluation and brief treatment skills. Additional experience in an administrative or supervisory role is a plus.

Practicing in the Springfield, Massachusetts metropolitan area puts you in the heart of New England. The central New England location puts you within a commutable distance from Hartford, Connecticut and in close proximity to New York City and Boston with easy access to dependable air and rail services.

Trinity Health Of New England is proud of its history of provider collaboration. Our practice model empowers our practitioners to work at their highest level, while allowing time for professional development and family life.

For more information, please call **Daniele Howe, Physician and Advanced Practitioner Recruitment Specialist**, at 413-523-0824 today. Or email your CV and letter of interest to [daniele.howe@sphs.com](mailto:daniele.howe@sphs.com). [jointrinityne.org/PsychologyRBMG/MOP](http://jointrinityne.org/PsychologyRBMG/MOP)

EEO-AA-M/F/D/V Pre-employment drug screening



Saint Francis Hospital and Medical Center  
Mercy Medical Center  
Saint Mary's Hospital  
Johnson Memorial Hospital  
Mount Sinai Rehabilitation Hospital

health psychology to prepare them for employment in academic health centers and board certification in clinical health psychology. Fellows will have ~50% of supervised clinical service delivery time (e.g., assessment, intervention, consultation). Fellows choose one of the following specialty areas for a major rotation: obesity & bariatric surgery, pain rehabilitation, primary care, psycho-oncology, or transgender and intersex specialty care. The major rotation focus will comprise 80% of the supervised practice hours. Minor rotations provide additional breadth (~20% time). Rotation schedules are based upon the fellow's interests and training goals. **The application deadline is December 12, 2018 for Clinical Health Psychology. Clinical Neuropsychology (separate Adult and Pediatric Specialty tracks):** The Mayo Clinic Neuropsychology Specialty Program provides fellows with a depth and breadth of assessment, educational, consultative, intervention, administrative and research experiences that prepares fellows for board certification in Clinical Neuropsychology by the American Board of Clinical Neuropsychology. We adhere to guidelines proposed by the Joint Task Force of Division 40 of the APA and the Houston Conference on Specialty Education and Training in Clinical Psychology. We offer a Major Area of Study in Clinical Neuropsychology. Upon completion of this training, fellows will have an advanced understanding of neuropathologic mechanisms mediating behavioral and cognitive deficits in major categories of neurological disease, a working knowledge of neuropsychological disorders in general medical and psychiatric settings, and will demonstrate intervention skills with neuropsychological disorders. Member of APPCN, see [www.appcn.org](http://www.appcn.org) for additional information. **The application deadline is December 7, 2018 for Clinical Neuropsychology.** Application Process: Applicants must submit a letter of interest, transcripts, curriculum vitae, completed application and at least three letters of reference. Application materials and more information are available from our website address: <http://www.mayo.edu/msgme/psychology-rch.html>. Member of APPIC, see [www.appic.org](http://www.appic.org). Mayo Foundation is an Affirmative Action/Equal Opportunity Educator and Employer who values and emphasizes diversity in our educational, clinical, and research programs.

### MISSOURI

**TENURE TRACK ASSISTANT PROFESSOR:** Washington University in St. Louis, Department of Psychological & Brain Sciences, is seeking candidates for a tenure-track Assistant Professor position in the area of Brain, Behavior and Cognition. All areas of Brain, Behavior and Cognition will be considered. We are a highly collaborative department and are especially interested in candidates whose research programs connect to other areas of current strength or emerging focus at Washington University, including cognitive aging, healthy and disordered cognition, development, neuroimaging, computational modeling and data science. The individual in this position will conduct research, publish in peer-reviewed journals, advise students, teach psychology or related courses, and participate in department governance and university service. The primary qualifications for this position are demonstrated excellence in empirical research and teaching; a PhD is required in psychology or another directly relevant field. We especially and strongly encourage applications from women and members of minority groups. Send curriculum vitae, reprints, a short statement of research interests and teaching experience to our website at <https://jobs.wustl.edu>, and apply to job posting number 40761. Also, arrange for three letters of reference to be emailed to: [CheriB.Casanova@cbsano@wustl.edu](mailto:CheriB.Casanova@cbsano@wustl.edu). **The Search Committee began the formal review process as early as September 15, 2018, but applications will be accepted until the search is concluded.** Washington University in St. Louis is committed to the principles and practices of equal employment opportunity. It is the University's policy to recruit, hire, train, and promote persons in all job titles without regard to race, color, age, religion, sex, sexual orientation, gender identity or expression, national origin, protected veteran status, disability, or genetic information.

### NEW HAMPSHIRE

**ADULT AND PEDIATRIC POST-DOCTORAL FELLOWSHIPS IN CLINICAL NEUROPSYCHOLOGY AT DARTMOUTH HITCHCOCK MEDICAL CENTER:** The Neuropsychology Program at the Dartmouth Hitchcock Medical Center/Geisel School of Medicine at Dartmouth anticipates two openings for a 2-year

adult fellowship and one opening for a 2-year pediatric fellowship, consistent with APA Div. 40 and Houston Conference guidelines. Our program goal is to provide advanced professional and research training in an academic environment. Rotations include Dartmouth-Hitchcock Medical Center in Lebanon, and either NH Hospital in Concord (state neuropsychiatric facility) or Hanover Psychiatry (a psychiatric and psychological practice of the Department of Psychiatry at Dartmouth-Hitchcock Medical Center). Our research uses a variety of methods such as neuropsychology, neuroimaging, genetics, and transcranial magnetic stimulation. Populations of interest include TBI and sports-related concussion, multiple sclerosis, Parkinson's disease, schizophrenia, substance abuse, ADHD, and epilepsy among others. Facilities include the Advanced Imaging Center 3T magnet and the Brain Imaging Laboratory (see for specific program details). Responsibilities include clinical neuropsychological assessment and consultation, participation in sodium amobarbital testing, and research. Requirements include prior neuroscience course work, internship training in neuropsychology, and completion of all doctoral requirements. Qualified candidates should send (**deadline December 21, 2018**) a completed application cover form, letter outlining career goals and interests, curriculum vitae, three recommendation letters, three sample reports and relevant reprints to Maureen Ostertag, [Maureen.M.Ostertag@hitchcock.org](mailto:Maureen.M.Ostertag@hitchcock.org); Phone: (603) 650-6188. See our website for details pertaining to our program and the application process: <https://med.dartmouth-hitchcock.org/clinical-neuropsychology.html>.

### NEW YORK

**TENURE TRACK POSITION IN CLINICAL PSYCHOLOGY OR CHILD DEVELOPMENT:** The Department of Psychology at Utica College invites applications for a full-time tenure track position beginning fall 2019. A Ph.D in Clinical Psychology or Child Development (with clinical experience) is preferred. The ideal candidate would be able to teach psychological assessment and testing and clinical practicum in psychology courses as well as introductory, developmental, and abnormal psychology courses. To apply, submit a letter of application, curriculum vitae, research statement, statement

of teaching philosophy, and three references. Candidates are asked to submit an additional reflective statement about teaching in the required applicant document titled "diversity statement." Since Utica College strives to be a diverse and inclusive community, it is essential that you include in this statement a reflection on the kinds of experiences you have had, and the kinds of approaches you would take, teaching and working with a diverse student body. (For the definition of diversity that we use at Utica College, please see the following web page: <http://www.utica.edu/instantadvance/marketingcomm/about/diversity/aboutus.cfm>.) All application materials must be submitted online at the following link: <http://uc.peopleadmin.com/postings/2231>. Utica College is an Affirmative Action/Equal Opportunity Employer. We encourage applications from under-represented groups, including disabled and veterans as well as individuals who have experience with diverse populations.

**YESHIVA UNIVERSITY, FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY, APA-ACCREDITED COMBINED SCHOOL, CLINICAL CHILD PSYCHOLOGY PROGRAM – ASSISTANT PROFESSOR, TENURE-TRACK:** The Ferkauf Graduate School of Psychology at Yeshiva University is seeking to fill an Assistant Professor position in the School-Clinical Child Psychology Program. The position is a 9-month tenure-track faculty line beginning in September 2019. We are looking for an outstanding candidate with training and professional identification with the professional specialty of school psychology. The position will involve: (a) maintaining an active research agenda in a substantive area related to school psychology; (b) teaching graduate classes in the School-Clinical Child Psychology PsyD Program; possible course assignments include psychoeducational assessment, school-based intervention, and school consultation; (c) supervision of doctoral student research projects; and (d) related program responsibilities. Applicants with a strong record of research productivity and the potential to support a research program with external funding are sought. Priority will be given to those with scholarship and expertise addressing the needs of diverse populations. The program encourages applications from women, members of minority groups, protected persons

and others committed to a diverse community that expands our teaching and research mission. We aim to recruit candidates who demonstrate experience with, knowledge of, and sensitivity to the needs of culturally diverse and oppressed populations. The candidate should be licensed or license eligible in New York State. Ferkauf Graduate School of Psychology is located on Yeshiva University's Albert Einstein College of Medicine Campus in the Bronx, approximately seven miles north of Manhattan, New York. The School-Clinical Child Program is an APA-accredited and NASP-approved Doctor of Psychology Program. Information about the program can be obtained at <http://yu.edu/ferkauf/school-clinical-child-psychology/>. Ferkauf Graduate School of Psychology offers three APA-accredited doctoral programs: Clinical, School-Clinical-Child and Clinical Health, and a Master of Mental Health Counseling Program. **Application review will begin immediately and will continue until the position is filled.** Submit (a) curriculum vitae; (b) statements of research interests and teaching philosophy with reference to how these demonstrate a commitment to diversity and inclusion through scholarship or by improving access to school-based services/assessment/psychotherapy for underrepresented individuals or groups; (c) sample syllabi and teaching evaluations if available; (d) representative publications; and (e) three letters of reference to Dr. Abraham Givner at [abraham.givner@einstein.yu.edu](mailto:abraham.givner@einstein.yu.edu) and via the YU Faculty Careers page: <https://careers.pageuppeople.com/876/cw/en-us/job/492857/assistant-professor-tenuretrack-ferkauf-graduate-school-of-psychology-combined-schoolclinical-child-psychology-program> [<http://apptkr.com/1282129>]. Yeshiva University is an Equal Opportunity Employer committed to hiring minorities, women, individuals with disabilities and protected veterans.

**YESHIVA UNIVERSITY, FERKAUF GRADUATE SCHOOL OF PSYCHOLOGY, CLINICAL PROGRAM – ASSISTANT PROFESSOR, TENURE-TRACK:** The clinical program seeks to hire a tenure-track Assistant Professor in Clinical Psychology to start in Fall 2019. Candidates in all areas of clinical psychology will be considered, although strong preference will be given to applicants who conduct research, and can contribute to teaching and clinical training in one

or more of the following areas: couples and family therapy; group therapy; eating disorders; schizophrenia; bipolar disorder; personality disorders; cross-cultural or cross-socioeconomic research. Responsibilities include developing an independent program of research; mentoring students in doctoral-level research; graduate teaching; and clinical supervision. Applicants with a strong track record of research productivity, external funding, and active training and clinical involvement are sought. The candidate should be licensed or license eligible in New York State as a clinical psychologist. Salary is competitive/9 months. Ferkauf Graduate School of Psychology is located in the Bronx on Yeshiva University's Albert Einstein College of Medicine Campus approximately 6-7 miles from Manhattan, New York. The Clinical Program has been in effect since 1979 and has been an APA-accredited Doctor of Psychology program since 1984. Information about the clinical program can be obtained at: <http://www.yu.edu/ferkauf/clinical-psychology/>. Ferkauf Graduate School of Psychology offers three APA-accredited doctoral programs: Clinical, School-Clinical-Child and Clinical Health and offers one NY State Certified Master of Arts program in counseling psychology. **Application review will begin immediately and will continue until the positions are filled.** Submit: e-copies of the following: (1) curriculum vitae, (2) research statement, (3) representative publications, (4) teaching statement outlining approach to teaching, as well as experience and interest in teaching specific courses along with evidence of teaching credentials such as course syllabi and course evaluations, if any, (5) a statement describing the candidate's clinical specialties and training received OR a recent clinical case write-up (6) three letters of reference. Please submit to the Yeshiva University Faculty Careers page: <https://careers.pageuppeople.com/876/cw/en-us/job/492858/assistant-professor-tenuretrack-ferkauf-graduate-school-of-psychology-clinical-program> [<http://apptkr.com/1282993>] and send an email copy to Dr. Lata K. McGinn, PhD at [clinicalprogramfgspsearch@gmail.com](mailto:clinicalprogramfgspsearch@gmail.com), (subject heading: Clinical Program Tenure-Track Faculty Search 2019). Yeshiva University is an Equal Opportunity Employer committed to hiring minorities, women, individuals with disabilities and protected veterans.

**CLINICAL PSYCHOLOGIST, PHD/PSYD, NYS OR CT LICENSED:** Become a Geropsychologist. Rewarding population, collegial atmosphere, flexible schedule, supportive supervision (as needed). Now hiring in the Bronx, Brooklyn, Westchester, NY and Fairfield County, CT. Contact Dr. Pat Tomasso: [ptomasso@agingmattersny.com](mailto:ptomasso@agingmattersny.com).

### NORTH DAKOTA

**CLINICAL PSYCHOLOGIST:** Westwind Counseling Center is seeking a clinical psychologist or psychology resident to join our clinical team. We are seeking a motivated therapist who loves to work with clients with a wide range of life challenges. Applicants must be licensed or license-eligible in ND or eligible for a ND psychology residency. As an established private practice, we take pride in our high-quality clinical services and the reputation we have established over the past 20+ years of service. Clinicians enjoy a collegial work atmosphere, flexible caseload, and excellent compensation based on production. Employee benefits include health insurance and retirement. State or national loan repayment programs may be possible. Send a curriculum vitae and letter of interest to Dr. Alan Fehr at [westwind@ndsupernet.com](mailto:westwind@ndsupernet.com) or call (701) 225-1050.

### OHIO

**TENURE-TRACK ASSISTANT PROFESSOR IN PSYCHOLOGY, AREA OPEN:** The Ohio State University at Newark is seeking applications for a 9-month, tenure-track assistant professor in psychology, area open, with a specialization in health psychology preferred, to begin Autumn 2019. The Newark Campus is an extended campus in The Ohio State University system and is located about 35 miles east of the central Columbus campus. See complete posting details and application procedures at <https://www.jobsatosu.com>, Job Opening #438466. The candidate must have a Ph.D in psychology and evidence of research productivity. The candidate should have strong teaching credentials and be committed to undergraduate education. A record of service to department and/or discipline is beneficial. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex sexual orientation, gender identity, national origin, disability status, or protected veteran status.

### OREGON

**HEALTH PSYCHOLOGISTS:** Samaritan Health Services is looking for full-time Health Psychologists to work 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. These positions utilize a behavioral health consultant model (BHC) and psychologists will serve as behavioral consultants on the primary care team, and as such, provide assessment, short-term psychotherapy for mild or moderate disorders, and health behavior assessments and interventions. In this position, you will: consult and collaborate on a multidisciplinary team – this includes providing integrated on-site care, recommendations, and feedback to medical providers and allied staff; have a clearly distinguished role from a specialty mental health therapist practice model; 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; utilize brief behavioral health visits (20-30 minutes), limited in number (1-6 minutes), which are provided in the primary care practice area and are seen as a routine primary care service; practice in a population-based practice management strategy with flexibility to be interrupted to respond to urgent/emergency situations and "curbside consults" provide assessments, screenings, or intervention services for 8-10 patients per day with the primary goal of assisting the primary care providers with identification, treatment, and management of mental and behavioral health concerns. Minimum Requirements: Doctoral-level degree (PhD or PsyD) in clinical psychology from an APA-accredited institution: Health Psychology emphasis preferred; current Oregon Licensure or license-eligible. Contact: [acloviss@samhealth.org](mailto:acloviss@samhealth.org).

**PROGRAM MANAGER:** Randall Children's Hospital and Legacy Health are actively recruiting for a Program Manager for Children's Behavioral Health Program. Under the direction of the Director of Behavioral Health Services for the Legacy system, The Children's Behavioral Health Program Manager will be responsible for the development, implementation and program management of the Behav-



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ioral Health Services for patients and families within Randall Children's Hospital. The ideal candidate will be a licensed Psychologist and have a minimum of three years of experience in healthcare leadership including two years in clinical healthcare operations experience. Previous experience with delivery of pediatric behavioral health and health behavior care required. Applications are required and can be accessed through our website [www.legacyhealth.org](http://www.legacyhealth.org). Apply for position 18-1521. You will be able to insert your curriculum vitae as you apply. If you have questions, feel free to contact Vicki Owen at (503) 415-5403 or [vowen@lhc.org](mailto:vowen@lhc.org). An Affirmative Action/Equal Opportunity Employer/Veterans/Disabilities.

### PENNSYLVANIA

**TENURE TRACK OPEN-RANK PROFESSOR:** The AJ Drexel Autism Institute (AJDAI) at Drexel University invites applications for a research-focused tenure-track position at any rank, to work in the Program in Early Detection and Intervention. The ADJAI is a multidisciplinary, university-level research institute emphasizing public health science as it pertains to autism spectrum disorder (ASD). The Institute is composed of three research programs, a policy analytics center, and clinical, community outreach, and administrative cores. Faculty conduct community- and population-based research addressing challenges faced by individuals with autism and their families. The Early Detection and Intervention (EDI) Program integrates knowledge across disciplines including psychology, public health, and education, with the specific aims of reducing the age of ASD diagnosis, increasing evidence supporting early intervention, facilitating access to high-quality treatment, and supporting implementation and adaptation of early intervention in the community. Qualified applicants will complement EDI members' expertise in screening and early intervention science. We are especially interested in applicants whose expertise is in one of the following areas: (1) implementation science, (2) randomized controlled trial methodology, or (3) mental health outcomes and/or psychiatric comorbidities in neurodevelopmental disorders. Candidates whose prior work has focused on other conditions, but seek to apply these methods to ASD research are encouraged to apply. Applicants should have a PhD

in Psychology, Epidemiology, Health Services Research, Social Work, Sociology or a related discipline. Post-doctoral training is strongly encouraged. Strong applicants at the assistant level will clearly demonstrate their potential to build a highly productive program of research; applicants at the associate or full level will have an established program. **Review of applications began September 15, 2018 and will continue until the position is filled.** Start date will be July-September 2019. Interested applicants should send cover letter, curriculum vitae, and names of three references to: [AutismInstitute@drexel.edu](mailto:AutismInstitute@drexel.edu). Questions can be directed to [DRobins@drexel.edu](mailto:DRobins@drexel.edu), with the subject line: EDI faculty position. Drexel University is an Equal Opportunity/Affirmative Action Employer. [drexel.edu/AutismInstitute](http://drexel.edu/AutismInstitute).

**ADULT-FOCUSED LICENSED PSYCHOLOGIST:** Tower Health is seeking an adult-focused, licensed psychologist with inpatient experience to join our team as a neuropsychologist! This unique opportunity allows for practice at Tower Health's state-of-the-art Rehabilitation Hospital located in Wyomissing, Pennsylvania, approximately 60 miles northwest of Philadelphia. Job responsibilities include: Delivery of high-quality behavioral health treatment services through psychological testing, assessment, and case management. Provision of direct clinical treatment services, neuropsychological assessment and consultation to Reading Hospital Rehabilitation patients and, as appropriate, to patients of the Department of Psychiatry. Provision of quality supervision to psychology interns, students, and other staff as appropriate. Collaboration with existing Amputee Support Group and Peer Support Programs. Successful candidates will have inpatient experience (rehabilitation experience preferred!) and/or neuropsychology experience. Only licensed psychologists will be considered. Offers include a highly competitive salary, full benefits, and educational loan assistance. Apply today by sending your curriculum vitae to: Carrie Moore, MBAMedical Staff Recruiter: [carrie.moore@towerhealth.org](mailto:carrie.moore@towerhealth.org); (484) 628-8153.

**POSTDOCTORAL FELLOWSHIP PROGRAM IN CLINICAL NEUROPSYCHOLOGY:** The Department of Psychiatry within the Institute of Neurosciences at Geisinger Health System anticipates

openings for postdoctoral fellowship residency training in adult clinical neuropsychology beginning July or September of 2019. Geisinger Medical Center is a 404-bed tertiary/quarternary healthcare facility, a Level One Trauma Center, and provides care to more than two million residents throughout central and northeastern Pennsylvania. Neuropsychology faculty in the Department of Psychiatry includes six full-time neuropsychologists. The postdoctoral resident will gain comprehensive clinical neuropsychological experience and training, will encounter a full array of medical, neurologic, and psychiatric conditions and will provide inpatient and outpatient neuropsychological evaluations and consultations to various specialty medical services. The postdoctoral resident will have opportunities to participate in pre-surgical assessments including Wada procedures, Deep Brain Stimulation, and potentially intra-operative language mapping. The postdoctoral resident will attend didactics in the Neuropsychology Section, Psychiatry Grand Rounds and the integrated Neuropsychology/Neurology/Psychiatry conference series for residents. There are several multidisciplinary treatment teams in which the postdoctoral resident can expect to be involved, including the Memory and Cognition Program, Movement Disorders, Epilepsy, and the Tumor Board. There is active research ongoing within the Section of Neuropsychology and there are opportunities for internal grant funding. The postdoctoral resident will be responsible for participating in scholarly activities, such as a research project and educational presentations on topics related to the practice and science of Clinical Neuropsychology. This is a two-year residency. The postdoctoral resident will have the opportunity to interact with a large Department of Psychiatry staff including psychiatrists, physician's assistants, clinical psychologists, postdoctoral residents in clinical psychology/behavioral medicine and pediatric/child clinical psychology, and doctoral interns. The annual stipend is \$47,486 plus continuing education allowance and benefits. Requirements include: Doctoral candidate at an APA-accredited program in clinical, counseling, or school psychology; APA-accredited pre-doctoral clinical internship with experience in neuropsychology or an internship that meets APIC criteria and/or allows

for listing in the National Register of Health Service Providers and has specialized training in neuropsychology; letter from dissertation chair stating anticipated completion of dissertation by June, 2018 if a July start date or August 2018 if a September start date. Experience in a medical setting is preferred but not required. Send curriculum vitae, cover letter, three letters of reference, two sample reports, and copy of graduate school transcript by **December 1, 2018** to Bradley J. Wilson, PhD, ABN, Program Director, Geisinger Medical Center, Division of Psychiatry, 100 N. Academy Avenue, Danville, PA, 17822-1335 or e-mail to [bwilson1@geisinger.edu](mailto:bwilson1@geisinger.edu). Check our website: <http://www.geisinger.edu/fellowships/neuropsychology/>.

### RHODE ISLAND

**POSTDOCTORAL FELLOWSHIPS AT BROWN UNIVERSITY, CENTER FOR ALCOHOL & ADDICTION STUDIES:** The Center for Alcohol and Addiction Studies is recruiting for two T32 training programs, funded by NIAAA and NIDA, providing research training on alcohol, tobacco, and other drug use, dependence, early intervention, and treatment. CAAS research includes laboratory studies of alcohol, tobacco and marijuana use; clinical trials testing behavioral and pharmacologic interventions; studies of intervention mechanisms (using electronic diaries, cue reactivity, behavioral economics, and analysis of therapeutic process variables), alcohol/HIV research, and tobacco regulatory science. Training includes structured didactic seminars, supervised research experience, and an intensive mentored grant writing process. **The deadline for early decision is December 1, 2017.** This deadline is for applicants whose first choice is Brown. By applying they agree to attend the program if accepted. **Regular decision applications are due January 19, 2018, and reviews will continue until positions are filled.** Starting dates vary from July 1 to September 1, 2018. For program details and application see <http://www.caas.brown.edu/Content/training/>. Applicants must hold a doctoral degree at the time the fellowship begins and be a citizen or permanent resident of the United States. The Brown University School of Public Health is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

## TEXAS

### FACULTY POSITION IN CLINICAL PSYCHOLOGY - TEXAS A&M UNIVERSITY:

The Department of Psychological and Brain Sciences (liberalarts.tamu.edu/psychology/) at Texas A&M University invites applications for a tenured faculty position in clinical psychology. The position will be at the rank of Associate Professor or Professor, with an anticipated start date of Fall 2019. We are interested in scholars conducting research in any area related to clinical psychology, and value innovation and excellence in methodological, quantitative, and computational approaches. This position will complement a world-class core of clinical researchers, many of whom participate in cross-cutting research concentrations in affective science, diversity science, and personality processes. Applicants should have an outstanding record of research achievement, evidence of extramural research funding, and a strong commitment to undergraduate and graduate education. The successful candidate will contribute to our clinical Ph.D program, which is APA-accredited and a member of PCSAS, and would teach undergraduate and graduate courses in their area of expertise. Preference will be given to individuals interested in serving as Director of Clinical Training, and leading efforts to strengthen and grow the program. A Ph.D in psychology or a closely related field is required. **The search committee will begin reviewing applications October 15, 2018 and will continue to review new applications until the position is filled.** To apply, email a letter of intent, curriculum vitae, statements on research and teaching, and three sample research publications to clinicalpsyc@tamu.edu. You will also need to complete an application at [https://tamus.wd1.myworkdayjobs.com/TAMU\\_External](https://tamus.wd1.myworkdayjobs.com/TAMU_External(search%20for%20professor%20psychology)) (search for "professor psychology"). Internal Applicants: If you currently ARE a Texas A&M System employee: Go to Internal Career Site <https://jobs.tamu.edu/internal-applicants/>. For more detailed information <https://liberalarts.tamu.edu/psychology/2018/08/28/tenured-faculty-position-available-in-clinical-psychology/>.

### CLINICAL ASSOCIATE/FULL PROFESSOR:

The Department of Educational Psychology at Texas A&M University seeks applicants for a clinical associate/full professor who will serve as

Clinic Director of the Counseling and Assessment Clinic (CAC; <http://cac.tamu.edu>) in collaboration with our APA-accredited doctoral programs in Counseling Psychology and School Psychology. This is a 9-month appointment with additional summer funding to support year-round clinic operations. We seek applicants with previous experience in clinic administration, maintaining EMR scheduling software, managing clinic staff, university-level teaching, and evidence of dedication to high-quality grant writing and establishing community partnerships. **The review process will begin October 1, 2018 and applications will be accepted until the position is filled.** For the full position announcement and details visit: [https://tamus.wd1.myworkdayjobs.com/TAMU\\_External](https://tamus.wd1.myworkdayjobs.com/TAMU_External(job#R-010984)) job #R-010984.

### NEUROPSYCHOLOGIST, PSYCHOLOGIST, PROVISIONALLY LICENSED PSYCHOLOGIST:

The Ludden Group, P.C., is a Christian private practice group of Independent Contractors, located in Rockwall, Texas, 25 miles east of the Dallas Metroplex. The Ludden Group is seeking professionals to fill the following positions, full- or part-time. Duties will include diagnostic assessments, testing, and weekly psychotherapy with the geriatric population. Services also to be provided in the Ludden Group's outpatient private practice that treats patients throughout the life span. Areas served: Rockwall, Greenville, Terrell, Dallas, Fort Worth, and Ennis. The Ludden Group, P.C. is well established with over 35 years' experience. Send your curriculum vitae and any questions to Linda Ludden, Ed.D, Texas Licensed Psychologist, [lindaluddensivils@gmail.com](mailto:lindaluddensivils@gmail.com).

### PRACTICE OPPORTUNITIES

#### PRACTICE FOR SALE

**CHARLESTON/MT PLEASANT, SOUTH CAROLINA:** Established, very profitable neuropsychological practice for sale in beautiful Charleston/Mt. Pleasant, South Carolina. Potential for practice growth is excellent. Current referrals are from: doctors, attorneys, worker's compensation insurance companies and nurse case managers. Low overhead expenses. Will assist with transition. Email [slevintnt@comcast.net](mailto:slevintnt@comcast.net) with serious inquiries.

**FINGER LAKES REGION, NY:** Great place to raise family. Long-established practice, mix of therapy (all ages) and diagnostics (all types). Practice has excellent reputation. Willing to assist buyer during transition time and will train if required. Details available upon request. Contact Dr. Donner (607) 732-5427 or [jrd11151@gmail.com](mailto:jrd11151@gmail.com).

### GREAT OPPORTUNITY FOR A CHILD/ADOLESCENT PSYCHOLOGIST:

Quest Therapeutic Camp, SF East Bay area's innovative treatment for children and adolescents with mild to moderate emotional and social problems is available for purchase. With a 7-week intensive summer program and 30-week once/week school year program, Quest grosses over \$550,000 per year. Transitional support included in purchase. Serious investors only. Contact Robert Field, Ph.D., [drbobbfield@questcamps.com](mailto:drbobbfield@questcamps.com).

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#### PUBLICATIONS/OTHER

**MEDICAL TRANSCRIPTION SERVICES:** 35 years' experience in Psychology, Forensic Psychology, and Psychiatry. 140 wpm, 180 wpm real time. Accurate and dependable. Verification of content integrity. HIPAA compliant encryption used to send and receive data. Excellent references. Laura Arntz, (503) 260-6506, [oregon-branch@gmail.com](mailto:oregon-branch@gmail.com), or find me on [www.linkedin.com/in/LauraArntz](http://www.linkedin.com/in/LauraArntz).

#### CALL FOR PRESENTATIONS

**CALL FOR PRESENTATIONS:** International Association for the Study of Dreams (IASD) - 36th Annual Conference June 21st to June 25th, 2019 at the Rolduc Conference Center, Kerkrade, The Netherlands (near the German border). IASD is seeking proposals related to Dreams and Dreaming, for Papers, Workshops, and Panels. Submission themes may focus on: Clinical, Research, Theory, Arts, Education, Spiritual, PSI, Health, Mental Imagery, History and Culture, and Dreamwork. Conference attendees can earn up to 20 CE credits. IASD is approved by the American Psychological Association to sponsor continuing education for psychologists. IASD maintains responsibility for the program and its content. Submissions: Go to <http://iasdconferences.org/2019/> and select the "call for presentations." Deadline: December 15, 2018.

#### ► CONTACT INFO

For Recruitment and Classified Advertising, contact:  
Nancy Onyewu  
Manager, Recruitment Ad Sales  
Phone: (202) 336-5866  
Email: [nonyewu@apa.org](mailto:nonyewu@apa.org)  
Amelia Dodson  
Manager, APA psycCareers  
Phone: (202) 336-5564  
Email: [adodson@apa.org](mailto:adodson@apa.org)

# AUTISM RATE INCREASES

The prevalence of diagnosed autism in the United States rose 15 percent in two years

## 1 in 59

Autism diagnoses among **8-year-old children** in the United States in 2014, the most recent year for which data are available, according to a new Centers for Disease Control and Prevention (CDC) report.

## 1 in 68

Autism prevalence among 8-year-old children in the last CDC report, which was issued in 2016 and based on 2012 data. In the 2007 report, based on data from 2002, it was **1 in 150** children.

## 1 in 38

Autism prevalence among **boys**, according to the latest report. Among **girls**, it was **1 in 152**.

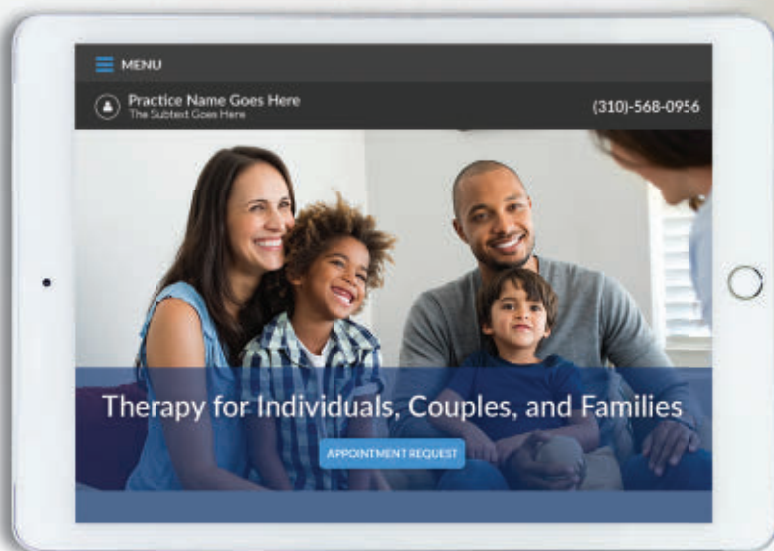
## 7%

The difference in autism prevalence between **white children** (who are diagnosed at a higher rate) and **black children**. That is a much narrower gap than in previous years, when the gap ranged from **20 to 30 percent**.

Source: Baio, J., Wiggins, L., Christensen, D.L., et al. (2018). Prevalence of autism spectrum disorder among children aged 8 years—Autism and Developmental Disabilities Monitoring Network, 11 sites, United States, 2014. *MMWR Surveillance Summaries* 67, No. 6: 1–23. DOI: 10.15585/mmwr.ss6706a1.

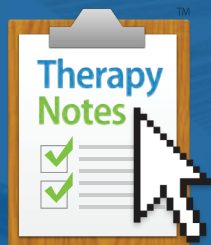


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Evaluation  
Progress Note  
Treatment Plan

Diagnosis: DSM-5 **anxiety**

Presenting Problem: F40.10 Social Anxiety Disorder  
F41.4 Generalized Anxiety Disorder  
F41.8 Other Specified Anxiety Disorder

Treatment Goals:

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Dr. Christina Zampitella, FT, Licensed Clinical Psychologist

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