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President's Column

Kalyani Gopal, Ph.D., HSPP

Dear Friends,

Greetings! We are in very unusual times, but then when have we not been in such times? Perhaps the terminology is different, perhaps a turn of the century event, perhaps a different crisis, perhaps even an unrecognizable time in the recent past. With recent rulings by the United States Supreme Court taking us back to States' Rights as per the Constitution, easing of gun control laws and of EPA controls; and changes in the way we deliver mental health to our patients, and conduct supervision with our supervisees; we are for our generation at least, in difficult and unchartered territory. Yet, there is a unifying force that is our code of do no harm. With all that we have gone through as healers, practitioners, educators, students, researchers, our objectives have been simple but clear. We are all clinical psychologists working within the boundaries of the intersectionality of life, death, and the in-between that is the human condition. Despite our best efforts, the dark and deep woods of temptation to classify, separate, cogitate, and then do it all over again gives way to silos and distinctions within our subspecialties creating a certain level of divisiveness that would need to be bridged. So, how do we overcome our own highly tuned critical analytic skills and continue to navigate these turbulent times?

The board in Division 12 is working hard to connect us with each other. Through webinars, trainings, and now a

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Multicultural Summit to address how we infuse IDEAS (inclusion, diversity, Equity, Accessibility and Sustainability) into all aspects of our clinical, academic, research and interactional world of clinical psychology.

MARK YOUR CALENDERS:

1. APA Convention: Please see our website: https://div12.org/apa-convention/
2. SEPTEMBER 9, 2022: Division 12 SCP Multicultural Summit. Topics covered by panelists and in 4 breakout rooms will be: Assessment, Treatment, Supervision, Recruitment, Retention, and Organizational Culture

May I ask each one of you to join us in this journey as clinical psychologists who identify with our noble profession, proud to embrace our identities as intersectional human beings living in a highly networked and complex world. Words matter. People matter. Our field matters. You, matter. When you're feeling overwhelmed and burnt out remember that IDEAS: Inclusion, diversity, equity, accessibility, and sustainability are the hallmarks of clinical practice and professionalism in our service to our patients, students, faculty, and the communities we serve.

Thanking you,

Kalyani Gopal, PhD, HSPP

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LEAD ARTICLE

Using psychological science to understand legal system involvement among adolescents

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Department of Psychology

For almost 20 years, legal system reform aimed at juveniles has been influenced by psychological science. State and federal laws have been shaped around findings that demonstrate youth under the age of 18 are notably different than adults in their capacity for controlled behavior, as well as in the structure and function of their brains. For instance, some states enacted laws that created diversion strategies focused on rehabilitation rather than retribution and increased the age at which youth come under the jurisdiction of the juvenile legal system. On the federal level, psychological science contributed to the abolition of solitary confinement, the death penalty, and mandatory life without the possibility of parole for juveniles. Accompanying these reforms was a significant decline in the number of juveniles who were arrested and formally processed through the legal system. That said, on any given day, approximately, 2,000 youth under the age of 18 are arrested in the United States (Children's Defense Fund, 2021). Daily counts of youth under age 18 who are incarcerated in juvenile jails and prisons hovers around 60,000 (American Civil Liberties Union, n.d.). Another 4,100 are confined to adult jails and prisons (Annie E. Casey Foundation, 2021). Further, there remains notable racial, ethnic, and other disparities. Black youth are two and a half times more likely to be arrested than their white counterparts, five times more likely to be placed in restrictive custody, and to receive adult prison sentences at nine times the rate of white youth (Children's Defense Fund, 2021).

Media portrayals of teenagers who bring guns to school or assault random members of the community leave the public with the impression that these youth pose a permanent threat to others and that their behavior is immutable. Lawyers and politicians, who enact tough-on-crime legislation, use the public's fear of incorrigible youth to support draconian measures that serve neither societal nor individual well-being. But, extensive research demonstrates that the sensationalized conceptions of system-involved youth system often ignore the complexity of what leads to system involvement, are counterproductive, and are just plain wrong. In advocating for a more scientifically based response to youth who are at-risk or who already are involved in the legal system, the present paper provides a review of (1) typical behavioral and brain development that demarks adolescence as a period distinct from adulthood; (2) the role of acute and chronic stress that can exacerbate the developmental immaturities that are present during adolescence; (3) evidence of aggravated behavioral and brain immaturity in youth who suffer from specific forms of psychiatric illnesses that are associated with elevated antisocial behavior; and (4) the influence of structural and interpersonal racism, as an added source of stress that also contribute to disparities in outcomes for youth of color. Using these lines of research, we suggest that youth are neither incorrigible nor is their behavior immutable. Scientifically informed policies that promote the humane treatment of youth at all stages of the U.S. legal system can go a long way towards promoting healthy youth development.

Cortney Simmons, Ph.D.

Behavioral and Brain Development

Adolescence is a period of great precarity. Development during this period is normatively associated with tendencies that increase the potential for antisocial behavior, such as lying, theft, and aggressive behavior. It also is a period when brain development is incomplete and particularly affected by environmental contexts, such as families, schools, communities, and the legal system. Notably, youth experiences within these contexts affect the extent to which normative adolescent propensities remain within or extend outside the bounds of what is socially tolerated. Positive experiences can propel youth past this precarious time while negative experiences, such as chronic exposure to violence, concentrated disadvantage, and racism, can impact development and turn temporary tendencies into chronic antisociality and mental illness.

Cognitive development

One hallmark of cognitive development is the capacity to inhibit inappropriate thoughts, actions, emotions, and desires. Research demonstrates that this ability is age dependent and relies on a variety of factors. For instance, youth in their early-to-mid teens can inhibit their behavior as well as adults but only under conditions of low cognitive demand, that is, if it involves simply inhibiting an action or attention to a non-target. However, a youth's performance under high cognitive demand (e.g., increased complexity or number of stimuli, increased memory load, and speeded response pressures) is poorer than that of adults (Satterthwaite et al., 2013). Continued improvements in inhibition are observed over the course of adolescence and young adulthood (McCormick et al., 2021; Satterthwaite et al., 2013).

Similar to inhibition, youth differ from adults in the efficiency of planning and orientation to the future. The performance of these tasks continues to improve well into early adulthood (ages 22-25) and is underpinned by corresponding gains in impulse control (Albert & Steinberg, 2011). Research in this area highlights key differences between youth and adults, suggesting that adolescents are more impulsive, less likely to consider the consequences of their actions, and display less efficient planning than adults.

These developmental changes in cognitive functioning are paralleled by structural and functional changes in the prefrontal cortex and related networks (Galván, 2021; McCormick et al., 2021; Satterthwaite et al., 2013). There are age specific changes in prefrontal networks that extend from childhood into adulthood. For instance, increases in sustained neural activity in resistance to distracting information during a working memory task is observed from ages of 8 to 22 of (Satterthwaite et al., 2013). Thus, the brain circuitry that is implicated in working memory, impulse control, and planning show continued changes during adolescence into young adulthood.

Sensitivity to rewards and social cues

Affective and social factors can influence cognition, especially during adolescence (Galván, 2021). Relative to adults, adolescents show heightened sensitivity to rewards and social cues (van Hoorn et al., 2019). Furthermore, task-irrelevant social cues can diminish adolescents' cognitive performance. For example, the presence of a peer during decision-making tasks is associated with increases in risky and impulsive choice behavior (Defoe et al., 2020), especially when those peers make risky decisions themselves (Reiter et al., 2019). Robust evidence from human imaging studies indicates that sensitivity to rewards and social cues during adolescence is paralleled by greater connectivity in and between the salience (e.g., ventral striatum and insula) and social information processing networks (e.g., ventral striatum and medial prefrontal cortex) (van Hoorn et al., 2019) and exaggerated responses in reward-related brain circuitry (e.g., ventral striatum) (Schreuders et al., 2018). The adolescent-specific changes of heightened behavioral and brain responses to rewards and social cues in neurotypical adolescents, as well as, in those showing early signs of behavior problems, likely place youth at increased risk for criminal activity, which may explain both their higher rate of crime and the higher proportion of crimes committed with peers (McCord & Conway, 2005).

Cassandra Bell, B.S.

Sensitivity to potential threats

In addition to rewards and social cues, acute threats can influence decision making and behavior. Cohen and colleagues (2016) find that acute (i.e., presentations of fearful faces) and sustained (i.e., anticipation of an aversive event) threats are associated with diminished performance on an impulse control task in youth aged 13-21 relative to individuals over 21 years. This behavioral pattern parallels diminished activity in the lateral prefrontal cortex, which is related to cognitive control, and higher activity in medial prefrontal cortex, which is implicated in emotional processes, in youth under 21 compared to those 21 and older. Similarly, patterns of functional connectivity across the brain appear less mature in emotionally charged contexts compared to non-emotional ones, especially during adolescence (Rudolph et al., 2018). This immaturity in functional connectivity is associated with higher risk preferences especially in older youth aged 18-21 (Rudolph et al., 2018). Thus, the brain looks less functionally mature in emotionally charged situations during adolescence, which is associated with increased risky and impulsive behaviors. Together these findings suggest that behavioral and brain development is dynamic and that significant

changes occur into the early 20s, especially in socio-emotionally arousing contexts.

Sensitivity to acute and chronic stress

Both acute and chronic stress can impact the developing brain by altering brain networks involved in behavior and emotion regulation, hindering the ability of the brain to develop new connections and reducing the size of brain structures (Johnson et al., 2021). More specifically, acute daily stress can exacerbate immaturities in youth that are related to impulse control, in ways similar to that of acute and sustained threat manipulated in experimental contexts. Relative to self-reported low levels of daily stress, high levels are associated with diminished impulse control in adolescents aged 15-17, as compared to adults aged 25-30 (Rahdar & Galván, 2014). This behavioral pattern is paralleled by less activity in the dorsolateral prefrontal cortex, a region implicated in inhibition and planning.

Similarly, chronic exposure to stress can have detrimental effects on cognitive capacity and brain functioning (Johnson et al., 2021). Chronic stress is elevated in communities characterized by concentrated disadvantage, lack of community cohesion, and high rates of violence (Ross & Mirowsky, 2001). Both formal and informal institutions in these communities, such as schools, the police, and families are more likely to engage in antagonistic interactions and rigid, frequently violent disciplinary practices that are traumatic, disenfranchise youth, and result in long-term adverse consequences (Meares, 1997). Chronic exposure to stress also disproportionately impacts youth of color who are more likely to live in such communities (Marks, Woolverton & Garcia Coll, 2020). Youth with these experiences tend to display poorer cognitive performance, more antisocial outcomes (Conley et al., 2022), and heightened risk-taking behaviors (Estrada et al., 2021). These cognitive and behavioral profiles are paralleled by alterations in prefrontal and limbic circuitry implicated in emotional reactivity and regulation (Weissman et al., 2020). Further, exposure to stress during adolescent development can lead to structural and functioning changes in the neural circuitry underlying threat processing and responses (Meyer et al., 2021), potentially increasing the salience of threat and the likelihood of disadvantageous decision making. Together, these findings suggest that exposure to acute and chronic stress may exacerbate immaturities in cognitive capacity in youth and place them at heightened risk for poor decision-making and risky behavior.

Behavioral and Brain Development in Youth with Antisocial Psychopathology

In the above sections, we largely discussed what is often considered "typical" development. This is the work that has been most cited in legal reform around the handling of juveniles in the legal system. However, a common critique of this approach is that the science being used to inform these legal decisions is based on studies that have participants who never or rarely engage in antisocial. While this is a fair point, exaggerated immaturities are observed in youth who have documented engagement in antisocial behavior and legal system involvement.

Arielle Baskin-Sommers Ph.D.

A youth's cognitive capacity, ability to manage their emotions, and engagement in risky and impulsive behaviors also relate to the onset and maintenance of mental health problems (Schweizer et al. 2020). Therefore, it is no surprise that approximately 50–75% of the two million youth involved in the juvenile legal system meet diagnostic criteria for a mental health disorder (Underwood & Washington 2016). Some mental health disorders appear over-represented in legal system involved youth.

Conduct disorder, in particular, is prevalent among youth involved in the legal system. Approximately 40% of legal system-involved youth meet a conduct disorder diagnosis compared to 6% of their counterparts in the general population (Teplin et al. 2006). Youth with conduct disorder display a chronic pattern of behaviors that violates the rights of others or societal norms (e.g., aggression to people or animals, destruction of property, theft, rule violations).

In terms of cognitive and brain development, youth with conduct disorder display deficits in executive functions, including inhibition and planning. One meta-analysis documented a large association between conduct disorder and executive functioning deficits (Ogilvie et al., 2011). These deficits are present even after accounting for co-morbidity with attention deficit hyperactivity disorder. The executive functioning difficulties associated with conduct disorder are intensified

affective factors, like rewards, are present. Furthermore, youth with conduct disorder display functional abnormalities in brain circuits responsible for emotion processing, emotion regulation, and decision-making (Chan et al., 2022; Fairchild et al., 2019; Tillem, Conley & Baskin-Sommers, 2021). Specifically, increased amygdala threat response has been documented in youth exposed to acute threat and likely underpins reactive aggression (Blair, Veroude & Buitelaar, 2018). Finally, chronic stressors, including harsh, coercive, and inconsistent parenting, childhood maltreatment, poverty, and exposure to community violence have been identified as key factors implicated in the onset and developmental course of conduct disorder. Some work, albeit limited, also shows that these factors are moderators of the association between the disorder and alterations in cognition and frontolimbic circuitry (Gao et al., 2021; Holz et al., 2015; Staginnus et al. 2021). Therefore, cognitive-affective and neural functioning in youth with conduct disorder are altered in such a way that reflects a clinically relevant exacerbation of the developmental immaturities characteristic of adolescence.

In the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition a modification was made to the diagnosis of conduct disorder. A specifier was added to designate a subset of youth who had conduct disorder and limited prosocial emotions (i.e., callous-unemotional traits). This specifier includes symptoms representative of shallow emotions, low empathy, and unconcern for behavior. Approximately 32% of youth with conduct disorder meet the additional callous-unemotional specifier. Youth with conduct disorder and callous-unemotional traits are at increased risk for early-onset delinquency and antisocial behavior that persists into adulthood (Frick 2009).

Youth who are classified as having conduct disorder and callous-unemotional traits also display notable dysfunctions that can undermine prosocial behavior. Perhaps the most reliable findings describe associations between callous-unemotional traits and dysfunctions in emotion processing. Recognition and reaction to threat and acute stress seems to be disproportionately impaired in those with callous-unemotional traits. Negative associations between callous-emotional traits and brain responses in subcortical regions, including the amygdala and insula, are well-documented (Fairchild et al., 2019). However, youth with callous-unemotional traits tend to show increased dorsolateral prefrontal cortex activation and intact inhibition, which have been associated with their increased engagement in delinquent behaviors (Dotterer et al., 2021; Baskin-Sommers et al., 2015).

Regardless of the specific pattern, though, youth with callous-emotional traits also clearly show an imbalance between cognitive and affective functions that contribute to their antisocial behavior. Furthermore, stressors, such as parenting characterized by harshness and a lack of warmth, as well as exposure to violence, are predictors of callous-unemotional traits (Waller, Baskin-Sommers & Hyde, 2018) and also may moderate the association between these traits and appropriate processing social cues (Huffman & Oshri, 2022; Waller & Wagner, 2019).

In general, adolescents who are diagnosed with conduct disorder (with or without callous-unemotional traits) show psychological and neural abnormalities that can affect their ability to fully control and plan their behavior. However, there is no evidence that these differences are permanent, even for those who some may characterize as the most “extreme” offenders. In fact, even without any intervention, a callous disregard for others, impulsivity, and criminal activity decreases for most youth starting in late adolescence into adulthood. Therefore, adolescent behavior, by itself, is not a strong predictor of future dangerousness. Importantly, with intervention, youth with these disorders, in fact, change. This change is seen in their behavior and there is some preliminary evidence to suggest that change occurs in the brain, too (Baskin-Sommers et al., 2022).

Disparities in the Treatment of Youth in the U.S. Legal System

The U.S. legal system is fraught with snares that deprive system-involved youth of the environmental conditions and life experiences that would allow them to achieve important age-related milestones precisely at a time of rapid brain development. Even more so than for their peers in the general population, system-involved youth are not provided with adequate educational, social, and mental/physical health services. Youth housed within correctional facilities are exposed to psychological and physical/sexual abuse and have elevated suicide rates. These conditions are even more adverse for youth of color and other marginalized youth who receive harsher, more indirectly by potentially placing these youth in stressful and threatening conditions associated with diminished cognitive capacity and promotion of antisocial behavior. Black and Latinx youth are involved with the legal system at disproportionately high rates compared to their white counterparts. This overrepresentation exists at multiple points in the legal system, including arrests, referrals

for formal processing, transfer to adult court, sentencing, and confinement (Hockenberry & Puzzanchera, 2020). Moreover, recent data collected from state and local law enforcement agencies indicate that the overrepresentation of Black and Latinx youth in the legal system has persisted for decades and may be worsening despite government initiatives to reduce racial disparities (Zane & Pupo, 2021). There is substantial evidence that structural and interpersonal racism directly and indirectly perpetuates these disparities (Henning, 2021; Rucker & Richeson, 2021). Specifically, racial disparities have been attributed to differential offending on the part of the youth and differential selection and processing by the legal system (Piquero, 2008), both of which are rooted in racism.

The differential offending explanation suggests that Black and Latinx youth are systematically exposed to more environmental risk factors, such as increased poverty and neighborhood disadvantage (Hatch et al., 2007). Disproportionate exposure to these environmental risks can be traced to discriminatory housing and financial practices (e.g., redlining, lending discrimination) that block people of color from the resources necessary for building and maintaining financial stability (Rothstein, 2017). It is likely that Black and Latinx youth are particularly vulnerable to their detrimental effects on brain and cognitive functioning and, in turn, at heightened risk for antisocial behavior given that threats and stressors are more common among socioeconomically disadvantaged families and communities (Hatch, 2007).

The differential selection and processing explanation of racism further suggests that discriminatory policing practices directly and indirectly increase the likelihood that youth of color enter the legal system. Consistent with this view is evidence that the U.S. law enforcement system concentrates its resources on the surveillance of socioeconomically disadvantaged communities (Braga et al, 2019) in which Black and Latinx youth are overrepresented (Reardon et al., 2015). Unsurprisingly, Black and Latinx youth have more frequent encounters with police officers as a result (Harrell & Davis, 2020). These police encounters are associated with greater endorsements of psychological distress among Black and Latinx youth than white youth and this heightened distress is associated with greater involvement in antisocial behavior (Del Toro et al., 2019). While research has not assessed whether police-youth encounters exacerbate brain immaturities directly, these findings suggest that policing practices place Black and Latinx youth at heightened risk for legal system involvement directly through closer monitoring of their actions and indirectly by potentially placing these youth in stressful and threatening conditions associated with diminished cognitive capacity and promotion of antisocial behavior.

In concert with structural racism, interpersonal racism can contribute further to racial disparities in legal system involvement. In an experiment conducted with a sample of police officers, Goff and colleagues (2014) examined whether officers systematically differ in their perceptions of the age and culpability of male youth suspects as a function of the youth’s race/ethnicity and severity of their crime (i.e., felony or misdemeanor). Officers overestimated the age of Black felony suspects by 4.5 years and of Latinx felony suspects by over 2 years. In contrast, they underestimated white felony suspects’ age to be younger than their true age. Moreover, ratings of the youth’s age as older were correlated with perceptions of increased culpability (Goff et al., 2014). These findings are concerning in light of evidence suggesting racial bias leads police and juvenile probation officers to support harsher punishments (Graham & Lowery, 2004). Relatedly, participants in experimental studies are more likely to falsely detect a weapon (Eberhardt et al., 2004) and fire their weapon during a shooting task when viewing individuals of color (Mekawi & Bresin, 2015), aligning with evidence that police are more likely to use force with individuals of color in real-world interactions (GBD 2019 Police Violence US Subnational Collaborators, 2021).

Furthermore, clinician biases in the diagnosis of mental health problems related to antisocial behaviors have been documented. Black youth are more likely to receive a diagnosis of conduct disorder than attention deficit hyperactivity disorder compared to their white counterparts for similar behaviors (Fadus et al., 2020). Providers, educators, and school administrators then tend to associate conduct disorder with future criminal behavior (Okonofua et al., 2016). Biases can have detrimental effects on youth of color, such as increasing disengagement from school and mistrust of authority. Perceived delinquency and defiance also can lead to disciplinary measures (e.g., suspension) imposed by school officials that are predictive of future contact with the legal system (Monahan et al., 2014). Thus, the intersection of structural and interpersonal racism can increase risk for legal system involvement for some youth.

Together, these findings underscore how structural and interpersonal racism can serve as additional sources of stress for Black and Latinx youth. Moreover, experiences of structural and interpersonal racism can contribute to perceptions of increased

culpability and harsher treatment of Black and Latinx youth. Ultimately, it is possible that risk factors spanning normative development, disparities in exposure to acute and chronic stress, and experiences of racism all contribute to the disproportionate involvement of minoritized youth in the U.S. legal system.

Needs and Recommendations

Although psychosocial factors can put youth at risk, development is a dynamic process. The brain shows plasticity in its potential to adapt to changing environments throughout the life course. Exposure to effective prevention and intervention strategies can mitigate the effects of adverse social environments (Simmons et al., 2021) and even diminish antisocial behaviors in youth (Baskin-Sommers et al., 2022). As such, the perceptions of youth as fully culpable for their actions, incorrigible, and beyond remediation are unfounded. However, for strategies to be efficacious, they must be rooted in a science-based understanding of how the brain develops during adolescence as well as what factors influence such development and how that affects cognitive and affective capabilities.

Research Needs

Antisocial behavior is common during adolescence and conduct disorder is a prevalent mental disorder among youth. Yet, paradoxically, these behaviors and disorder are relatively understudied, and little funding is allocated to investigating relevant causes (Fairchild et al., 2019; Woelbert et al., 2019). Far more research is needed in order for science and practice to advance. In particular, research that parallels "typical" developmental studies would be useful for examining cognitive, affective, and neural functioning across a continuum in diverse samples. Additionally, researchers interested in studying impulsivity, antisociality, or delinquency should recruit samples that engage in these behaviors, to varying degrees, in the real-world. Too much research on antisocial behavior historically, and even some in the present day, uses white, educated, industrialized, rich, and democratic (i.e., WEIRD) samples. More of the "basic" psychological science must be done in at-risk and clinical populations.

It also is important the researchers studying antisocial behaviors capture the complexity of the causes of those behaviors. Examining cognitive–affective and neural factors is important for elucidating how people may perceive, interpret, or act on information. However, as we discussed, these factors are influenced and reinforced in certain situations or environments. That is, some contexts can evoke or amplify cognitive–affective dysfunction that results in antisocial behavior, whereas such behaviors may not occur in other contexts. By focusing so much on biological explanations of antisocial behavior, we, as researchers, inadvertently might be reinforcing a message that a youth who engages in these behaviors is "biologically damaged" in some way. However, we also know that even biology can change throughout development and is influenced by environmental conditions. Research that captures that dynamic is essential. A better understanding of when and where individuals who engage in antisocial behavior may be most likely to express problematic behavior will improve our ability to translate science into law (for example, when determining criminal responsibility) and develop targeted treatments.

Intervention Needs

Developmentally-informed and humane treatment of juveniles prior to (e.g., surveillance, arrests), during (e.g., transfer, detainment) and following conviction (e.g., confinement, parole hearings) in the U.S. legal system is urgently needed. Psychological science has documented significant behavioral and brain development during adolescence (Casey et al., 2022) and clinically meaningful anomalies among youth displaying conduct problems (Fairchild et al., 2019). Moreover, youth of color may be more vulnerable to the neurocognitive effects of stressors and at greater risk for legal system involvement as a result of structural and interpersonal racism (Henning, 2021). It is imperative that the U.S. legal system move beyond issuing severe punishments for youth and instead balance accountability with opportunities and resources for all youth regardless of race, ethnicity, or social status. Humane treatment at all points of contact with the legal system must be a guaranteed right for all youth.

As the first point of contact with the legal system, police officers have the power to determine whether and how they interact with youth (Pryor et al., 2020). Therefore, specific interventions for police may be in order so as to improve outcomes of police-youth encounters and public safety. Training modules on juvenile psychological and brain development is one obvious direction. Additionally, though, the police should receive training on age-appropriate communication and de-escalation strategies. Further, police should be exposed to best practices in intervention. Educating the police on the unique characteristics of adolescence that

LEAD ARTICLE: Using Psychological Science to Understand Legal System Involvement (continued)

place youth at risk for impulsive and risky behavior, especially in emotionally charged situations and stressful environments certainly is needed. Yet, a comprehensive survey of the juvenile justice curriculum in police academies shows that most academies dedicated less than 1% of total training hours to juvenile justice issues (Thurau, 2013). More recent surveys suggest that only a quarter of law enforcement officers are confident in their ability to work with adolescents (Fix et al., 2021). Thus, it is important that police officers are provided with the tools and expertise necessary to utilize science-based information during police-youth encounters. These encounters can be threatening and can occur in stress-laden conditions. As a result, officers need to adopt an intelligence-led approach in which they are trained to slow down and assess the reasons for initiating and continuing the encounter (Ratcliffe, 2016). In this way, officers then may be able to consider the developmental characteristics of youth in the context of the heightened stress and threat that accompanies their interaction so as to de-escalate the situation. The use of relevant scientific-based information can better ensure the safety and wellbeing of youth, the police, and the public.

For youth who are arrested or charged with a crime, diversion programs for treatment must become the status quo. The public supports rehabilitation over retribution for youth (National Juvenile Justice Network, 2016). The data clearly show that there are effective treatments for youth who engage in antisocial acts, including violent behavior (Baskin-Sommers et al., 2022). Furthermore, there is no doubt that incarceration has iatrogenic effectsð increasing antisociality and decreasing mental and physical health. Incarceration stifles growth during a sensitive period of massive cognitive, emotional, and social development. The brain does not mature in isolation but rather depends on learning from experiences that help to shape psychological development. Opportunities to learn from individuals, social experiences, and prosocial role models are essential for the healthy development and socialization of youth. These opportunities are not afforded to youth placed in confinement.

Our goal should be one of helping youth attain their full potential while simultaneously enhancing public safety. Psychological science can be a powerful tool to inform legal practices and produce effective and socially just reforms. However, psychological scientists cannot act alone. Instead, progress will require cooperation and collaboration among scientists, legal scholars, practitioners and those who are affected by the legal system.

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Ethical Considerations in Therapy with Older Adults

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Psychotherapy with older adults can present unique ethical issues. A recent study by Dr. Shai Lederman and Dr. Gaby Shefler (2022), published in Ethics and Behavior, highlighted complex ethical concerns and dilemmas reported by therapists working with older adults. In qualitative interviews with a small sample of therapists, Lederman and Shefler identified challenging ethical issues including confidentiality and autonomy in interacting with other family members, concerns about decision-making (including impaired judgment), and how to identify and report elder abuse. The dilemmas often involved tensions between respecting autonomy while also caring for wellbeing and attempting to protect vulnerable populations. This column will highlight and discuss some of their findings (including comments from the authors of the study) and discuss some other important themes in therapeutic work with this population.

Working with Family Members

As psychologists, we may have situations where we work closely with family members (such as when treating adolescents and children) or, conversely, where we may never interact with a family member. Many authors (e.g., Bush, 2012; McGuire, 2009) have highlighted the unique role of family members in the older patient/client's life. As Bush (2012) noted, "… the lives over many older adults are intersected by family members, peers, caregivers, and others, not all of whom are sources of support with the patient's best interests in mind" (p. 17).

As Lederman and Shefler stated, "We think that interacting with family members of vulnerable older adults is one of the most challenging and important issues when working with this population. In contrast to younger adults, family members of many vulnerable and dependent older adults are involved in the older patient's life and care, and subsequently also become part of the therapeutic setting. Therapists therefore need to negotiate boundaries, obtain older patients' consent, maintain confidentiality and retain their alliance with them." In their article, Lederman and Shefler described the theme of some therapists trying to avoid or minimize communications with family members as a way of "strengthening the patient's sense of autonomy, by delivering the message that patients could handle themselves on their own inside the treatment, without the involvement of the family" (p. 7).

Caregivers can also be involved in other unique ways, such as providing transportation and assistance getting to appointments or helping the person who may be uncomfortable with technology with telehealth appointments. Alicia Rozycki, Ph.D., owner/founder of Arose eTherapy and Life Design and licensed psychologist, notes , "I think it can be easy for people to assume that older adults are uncomfortable with technology but this would be a stereotype and generalization. It really needs to be considered on a case-by-case basis whether a person is comfortable enough to utilize telehealth."

For individuals who do require assistance, clinicians should also be aware of potential confidentiality concerns. Dr. Rozycki recommends that the provider take extra steps to ensure that the client/patient is alone. "It's important for the provider to be sure that the helper has left the room and that the patient has privacy for the session. This can be accomplished by simply asking the patient if they are alone in the room or if there are some concerns, asking the patient to turn the camera to pan the room. Sometimes the camera is already set up in such a way where the provider can actually see the helper leave the room and close the door behind them. This would be ideal. Beyond comfort with login and troubleshooting any glitches that might come up in logging in or through the course of the session, being sure the older adult can see and has proper audio is important as visual and hearing impairments commonly increase with aging."

Confidentiality and Disclosures

Involvement of family members can also lead to difficult questions related to confidentiality and disclosure. As some authors (e.g., McGuire, 2009) have noted, therapists can experience significant pressure from family members of older adult patients/clients to disclose information. It may be helpful to have a plan for how to respond to such questions and to have initial and ongoing conversations with the patient/client about their wishes and ways, if clinically appropriate and consistent with patient/client wishes, to involve family members in important care conversations. In general, many recommend parsimonious release of information (onlyi nformation necessary for the purpose of the disclosure) and to ensure, as much as possible, that the patient is informed at the outset the extent to which information may be disclosed to others (Bush, 2012)

Concerns about Decision-making and Autonomy

Working with older adults also can raise questions about cognitive capacity and decision-making (Bush, 2012; McGuire, 2009). Clinicians may encounter situations in which individual other than the patient/client (such as guardians or individuals with power of attorney) may make legal and/or medical decisions. In these situations, particularly if clinicians are unfamiliar with these models of decision-making, it may be helpful to consult with the local psychological association, state board, or legal counsel to determine how best to proceed.

For individuals who have authority to make their own decisions, there may be times when a psychologist should assess (or refer for assessment) to determine decision-making capacity to consent for treatment. In addition, it may be helpful to think of informed consent as a process, rather than a one-time event (Fisher, 2023). That is, informed consent, or major components, such as confidentiality and disclosures, may be part of ongoing discussions. There are several APA Ethics Code standards that may be relevant here, including: 3.10 Informed Consent (including standards on individuals not capable of giving consent), 9.03 Informed Consent in Assessments, and 10.01 Informed Consent to Therapy.

Lederman and Shefler noted that therapist perceptions about abilities may cloud their judgment about the patient/client's decision-making. "What makes this especially challenging in this case is the potential impact of ageism on therapists, in the sense that therapists might be inclined to perceive their older patients as more vulnerable and fragile than they actually are, which might impact the ways they handle the involvement of family members of older adults in therapy. In order to address this issue, we recommend being aware of the potential impact of ageism, treating older adults in these cases as any other adult, in the sense that physical illness, limitations, vulnerability, and dependency should not in themselves be considered as equivalent to the loss of decision-making ability or the right to respect of autonomy."

In addition to consent decision-making, many clinicians struggle with how to handle situations in which we may disagree with a patient/client's behaviors or decisions, balancing respect for autonomy with concern for wellbeing and safety. With older adults, some of these may impact health, such as driving despite cognitive and physical conditions (Bush, 2012; Hays & Jennings, 2015; McGuire, 2009), decisions about taking medications, or finance. Lederman and Shefler recommend, however, that clinicians critically examine whether they are conflating age with impaired judgment. "We think that this issue is another particular case of the potential impact of ageism on therapists. Older adults retain the right to make bad decisions, financially or in other areas of life, the same as any other adult! What makes this especially challenging is again the impact of ageism on therapists, in the sense that therapists might be inclined to perceive their older patients as having impaired judgment due to their age, when in fact this is not the case. We think that the therapists should respect the autonomy of older patients, and consider protecting the patient only in risk situations of patients with dementia and of suspected physical abuse or neglect."

Elder Abuse

Elder abuse can include many different types, including physical, sexual, psychological and emotional, financial, and neglect (APA, 2012; Roberto, 2016). While most if not all states have adult protective services laws and many include mandatory reporting rules, as Roberto (2016) noted, mental health professionals often find elder abuse difficult to define, identify, and determine when to report. Abuse and neglect may involve family members but also non-family caregivers.

One area that was frequently cited by therapists in Lederman and Shefler's study was potential or suspected financial abuse. Financial abuse and exploitation represent a significant problem for older adults. In a study by Acierno et al. (2010) with over 5,000 older adults, financial abuse and mistreatment was reported by 5.2% of the sample and was one of the most commonly reported types of abuse. Some therapists in Lederman and Shefler's study found it difficult to know whether to intervene, citing several factors. For example, it may be difficult to know decisions, such as giving money to adult children, are made as a result of impaired judgment, financial abuse, exploitation or other pressure, or if they are informed decisions free from coercion. This overlaps somewhat with the theme above about decision-making in general and decisions that may be questionable but within their right and not associated with suspected impairments.

Suicide Risk

Researchers have noted an alarming trend of increases in death by suicide, especially among male older adults, in the last ten years. In an epidemiological study by El Ibrahimi et al. (2021), among those over the age 65, suicide rates are highest among those 85 years and older, with the most common method being firearms. There were notable increases in suicide among people living in rural areas. Social isolation, loneliness, cognitive decline, and difficulty coping with chronic conditions are all suspected to be associated factors.

Lederman and Shefler noted that their most surprising finding in their study related to the way therapists addressed suicide risk in older adults. "Our findings suggest that therapists deal with older patients' suicidal risk the same way they deal with suicidal risk of younger adults, that is – by respecting autonomy, maintaining confidentiality, and preferring to work therapeutically with patients on their risk behaviors or situations. This was surprising given the fact that suicidality among older adults is an alarming issue. Suicidality of older adults is phenomenologically different than suicidality of younger adults, and older people as a group have the highest rates of suicide in most countries. We believe that this heightened risk of suicide in the older population should be considered by clinicians working with older patients when dealing with the common ethical dilemma regarding breaching confidentiality and protecting patients at risk of harming themselves. "Dr. Rozycki also noted some unique issues related to suicide in older adults. "Suicidality should also be considered for this group as again there may be challenges in dealing with frequent grief and loss issues, physical changes with the aging process, increasing health concerns with aging, and even cognitive decline; all these variables may contribute to increased risk factors for suicide. Having frank discussions about access to various means may be an important conversation to have."

Conclusion

The study by Lederman and Shefler highlighted several important ethical considerations in working with older adults. Perhaps most important may be the attention on the therapist's own "inner work" in terms of the ways in which their own views and experiences may impact their work. The authors noted, "We feel that therapists working with older adults should be in constant dialogue with the impact of ageism on them and on their clinical and ethical decision-making. Such continuous inner work has the potential to enhance therapists' ability to connect to their older patients, helping them navigate the unique challenges of this important human developmental phase, accepting losses while preserving strengths and abilities."

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SOCIETY OF CLINICAL PSYCHOLOGY

DIVISION 12

American Psychological Association

APA Summer 2022 Research Spotlight

Interviewer: Nevita George

Interviewee: Dr. Annjanette R. Alejano-Steele

This spotlight highlights the impact and contributions of Dr. Annjanette R. Alejano-Steele. Dr. Alejano-Steele (A.J.) is the Associate Vice President of Graduate Studies, and professor in the Department of Health Professions at Metropolitan State University of Denver. She is also the co-founder and Research and Training Director for the Denver-based nonprofit Laboratory to Combat Human Trafficking. Her educational background includes a Ph.D. in psychology from Michigan State University and NIH-supported postdoctoral work in psychology and medicine from the University of California, San Francisco. Her health psychology expertise has focused on local and global multicultural issues, including reproductive health access for low-income populations, and comprehensive health services for victims of human trafficking. She has provided academic advocacy for over 70 survivors of labor and sex trafficking to attend college.

Dr. Alejano-Steele has taught about human trafficking since 2000 and researched and trained on the subject since 2005. Her health psychology expertise has focused on health access for underserved populations, and comprehensive community response to human trafficking. Over the last decade, she has served on five national and federal task forces focusing on trauma and human trafficking. Three of these were for the Department of Health and Human Services (Office on Women's Health on Trauma-informed care, Administration for Children and Families and Substance Abuse and Mental Health Services Administration). One was for the American Psychological Association Task Force on the Trafficking of Women and Girls and the final was the for the U.S. Bureau of Justice National Institute of Justice Expert Research Working Group on Human Trafficking.

Dr. Alejano-Steele has trained, presented and published widely, including a 2019 edited book on global women's health (focusing on social determinants of health and violence). She currently serves as an advisor for a global human trafficking research project based in London (British Institute for International and Comparative Law). She has also recently focused her work on anti-trafficking coalitions in the Global South and within Colorado.

Through her leadership, research, and commitments to serving minoritized individuals, Dr. Alejano-Steele has beautifully interwoven APA's 10 values into every project and mentorship opportunity she pursues. In doing so, integrity and fairness are seeped into every crevice of her work. This ensures a safe and productive learning environment not only for her, but for all her constituents.

To delve further into Dr. Alejano-Steele interests and commitments to preserving equity, diversity, and inclusion (EDI) in her work, I had the privilege of presenting the following three questions to her during our interview (questions are bolded below).

Annjanette R. Alejano-Steele, Ph.D. **Nevita George**

Your dedication to empowering minoritized voices through your work is nothing short of inspiring. In your own words, could you tell us more about yourself as well as how you have interwoven EDI into your initiatives?

As a woman of color, there are aspects of EDI work that is not work. This is my life. This is about the lives of people who look like me and people who don't look like me. When I think about ways and efforts to incorporate EDI work, it begins from an identity space. First and foremost, as a daughter of immigrants from the Philippines and being first generation in this country, I supported my family in their ongoing transition and had to learn about the United States and "American expectations." So, while I would say that I entered into this EDI work, I was born into this body, space, and identity, therefore it has always been part of my personal and professional experience, which are impossible to untangle. For example, it is painful to see the relief on students faces when they hear me speak my native tongue (English, with a scant traces of Tagalog and Chicago accents). If that happens to me regularly, what of my colleagues who have English proficiency laced with stronger accents? I have learned that when I enter spaces as a professor, that I face stereotypes framing me as a dragon lady, a tiger mom, or humble servant.

I have facilitated EDI work for about 30 years as an academic. Along with a lifetime of self-reflection, my approach to EDI conversation is about creating learning spaces and "inviting in" instead of "calling out" people in terms of their levels of knowledge and awareness. So, I sit in absolute, deep, and profound empathy and compassion for those who bravely take on the journey of unpacking what race as a construct means here in the United States. Otherwise, my journey has been mixed because of the ways of my packaging as a person, where there have been expectations to teach EDI concepts. In the late 80s/ early 90s when EDI had less urgency despite its necessity, it was often assumed that because I was a person of color, I would be able to teach EDI. This type of facilitation in the classroom needs a particular set of skills that I had to hone over time as I learned how to meet this expectation. I am also a psychologist, so thankfully I began teaching with additional tools in terms of sensitivity about humans and their own lived experiences. I learned to attend to how students truly listened and received content about the necessity of understanding intersectional identities and the complexities of oppression that go hand in hand with race, class, gender, sexual orientation, nationality, religion, and now political affiliation. There was both a professional call, but also the realization of the responsibility of holding these learning spaces. It is some of the most necessary work I have done, and the most delicate and diligent. So, did I choose EDI work, or did it choose me? I think that is a tough one.

I am a health psychologist grounded in strong developmental training from Michigan State, and my post-doctoral work in psychology and medicine at UC San Francisco deepened my questions and queries around stress and pregnancy outcomes for low-income women of color. My professional work and commitment to EDI took greater shape as I delved into the effects of systemic racism and pressures on pregnancy. So, there is the scholarly/ academic aspect of doing EDI as a study and a way of analysis. My one anecdote to share is that even as I conducted research (examining psychosocial support for African-American and Latina women during pregnancy), invariably there was often a question posed, "where is the white comparison group?" I always had to explain why I did not need a white group as they are not the control or standard. So, entering theses spaces of academic defense and scholarship has always been a fascinating one. Among my many identities, I am an academic scholar; I am the daughter of immigrants; I am the mother of two beautiful mixed-race children; and along with these identities, I am also a staunch advocate. As a scholar, I had to shift the frame supporting other women of color by asking, "why are we blaming people of color for not going in for prenatal care when there are a hundred barriers for women that hinder and prohibit access?" That is where my advocate identity and heart started to grow larger than a research endeavor. Looking more closely at women of color and barriers to health systems and made me realize that there were a lot of assumptions in terms of health, inequity, and access.

In summary, it has taken a couple of decades of facilitation skill that I have had to develop and navigate, with my particular embodied being and face delivering complex EDI content. With my Filipino-American identity, there are aspects that made that easier and others that made it harder to facilitate that content. The model minority myth is complexly interwoven into the educational space, accompanied by all the stereotypes of Asian students. I believe I entered this field, in some areas by choice and others by a calling. I also think there are some things that we can't explain that the universe presents to us. There are days where I struggle with holding EDI and advocacy space because it is tiring to the soul and deeply exhausting. And there are other days where I have deep, profound humility in being able to advance EDI efforts. I have had to represent my family members and their collective voices, especially all my titas (aunts) and lolas (grandmothers) who didn't have access to these spaces."

So, I have the desire to speak up for all those previous generations and family members. I take that responsibility humbly and I will continue to take opportunities on as they present themselves.

You have so wonderfully described some of the changes you have noticed within yourself and within the field of psychology (in terms of embracing EDI initiatives) over the years. Along those lines, could you expand on the major lessons or major changes you have noticed throughout your journey?

Culturally, we are coming through this exceptionally complicated time of uncertainty. Not only with the pandemic, but also in terms of real, deep cultural analysis of race. Unfortunately, we have found that it takes acts of violence (does it take acts of violence?) to bring attention to race. Here we are during a time of profound societal tremors like Black Lives Matter, attention to Covid-triggered anti-Asian hate, and land acknowledgments for Native/ Indigenous peoples that have come to the forefront. I think that it is also a natural response to the ways in which the politics of the country uncovered and shed ugly light on how white nationalism exists, as well as all the entanglements around language. What was once kept under wraps is now expressed through vocal assertions of white national pride.

The pandemic has also been a time of reflection. In the last couple of years, most of us watching and interacting through social media and zoom have seen the backlash witnessed deepening of political divides. As far as major change, there has always been a deep respected

respected scholarship that undergirds ethnic studies, gender studies, queer studies, Chicano studies, African American studies, Native American and Indigenous studies, to name a few. We need to build upon their wisdom gathered in partnership with community. Respectfully, my training in Psychology has come from a long-standing history linked to philosophy which laid the foundation of the white professionalism of the academy and scholarly endeavors. However, what we still must underscore is that there have been scholars and community leaders who have steadily advanced EDI work for decades (yes, even without websites), and there are some people who are just finally starting to wrap their heads and arms around it because it is ever-present in political and policy spaces. In addition to race and ethnicity, I want to note ongoing challenges for LGBTQ+ communities, especially conversations around transgender identity that are also at the forefront. Of course, there are rich intersections with many other identities beyond these. It is all overwhelming, and people want certainty and stability right now. We also don't want to get into a bizarre comparative "Oppression Olympics," (of who has borne the "worst" set of oppressions) as that is unhelpful and unproductive. In these recent years, we have grappled with the question, "how do we unify and organize around the necessity to keep race and EDI at the forefront?"

As a long-time social justice educator, I see the ways that social media has accelerated consumption, awareness, understanding and action. The timing of events like the murder of George Floyd allowed us to see and quantify injustice in ways we couldn't in the past. Social media allows for a greater presence and fosters faster paced repetition of traumatic events, sadly, and that is just painful. I also see the challenge of what knowledge is and what is deemed legitimate knowledge. For example, there is the Hillsdale 1776 Curriculum that has been designed with the sole purpose of washing away and diluting, and frankly, maintaining the ways in which history books really talk about racism, the nature of colonialism, and the erasure of people of color. Backlash is happening on multiple fronts, most recently the astoundingly painful loss of women's reproductive rights and I am seeing it gain steam. There are and have been different waves of response, such as the civil rights movement, and other ways to draw out identity. I think it is the current generations of those who advocate that are currently in the fight. I am watching the use of social media tools, and I also see the danger of using one story to represent all Asians or all Africans or all people of color (heartfelt appreciations to Chimamanda Ngozi Adichie for voicing this point). Tweets without substantiation also perpetuate that. If I need something that is digestible to keep racial justice ever-present, then those tweets quickly use shock and violence-laden tactics to hold attention. I am disheartened by the "short attention span" cultural shift that has been happening for some time now, hastened by technologies.

As far as major changes, I believe we have been organizing differently and social media platforms have accelerated communications around the globe. How do we sustain EDI actions? How do we deepen that language and not just use and weaponize catch phrases so that they do not lose meaning? The EDI linguistic lexicon will always change and evolve. I have witnessed a lot of shame-based calling out: "shame on you for not being fully inclusive and for dismissing things like murders of people of color." I do worry about that but that is also a part of the political divides that have deepened with recent elections. So, how do we hold those spaces as psychologists to support the unpacking of identities and systems? How do we get away from the tweets and short-attention span articles? Generations need to trust and listen to one another, and build upon past lessons learned; there is hope

One last point about EDI trainings is that I am tired of trainings taking place during a breakfast, lunch, or in the 15 minutes at the end of the staff meeting! While people respect EDI work, the reality is that everybody's time is precious, and therefore EDI work is given minuscule time in a staff meeting, which adds to my worry about social media-induced short attention spans. This is an ongoing journey and I tell my students in my EDI classes at MSU Denver that 16 weeks is never going to be enough time in a classroom to cover EDI because things will forever change and shift; we are a continual work in progress, and we need to simply listen better. Understandably, people want to know: "okay everybody, let's use the term Latinx. Or, hey everybody, let's use the term BIPOC." People want the newsletter or the tweet, they want the "okay everybody on June 22nd as of 9:26 am, let's all use this term." However, that is not going to happen overnight; that's the patient pace of social change. I hope that one day EDI committees no longer exist because inclusion will be woven tightly into our culture, systems, and the way everyone walks the planet. But we are not there yet.

Your intentionality in disseminating trauma-informed, survivor-centered, and EDI-based care speaks to your dedication to promoting inclusive environments for survivors and community-based partners alike. In doing so, what tools have you developed to 1) balance the demands of EDI-based initiatives, 2) develop trust in community-based collaborations, and 3) foster genuine community relationships?

Thank you for highlighting the most necessary ingredient to advance EDI work, which is not only trust, but the work required to earn and maintain trust. Trust needs to be kindly and lovingly developed, supported, and cultivated. My personal leadership style incorporates trust-earning with the goal of leading from "behind" as a support, much like a backup singer. In action, this means always frontloading community voice. We are there to enhance and support, but we need to follow community leaders. The process of developing community trust operates outside of rigid project timelines, and this development must be authentic. My goal is always to get to know the community first and for them to get to know me as well. These are the ways in which I enter sacred spaces of trust, both building and earning. This approach is most clearly manifested in the work of my nonprofit, the Laboratory to Combat Human Trafficking (LCHT), which operates separately from Metropolitan State University of Denver. The nature of our work to end human trafficking is noted in our name as a Lab, diligent and creative space that requires a mix of ideas, disciplines and partnerships to end this human rights abuse. Everything we do in our four programs is done in teams, with a laser-sharp eye on EDI, as we work with partners who advocate for youth experiencing homelessness, migrant farm workers, sex workers, child welfare advocates, amongst so many others. Inherent in this EDI focus, exceptional communication, emotional intelligence skills and sustained self-care are absolutely necessary.

Balance – to your question. So how do I do that? Much of the time, my life and who and what I do with it is not "balanced;" it is often a juggle. Using a juggling metaphor, picture this action with three balls of different sizes. One is a bowling ball, another is a softball, and the last is a ping pong ball. They vary in weight (importance, heft) which affects the physics of how quickly they move up and down. For me, the three areas (balls) that represent responsibilities in my life are family, academic, and my nonprofit, LCHT. Each has different weights that represent needs for greater strength and attention. Many times, family needs weigh more heavily in some weeks relative to my other responsibilities. Another aspect of this juggling metaphor is that one ball is often on its way up, one on its way down, and one perfectly still—this is the one that is currently holding my fullest present attention. I often reference this juggle metaphor when people ask me about balance. When family has greater needs (the heavy bowling ball), it's sometimes perfectly still with my full attention while the others wait a bit.

While I use this metaphor, I am not implying that life is a game--I have learned to manage my personal range of self-care needs when life responsibilities are in motion. When applied to EDI needs, there have been palpable moments when our culture has managed the weight of racially-motivated violence, leaving other areas to wait.

Another skill in facilitating supportive EDI work is about hosting space, as framed by conflict resolution expert and author Priya Parker. At the end of the day, any coalition, any partnership, any relationship requires thinking of how to gather and hold collective space. So, returning to your original question around trust, how do we enter those spaces and welcome others in a trustworthy way? How do we mark the ways in which people enter doing work together and to help them to exit? How do we be thankful and sit in gratitude for the minutes, the hours, the weeks that we spend together, but also to honor the energies it will take to propel actions forward into other communities? This requires EDI, trauma-informed, and survivor-informed centrality in the work that we do. With a giant toolbox, and we commit to working hard to listen fully and correct assumptions. At the end of the day isn't that what we want to do with EDI? Perhaps it is about guiding people to be fully present for others. We must connect, hold brave and tender conversations, address assumptions, and then communicate the ask. Is there anything else I need to know about you to sit in space with you or to support you better?

SOCIETY OF CLINICAL PSYCHOLOGY

DIVISION 12
American Psychological Association

BUILDING HOPE: PSYCHOLOGICAL CONTRIBUTIONS TO A ROADMAP FOR CLIMATE ACTION

15th Psychology Day at the United Nations convened

Report written by: Vica Tomberge, Kalyani Gopal, Efrat Neter, Vera Araujo-Soares (Psychology Coa-lition of the United Nations)

The 15th Annual Psychology Day at the United Nations was dedicated to climate change and focused on how psychology can contribute and support countries in implementing their climate pledges.

Virtually carried out via zoom it took place on Thursday, April 21, 2022 and was sponsored by the Psychology Coalition of NGOs at the United Nations having Consultative Status with ECOSOC and the Permanent Missions of the Dominican Republic and Mexico to the United Nations. 2677 people registered and 640 from 107 countries attended to discuss this yearÊs theme "Building Hope: Psychological Contributions to a Roadmap for Climate Actionò

During his opening speech, David Marcotte, Ph.D., President of the Psychology Coalition of NGOs at the United Nations, emphasized the importance of the PCUN network of NGOs to contribute to the fight against climate change and all contemporary challenges with transdisciplinary, international effort.

Further opening remarks were shared by Kalyani Gopal, Ph.D., President of Division 12 of the American Psychological Association (APA). Dr. Gopal stated that psychologists need to provide their knowledge on reducing environmental stress and fighting eco-harmful strategies to collectively reduce our carbon print.

Following Dr. Gopalôs opening note, Dr. Vera Araújo-Soares (Regional Vice President at the Psychology Coalition of NGOs at the United Na-tions, University of Twente, Netherlands) and Dr. Efrat Neter, (Ruppin Academic Center, Emeq Hefer, Israel, and Secretary at the Psychology Coalition at the United Nations) moderated the ensuing speakers.

Mr. Abdulla Shahid, President of the United Nations General Assembly, addressed the audience and emphasized the importance of hope, the central theme of his presidency, in addressing climate change, as hope is a common denominator for human collective action. He stated that psychological solutions are needed today more than ever and warmly welcomed PCUNôs commitment to sharing how can psychological science contribute to tackle climate change.

Afterwards Ambassador J. R. de la Fuente, Permanent Representative of Mexico to the United Nations and founder of the Clinical Research Unit of the Mexican Institute of Psychiatry reaffirmed the view that combating climate change requires an international and coordinated response, including addressing the mental health consequences that may arise.

Following these remarks, a panel of six psychologists from five different continents and varied psychological disciplines, emphasized the potential contributions of psychological perspectives to actionable solutions to the climate change.

Some of the Presenters on the Psychology Day.

As the first presenter, Wendy Greenspun, Ph.D., (Manhattan Institute for Psychoanalysis and the Adelphi University, USA) in From Tears to Hope and Courage described multiple forms of climate distress and trauma being experienced by communities worldwide. Dr. Greenspun particularly highlighted that young people face a foreshortened future and historically marginalized communities suffer layers of environmental harm and injustice. Building on this, Dr. Greenspun presented multiple ways of building emotional resilience such as calming, finding purpose and living connection and solidarity.

Talking about Psychology and Climate

Acton in the Global South, Brendon Barnes, Ph.D., (University of Johannesburg, South Africa) emphasized that psychology needs a clearer focus on the local realities of marginalized people. In order to mitigate global, intersectional climate injustice and to allow climate movements to decentralize, he suggested the use of digital platforms. He pointed out four areas worthy of psychologistsôattention in the global South: making climate and psychology evidence digitally accessible, developing digital technologies for interventions, actively changing digital media representations, and using psychology to enhance digital climate mobilization.

Anju Sara Abraham, (Psychologist, Senior Architect, Council of Architecture and the Indian Institute of Architects) spoke about ñUsing Architecture and Design to promote Mental Health and Enhance Positive Climate Actionò focusing on the relationship of architecture, health and sustainable development. She explained that architecture can provide a range of incentives to ónudgeôusers to be active and behave in a sustainable way, e.g. by incorporating 'walkability' within the city resulting in greater proximity to facilities and destinations or by de-signing indoors improving the air quality, temperature good daylight within the building structure in order to facilitate responsible use of resources.

Matthew Hornsey, Ph.D., (University of Queensland, Australia) talked about Understanding (and reducing) Climate Change Skepticism. He gave an insight on the psychological profile of climate skeptics, i.e. people who deny climate change and its causal relation with human behavior. Raising up the concept of motivated reasoning, he called for promoting climate-friendly behavior by aligning with skepticsô underlying ideologies, anxi-eties, and identity needs instead of competing with them by presenting the evidenceô

Finally, Ann DeSmet, Ph.D. (Universit® Libre de Bruxelles, Belgium) spoke about Health Behaviors by Addressing Spill-over and Shared Underlying Determinants, pointing out how health and environmentally friendly behavior can complement each other and promote the health of the planet. However, negative spillover effects (when one behavior reduces the likelihood of adopting another behavior) or positive spillover effects (when increased skills increase the likelihood of adopting an additional behavior) must be considered. Building on this, Dr. De Smet pointed out that targeting a change in multiple behaviors is essential to create a planetary health impact.

In response to these presentations, Dr. Vera Araújo-Soares integrated the contributions in Bridging Intersectionality between Psychology and Climate Action, highlighting inequities emerging as a central theme. Dr Araújo-Soares also presented extensive evidence on the positive and negative role that health-related behaviors can play in climate change mitigation and adaptation. She calls for behavioral interventions to specifically target health equity, use scientifically proven mechanisms of action, engage with users and stakeholders to ensure uptake, and consider contextual constraints.

The presentations were followed by a 30-minutes Q & A session. Closing remarks were given by Dr. David Marcotte and Dr. Kalyani Gopal; Dr. Marcotte presented a PCUN statement on current events in Eastern Europe.

The 2022 UN Psychology Day was organized by a 25-person committee and led by Kalyani Gopal, Efrat Neter, Vera Araujo-Soares, Olivia Friedman, Taylor Mulligan, and Josephine Juanamarga.

Details on the Day appear at https://www.unpsychologyday.com/ and the whole record of the event can be found online: https://www.youtube.com/watch?v=NQwXPQ8mz4U

SOCIETY OF CLINICAL PSYCHOLOGY

DIVISION 12

American Psychological Association

The Hogrefe/Division 12 Series on Advances in Psychotherapy: Evidence Based Practice Continues Apace

Danny Wedding

Robert Dimbleby

In August 2003, Danny Wedding and Rob Dimbleby met with the Publications Committee of the Society of Clinical Psychology to pitch the idea for a book series that would help clinical psychologists keep abreast of the latest research on psychotherapy and treatment of mental illness and related conditions that clinicians confront in their practice. The idea had the strong support of then President Diane J. Willis. A competing proposal was submitted by Oxford University Press.

Bringing science to practice is the raison d'être for the society, and we believed that a book series sponsored by Division 12 would complement and enhance the Society's journal, Clinical Psychology: Science and Practice.

Annette LaGreca chaired the Publications Committee. She and the other members of the committee decided that Hogrefe had submitted the strongest proposal, and they approved the idea for the series. Danny Wedding was selected as the inaugural series editor.

Rob and Danny developed a Style Manual for the series with explicit and detailed instructions for authors. We knew that practicing clinical psychologists and those learning the practice of clinical psychology had little time to review massive tomes, and we wanted contributions that were short and tightly edited, yet still scholarly and grounded in the best available evidence. We set a modest target length for each volume, branding the series as "all the science you can pack into 100 pages." In addition, we wanted contributions that were practice-oriented, easy-to-read, and reasonably priced (i.e., under $30). Finally, we wanted to ensure that members of the Society received a discount, and we wanted those readers who desired it to receive continuing education credit after completing a book and taking a short quiz. We anticipated publishing four volumes each year.

Danny takes particular pride in the quality of the Associate Editors he was able to recruit for the series, covering the panoply of disorders that clinical psychologists treat. The four initial Associate Editors were Ken Freedland (behavioral medicine), Linda Sobell (addictions), David Wolfe (children), and Larry Beutler (general psychopathology). A few years ago, David and Larry retired from the series; SCP Past President Jonathan Comer replaced David, and Kim Penberthy took Larry's place on the team. We have been especially pleased with the exceptional quality of the authors who agreed to write for the series; they are all leading authorities on the topics they write about, and the list of contributing authors includes many SCP past presidents (e.g., Mark Sobell, Linda Sobell, Larry Beutler, Tom Ollendick, and Lynn Rehm).

The first book in the series was Bipolar Disorder, followed by volumes on Heart Disease, Obsessive-Compulsive Disorder, Childhood Maltreatment, and The Schizophrenia Spectrum.

Bipolar Disorder has been one of the most successful in the series, and a second edition was published in 2017, bringing in new evidence that had emerged since the original publication. We are committed to maintaining the currency of books in the series, and updated editions have appeared or are in press or under contract for over a dozen volumes.

More recently, we have published books that reflect Methods and Approaches rather than Disorders. Examples include the volume on Mindfulness (one of the series' recent successes) and the forthcoming book on Culturally Sensitive Psychotherapy.

We are delighted that the series now runs to more than 60 volumes published or in the pipeline, excluding new editions. Over 50,000 print books have been sold in the series to date. All titles are also available as eBooks, which are typically sold to libraries in versions that allow multiple users, as well as for eReaders such as the Kindle.

The Advances in Psychotherapy: Evidence-Based Practice series has generated approximately $35,000 in royalty payments to Division 12. Hogrefe also has continued to support the Division's new member drive by providing a free book from the series to every new member or student member who joins – more than a thousand free books with a retail value of $32,500, including more than 190 books in 2021. In addition, multiple series books are offered as honoraria for SCP award winners.

Hogrefe has contracted for a total of 27 titles to be translated and published in other languages. A total of 52 foreign translations have appeared (or are contracted to appear) in languages as diverse as Simplified Chinese, Danish, Greek, Italian, Japanese, Korean, Portuguese (Brazilian), Spanish, and Ukraine, and more are being considered by other publishers.

Some years ago, Hogrefe entered into an agreement with the National Register of Health Service Providers that allows psychologists to gain 5 CE credits for members who read volumes from the series and complete a short quiz. National Register members also receive a 15% discount when they buy books and participate in the CE program.

The Hogrefe/Division 12 Series on Advances in Psychotherapy

The first edition of a ranking of top psychology scientists was recently published on Research.com, and we were pleased to see numerous series authors included on this list, including Jonathan Abramowitz, Marty Antony, Joseph Beitchman, Larry Beutler, Dolores Gallagher-Thompson, Stephen Maisto, Tom Ollendick, David Rowland, Ken Sher, Steve Silverstein, Linda Sobell, Mark Sobell, Larry Thompson, Stephen Touyz, Chris Wekerle, Denise Wilfley, Katie Witkiewitz, and David Wolfe.

We are both proud of the success of the series, and we believe it has helped shape the practice of clinical psychology in the United States and around the world. Society members wishing to avail themselves of their member discount for personal use or who are interested in the possibility of using books from the series to teach students are invited to visit the publisher's website, www.hogrefe.com, and those interested in potentially submitting manuscripts to the series are encouraged to reach out to Danny Wedding at danny.wedding@gmail.com.

SOCIETY OF
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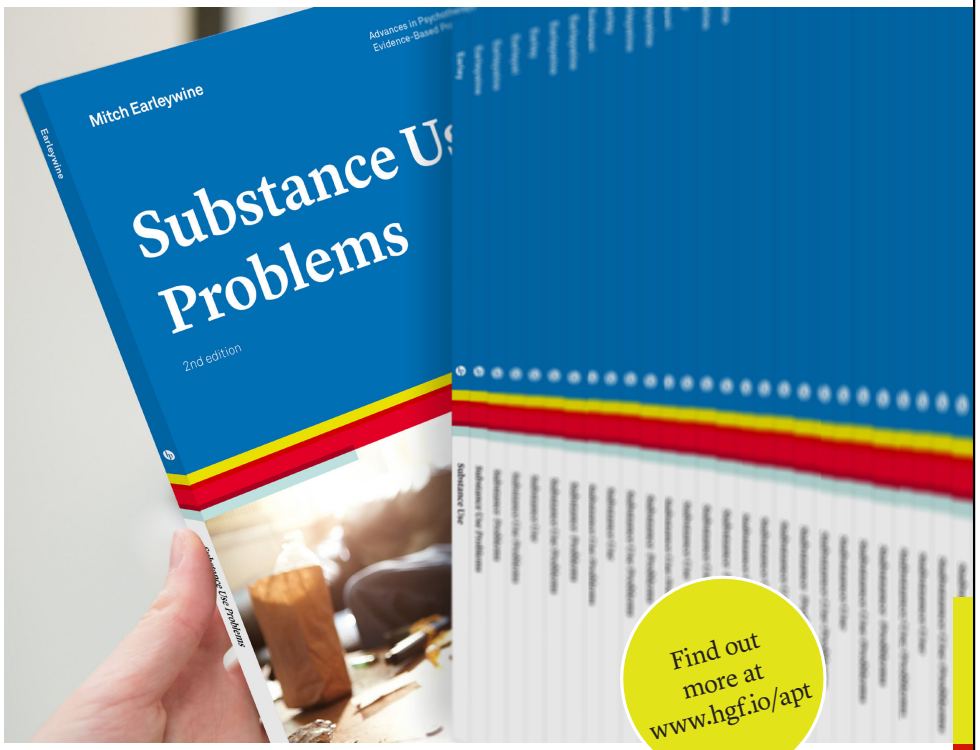

Advances in Psychotherapy

Evidence-Based Practice

Developed and edited with the support of the Society of Clinical Psychology (APA Division 12), the series provides practical evidence-based guidance on the diagnosis and treatment of the most common disorders seen in clinical practice – and does so in a uniquely reader-friendly manner. A separate strand in the series looking at methods and approaches rather than specific disorders started with the volume on mindfulness. Each book is both a compact how-to reference for use by professional clinicians in their daily work, as well as an ideal educational resource for students and for practice-oriented continuing education.

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- **Reasonably priced:** The list price is under $30 per volume, and discounts are available. See order information for details.

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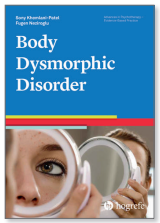
New volumes

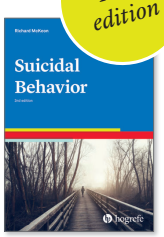


Sony Khemlani-Patel / Fugen Neziroglu

Body Dysmorphic Disorder

Vol. 44, 2022, viii + 106 pp.
ISBN 978-0-88937-500-0
Also available as eBook

A user-friendly, evidence-based guide to body dysmorphic disorder (BDD) showing practitioners how to assess, diagnose, and treat this multifaceted disorder. Readers learn not only about the foundations of CBT for BDD but also modifications to meet the needs of this client group. Step-by-step instructions for numerous novel and advanced treatment strategies are also provided. Detailed case examples help illustrate these approaches.

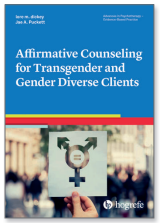


Richard McKeon

Suicidal Behavior

Vol. 14, 2nd ed. 2022,
viii + 120 pp.
ISBN 978-0-88937-506-2
Also available as eBook

With more than 800,000 deaths worldwide each year, suicide is still one of the leading causes of death throughout the lifespan. The second edition of this volume, incorporates the latest research, showing which empirically supported approaches to assessment, management, and treatment really help those at risk. This book aims to increase clinicians' access to empirically supported interventions for suicidal behavior, with the hope that these methods will become the standard in clinical practice.

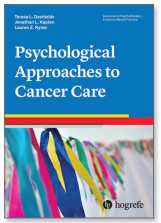


lore m. dickey / Jae A. Puckett

Affirmative Counseling for Transgender and Gender Diverse Clients

Vol. 45, 2023, vi + 104 pp.
ISBN 978-0-88937-513-0
Also available as eBook

This volume presents fundamental and evidence-based information on working with transgender and gender diverse people in mental health services. The authors outline the key qualities of affirming mental health services and explore strategies for improving inclusivity and evidence-based care with trans clients. Current topics, such as working with youth, the harmful and ill-advised approach known as rapid onset gender dysphoria, and whether and how autism might be a co-occurring diagnostic concern are also addressed.



Teresa L. Deshields / Jonathan L. Kaplan / Lauren Z. Rynar

Psychological Approaches to Cancer Care

Vol. 45, 2023, vi + 90 pp.
ISBN 978-0-88937-511-6
Also available as eBook

This volume provides psychologists, physicians, and other health care providers with practical and evidence-based guidance on the delivery of psychological interventions to patients with cancer. The authors succinctly present the key principles, history, and theoretical models of cancer-related distress, as well as explore clinical assessment and interventions in cancer care. In addition, they look at multidisciplinary care management and complementary supportive interventions.

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