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SUMMER 2025
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EMBRACING LEADERSHIP:

My Journey Through Anxiety and Growth in PPA

ALLYSON L. GALLOWAY, PsyD, MSCP

Welcome to the summer edition of the *Pennsylvania Psychologist*. This edition highlights the "Anxious Generation," and this focus on anxiety reminds me of all the times that I have been anxious about getting more involved, including when I was willing to take risks and when I was not. One of my areas of focus this year has been leadership development, which has me reflecting on my own PPA journey and the anxiety I overcame (most of the time).

I originally joined PPA as a doctoral student, at the encouragement of Dr. Janet Etzi, who later served as my dissertation chair at Immaculata University. Dr. Michelle Wonders and I still joke about how Dr. Etzi passed around PPA applications and provided the direction and encouragement to sign up. I'd like to encourage everyone who works with students to provide that encouragement. Once I joined PPAGS and started to receive PPA's publications, I learned about the PPF student awards and applied. I was fortunate to be granted an award, and as a recipient, I was invited to attend PPA's 2005 Annual Convention. It was very intimidating to attend the convention, though I found PPA's staff to be very welcoming upon my arrival. Once at the convention, it was difficult to leave my comfort zone and interact, but I struggled through my own anxiety and started to develop a professional network within PPA. Convention became the focus of my PPA involvement, and I eventually joined the Convention Committee. Fast forward a few years, and while attending a Student Networking event, the then president, Dr. Andrea Delligatti, approached Dr. Wonders and me and encouraged us to join her Early Career Task Force. Fast forward a few more years, and I was excited to serve as co-chair of the Convention Committee with Dr. Molly Cowan. My comfort zone has expanded to include PPA's Annual Convention, and I have had the opportunity to attend every annual convention since 2005, a trend I plan to continue, for both in-person and virtual events.

> "You never know when those seeds that you plant will bloom, and you never know whose anxiety you are helping to overcome."

When I was first approached about running for a board position, I was intimidated, as I had not yet served as a committee chair, and I politely declined. A few more years passed, and I was again approached and agreed to run, challenging myself to expand my comfort zone beyond convention and serving on committees, to assume more of a leadership role. Since that time, I have served on the boards of PPA, PPF, and PennPsyPAC, each time overcoming anxiety that I wouldn't have what it takes to get the job done. The Past President Special Interest Group provided continued mentorship and helped manage my anxiety as I transitioned from president-elect to president.

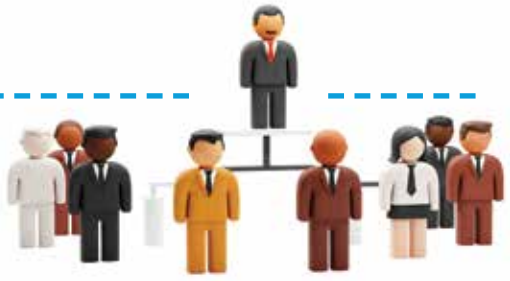
It has been an honor to serve as PPA president, and I look forward to continuing to be involved in PPA. As I wrap up my presidential term, I hope to inspire our members to reach out and to continue to serve as mentors and leaders to our members throughout their career span. You never know when those seeds that you plant will bloom, and you never know whose anxiety you are helping to overcome. I am very much looking forward to my new role, past president, a sentiment jokingly shared by many previous PPA presidents as the best job in all of PPA.

Please join me in welcoming our incoming PPA president, Dr. Gail Karafin! I am confident in Dr. Karafin's ability to be a strong and effective leader, and I know that she will continue to be the strong psychologist mentor that I have always known her to be. She will continue to strive toward making psychology more accessible, especially through her tireless advocacy for start school later initiatives, and she will lead our organization into the future.

Thank you!

THE IMPORTANCE OF EMOTIONAL INTELLIGENCE AS A LEADER

JULIE RADICO, PsyD, ABPP



At the 2024 PPA Convention, Drs. Erika Dawkins, Maribeth Wicoff, and I presented on *Developing Your Leadership Style as an ECP.* Preparation for this presentation provided a distinct opportunity for reflection on my leadership evolution over the years and continued areas for growth.

I developed my leadership style, as I imagine many of us have, with some prior understanding of leadership research, having seen many other leaders in action, and jumping into the deep end. For more than 10 years, I have served in multiple leadership roles, some through my employment and others for regional and national associations (e.g., PPA, APA, ABPP, STFM, SfHP).

The leader I am today wants to go back to when I first served on a committee for PPA or APA, and coach the younger version of myself. This would certainly include being sure I was considering the importance of emotional intelligence (EI) as a leader. EI is often defined with the components of self-awareness, self-management, social awareness, and social skills.[1]

I think psychologists have an advantage here, as part of our training helps us with the introspection, awareness, and self-regulation required to have a good level of EI. I would make an educated guess that most psychologists are good at empathy, have good conflict management skills, and are good communicators.

But it's likely we didn't all start out that way. We might have had to learn how to differentiate sympathy from empathy and how to regulate our emotions to prioritize what is most important for our clients, especially if we are fatigued or frustrated. In this same vein, we can and, I would posit, always **need** to be growing our leadership EI.

As we age and get into set patterns, we need to be mindful of remaining adaptable to changing norms and checking in regularly with ourselves and those with whom we interact to ensure we have an accurate self-assessment of our strengths and limitations.

More experienced leaders often have influence and a better sense of how organizations work. This knowledge and skill can help develop a new generation of leaders while continuing to develop ourselves as leaders.

Take some time this week to reflect on how you have grown as a leader, in every sense of the word. As you do so, think about which areas of EI you feel are personal strengths and where you see opportunities for growth.

If you would like to read more about EI and leadership, you might consider the following:

- This article will help you consider the arguments supporting and detracting from EI:
  - McCleskey, J. (2014). Emotional intelligence and leadership: A review of the progress, controversy, and criticism. *International Journal of Organizational Analysis, 22*(1), 76–93.
- Goleman is one of the big names in EI and leadership. Readers could check out some of his *Harvard Business Review* contributions:
  - Goleman, D., & Boyatzis, R. (2017). Emotional intelligence has 12 elements. Which do you need to work on. *Harvard Business Review, 84*(2), 1–5. https://hbr.org/2017/02/emotional-intelligence-has-12-elements-which-do-you-need-to-work-on
  - Goleman, D. (2020). What people (still) get wrong about emotional intelligence. *Harvard Business Review Digital Articles,* 2–4. https://hbr.org/2020/12/what-people-still-get-wrong-about-emotional-intelligence
- Or his books on the topic:
  - Goleman, D. (1998). *Working with emotional intelligence.* NY: Bantam Books.
  - Goleman, D. (2011). *Leadership: The power of emotional intelligence.* More Than Sound LLC.

REFERENCE:

1. Goleman. (2011). *Working with emotional intelligence.* Harvard Business School Publishing.



THE COST OF INVISIBILITY:

Experiences and Implications of Stereotype Threat and Socioeconomic Status

KATIE BRADLEY, MS, ELIZABETH GONZALEZ, MS, AND SARA MCCONNELL, MS

Individuals from socially stigmatized groups are often aware of the negative stereotypes or assumptions associated with their identities. When engaging in tasks, particularly those evaluative in nature, they may experience anxiety or pressure from the fear of confirming those stereotypes. This phenomenon is known as stereotype threat, a psychological stressor that occurs when an individual is in a context where a negative stereotype about their social group could be relevant or reinforced (Steele & Aronson, 1995). When exposed to stereotype threat, individuals experience disengagement, a reduced sense of belonging, and long-term adverse academic and psychological consequences (Cohen & Garcia, 2008). Visible identities, such as race, gender expression, or physical disability, are those readily perceived by others, whereas invisible identities are not immediately observable and may be concealed or overlooked (Goffman, 1963). In the context of stereotype threat, both visible identities and invisible identities can be negatively impacted by the fear of confirming others' biases. As an invisible identity can be hidden, it is often assumed to be less stigmatizing than visible identities. However, individuals with invisible identities face a particular dilemma, where keeping the identity invisible may protect them from bias, but they risk facing discrimination once the identity is revealed (Goffman, 1963).

Socioeconomic status is one aspect of identity that tends not to be immediately observable. Social-class stereotypes are maintained through ambivalence,

nonproductive contact between classes, lack of diverse affiliations, and policies and procedures that create unequal access to resources and opportunities (Durante and Fiske, 2017; Hughes 2023; Hughes et. al. 2025). Well-being, health, intelligence, and ease of going through life are typically attributed to those of higher socioeconomic status (SES), given their resources and ease of access to better health care, schools, and environments (Varnum, 2013). In contrast, individuals of low SES are typically stereotyped as lazy, unintelligent, unhealthy, and uncaring substance users (Lindqvist, Björklund, and Bäckström, 2017). However, poverty or low SES is a time-consuming, exhaustive, and stress-inducing constant state of being, with daily decisions about whether to pay a bill or the rent, or purchase food or medication. Low SES can impact an individual's sense of security and self-esteem, and can undermine plans and hopes for the future, especially when the intersection of other cultural identities comes into play.

CLINICIAN EXPERIENCES

Sara: Working with individuals of higher SES

I grew up in a poorer section of Philadelphia. Many of my neighbors and friends

received government aid, such as free meals at school, Section 8 housing, and health care through Medicaid. My family went through very hard times when I was growing up, though I never went without because my parents and extended family all leaned on each other. As time passed, my family slowly moved along the socioeconomic continuum toward the middle class. This was possible through both of my parents working multiple jobs while furthering their own education and skills, aided by their privileged identities, which made those routes a little easier to navigate. While I hold mostly privileged identities, both visible and invisible, the impacts of growing up with limited resources and stereotypes about low SES individuals still impact me and the work I do as a therapist.

While completing my training at a facility that historically served individuals who could afford to pay out of pocket for treatment to address their substance use disorders, I have learned the importance of navigating my invisible identity. I often worried daily about how I was perceived by my clients in terms of my clothing, posture, and speech. I worried about being viewed as lazy or unintelligent based on my looks and interactions. Throughout my life, I have needed to constantly toe a fine line of authenticity and not fall into stereotypes. I began to see firsthand what access means and wondered how others from communities in which I grew up would be able to gain access to such comprehensive treatment. In sessions, I needed to quickly recognize my own countertransference. For example, I struggled to empathize with clients when they appeared unmotivated for treatment, as I was too focused on the wealth of resources at their disposal. In these moments, I paused and reflected on how my experiences might be impacting my ability to connect with clients. I recognized the importance of connecting with my client's pain in order to build empathy despite our differences. By connecting with my client's pain, I noticed how quickly I was able to empathize with their struggles. I realized the importance of managing my own internalized classism in order to find common ground that crosses all levels of SES. Emotions such as anxiety, shame, doubt, fear, and others that impact mental health and substance use can be present for anyone of any identity. My goal in my work is to create space and validation for my clients while recognizing the stereotypes that are forced on people of all socioeconomic statuses.

Katie: Athletes and SES

When I was in college, I presented with dominant visible identities, such as being a white young adult who expressed a feminine gender identity, had a body type generally accepted by societal norms, and played a sport that's often associated with higher socioeconomic status. These external traits frequently led others to assume I had a financially privileged upbringing. However, my invisible identities told a different story. I experienced significant financial hardship growing up, including food and resource insecurity that persisted in college. While my athletic talent granted me a scholarship, and team membership provided access to food, clothing, and occasional cash assistance, these supports often just temporarily masked the deeper financial instability I faced. To manage the shame and anxiety tied to that instability, I unknowingly developed a salient athletic identity. However, this came at a cost: I struggled academically, as I placed my self-worth in my performance on the field and doubted my abilities in the classroom and other areas of my life. The contrast between how I was perceived and what I experienced made me deeply aware of the assumptions tied to visible identities. In my current work with college student-athletes, I recognize that many have unseen struggles. I've learned to notice assumptions made about my own background and how they can either support or hinder safety and understanding in the clinical space.

Stereotype threat and hidden identities, like socioeconomic status, are important considerations when working with college athletes. For example, student-athletes of color often face assumptions that undermine their academic identity and can negatively affect their performance on academic tasks, while White athletes in high-cost sports may be perceived as uniformly privileged, obscuring real financial struggles. Working with college athletes during my doctoral internship, I've seen these dynamics firsthand, and to best serve these students, it's essential to consider visible and invisible identities and the impact of stereotype threat in each case.

Elizabeth: Intersectionality and SES

Growing up Hispanic in a predominantly White, affluent town, I often encountered assumptions about my socioeconomic status. Even though my socioeconomic background and resources aligned with those of my peers,

the stereotypes of my visible ethnic identity took priority. I encountered biases, such as people's surprise at my academic success, assumptions about my parents' education, and invasive questions about my background. Over time, I began to believe my presence in specific spaces was unexpected or conditional, and I worked harder to justify being there. It additionally took me longer to understand the privileges of my socioeconomic status and resources based on the salience of my visible ethnic identity. These early experiences granted me an understanding of stereotype threat's impacts and the effort of managing intersectional and invisible identities.

Currently practicing in a college counseling center, I am cognizant of how students, particularly those with invisible or intersectional identities, may encounter stereotype threat. I strive to approach each student without assumptions based on visible presentation, perceived cultural background, or identity markers. Clinically, I have encountered student experiences related to the less visible aspects of their experience, such as being first-generation, low-income, or generally coming from a background that differs significantly from their current environment. Considering stereotype threat as it relates to the invisible identity of socioeconomic status, I reflect on presentations of impostor syndrome, self-doubt, and withdrawal or hesitation. I aim to meet those moments with curiosity and validation, hoping to foster a space where students can feel fully seen in a world set out to stereotype.

CLINICAL IMPLICATIONS

Stereotype threat and socioeconomic status have significant clinical implications, particularly when intersecting with visible identities, such as race, ethnicity, age, or gender expression. Clients from marginalized backgrounds may experience heightened anxiety or hypervigilance, self-doubt, or mistrust in therapy due to fears of confirming negative stereotypes, especially when their identities are visible. These dynamics can interfere with self-disclosure and the therapeutic alliance. Additionally, individuals from lower-income backgrounds often face chronic stressors like food insecurity, unstable housing, and limited access to health care, all of which compound mental health concerns. It is important to pause and address these very real concerns as they come up in the therapeutic space, including being aware of local resources clients can be referred to. Addressing identity-related concerns and fostering a sense of belonging is crucial in supporting clients' well-being and success (Cohen & Garcia, 2008). Additionally, it is recommended to practice cultural humility (Hook et al., 2017), which is an identity-informed, self-reflective practice that considers both visible and hidden aspects of identity, recognizes systemic inequities, and validates the experiences of marginalized clients.

REFERENCES:

Cohen, G. L., & Garcia, J. (2008). Identity, belonging, and achievement: A model, interventions, implications. *Current Directions in Psychological Science, 17*(6), 365–369. https://doi.org/10.1111/j.1467-8721.2008.00607.x

Durante, F., & Fiske, S. T. (2017). How social-class stereotypes maintain inequality. *Current Opinion in Psychology, 18,* 43–48. https://doi-org.chc.idm.oclc.org/10.1016/j.copsyc.2017.07.033

Goffman, E. (1963). Stigma: Notes on the management of spoiled identity. Prentice-Hall.

Hook, Joshua N., Davis D., Owen J. & DeBlaere C. (2017). Cultural humility: Engaging diverse identities in therapy. American Psychological Association.

Hughes, B. (2023). Stereotypes and social decisions: The interpersonal consequences of socioeconomic status. Creative Commons.

Hughes, B., Jacobson, R., Rule, N., & Srivastava, S. (2025). Stereotypes and Social Decisions: The Interpersonal Consequences of Socioeconomic Status. *Journal of Personality and Social Psychology*. doi.org/10.1037/pspp0000541

Lindqvist A, Björklund F, Bäckström M. (2017) The perception of the poor: Capturing stereotype content with different measures. *Nordic Psychology, 69*(4), 231–247. https://doi-org.chc.idm.oclc.org/10.1080/19012276.2016.1270774

Steele, C.M. & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of Personality and Social Psychology, 69*(5), 797–811. 10.1037/0022-3514.69.5.797

Varnum MEW (2013) What Are Lay Theories of Social Class? *PLOS ONE 8*(7): e70589. https://doi.org/10.1371/journal.pone.0070589

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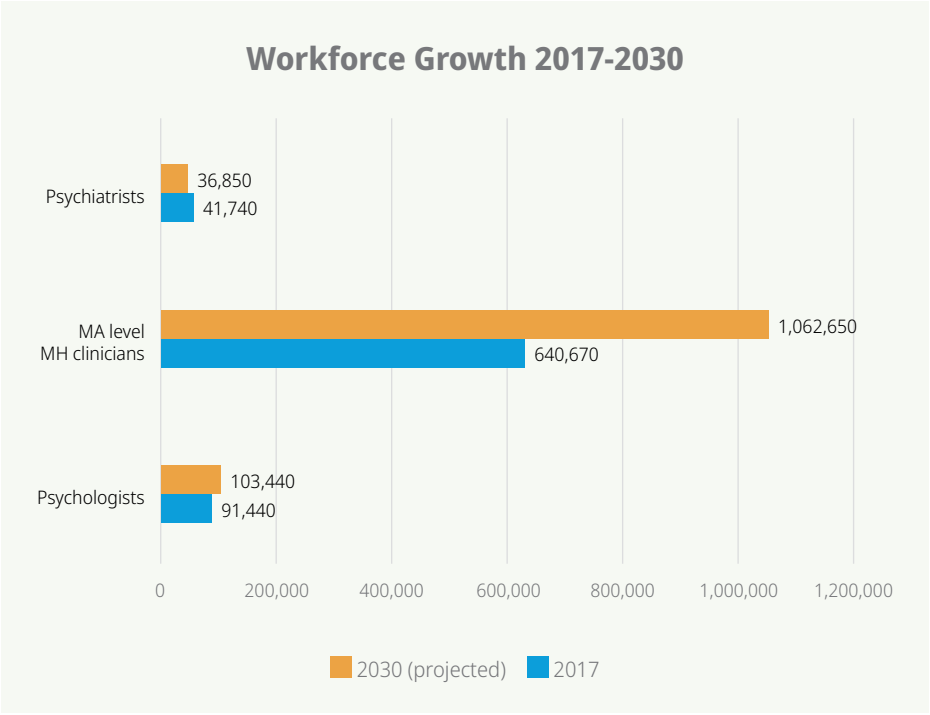
WHAT PSYCHOLOGISTS NEED TO KNOW ABOUT

MASTER'S LICENSURE

PAUL KETTLEWELL, PhD, CATHY PETCHEL, MA, AND MOLLY COWAN, PsyD

Progress continues from actions taken by a variety of psychology-related groups working to support licensure for those with master's degrees in areas of health service psychology. We would like to share key information about the steps that have been taken and are anticipated by APA, PPA, and the Association of Professional Psychology Boards (ASPPB). Included in this article are some key reasons professional psychology groups are actively supporting master's licensure.

Moving this process forward requires exploring, discussing, contemplating, and drafting a vision for trained, licensed health service practitioners in psychology. This process is ongoing, so no final conclusions have been developed yet. We will provide a timeline with expectations for when key events will likely occur.



WHAT ARE SOME KEY REASONS THAT SOME PSYCHOLOGISTS SUPPORT MASTER'S LICENSURE?

- Projections in growth for different mental health professionals from 2017 to 2030 indicate the predicted dominance of master's level providers among mental health (MH) professions (Bureau of Health Workforce, 2022).
- According to the Bureau of Labor Statistics, there were 181,600 psychologist-related jobs in 2021, and job growth for psychologists is projected to be 7% for the next decade (2023–2033). The demand for mental health services is increasing due to several factors: growing awareness in the importance of mental health care and wellness, both preventatively and wellness seeking, a reduction in stigma regarding accessing care, expansion of insurance coverage for mental health and wellness services, and an increasing awareness of the importance of mind-body health.
- The number of doctoral and master's level psychology graduates suggests a clear need to address licensure for master's level graduates: in 2022, there were 3,722 doctoral psychol-

ogy graduates and 20,602 master's psychology graduates.

- Twenty states have developed licensures for master's psychology graduates independently of APA. So far, APA has provided no clear guidance to states interested or planning to develop master's licensure proposals.
- Graduates with master's degrees in clinical psychology have found in some states that the increasing restrictions to obtain alternative paths for licensure, such as becoming licensed professional counselors (LPC/LMHC), that have been historically available in the past, are no longer available.
- Consensus is developing among providers and patients that problems with access to mental health care represent a compelling need to train more MH professionals (APA Press Release, April 17, 2024). One could argue that, in addition to expanding opportunities for master's level licensure, expanding the number of doctoral psychologists would also be worthwhile as we attempt to better address the demand to improve access to mental health care.
- There is a belief among some psychologists that professional psychology has and should continue to provide high-quality training for master's psychology students. Furthermore, if the profession of psychology takes on the task of training licensed master's level providers, we believe that the competence of those providers with master's degrees will improve because that training will be more robust and include more exposure to the scientific underpinnings of our profession as well as the practical scientific research that can guide practitioners.
- Having a tiered profession that includes both master's level providers and doctoral psychologists can potentially serve as a pipeline for training of doctoral providers, with the master's level training potentially serving as a stepping stone for some students who obtain doctoral degrees. There are many undergraduate psychology majors who aren't able or willing to commit the time and energy to a doctoral program in psychology but likely would be interested and able to seek a master's degree. Because we don't currently offer a master's in psychology option for them in Pennsylvania that will lead to licensure, we currently lose some of these candidates to LCSW and LPC programs, even though some may prefer a psychology-based program. This pipeline concept as a way to expand applicants for doctoral psychology programs might take the form of individuals obtaining a master's in one of the areas of health care psychology, then entering practice for a period of time before returning to graduate school to obtain a doctoral degree. We believe that this tiered concept will better protect the practice of psychology.
- A final idea to consider is that if the profession of psychology commits to expanding master's-level training in a tiered profession, we may be able to attract more diverse applications, such as those individuals who are first-generation college students or those from more diverse backgrounds.

SOME KEY STEPS TAKEN BY APA TO ADVANCE MASTER'S LICENSURE.

- In 2021, the APA Council of Representatives (CoR) adopted a policy with accreditation standards for master's degree programs in health services psychology.
- For the past few years, APA has conducted several "town hall meetings" open to APA members and several APA committees and boards to discuss issues and concerns about master's licensure.
- In March 2024, the APA Board of Professional Affairs (BPA) formed a task force to develop a model for licensure that includes a path for master's licensure as well as possible revisions for doctoral licensure. The Model Licensure Task Force was asked to address two key areas related to master's licensure: scope of practice and title. Cathy Petchel, MA, PPA member, and Molly Cowan, PsyD, PPA director of professional affairs, were both selected to be on this Model Licensing Task Force. This group distributed the first draft of their proposed model for public comment in October 2024. The Task Force has received comments and sent a proposal to the APA Council of Representatives for their review and support at their February 2025 meeting. Currently, the APA Task Force is wrestling with differentiating title usage and clarifying the criteria associated with each title. As this clarification takes shape, the goal will be to differentiate and make clear distinctions for titles and scopes of practice.
- In September 2024, the APA Board of Educational Affairs (BEA) and Board of Professional Affairs (BPA) developed a joint document: *A Competency Framework for Master's and Doctoral Degree Education and Training in Health Service Psychology.* The purposes of that document are broad in helping shape psychology as a multitiered profession that includes master's and doctoral providers. It was designed to contribute to the quality and consistency of training and professional development to guide educators and clinical supervisors. The document provides areas of overlap for the training of master's and doctoral providers as well as distinctions between the two levels of training. This document was reviewed by the APA CoR in February 2025, and it was not endorsed. The CoR recommended that this document be further reviewed and submitted together with the future proposal from the Model Licensing Task Force that will define the title and scope of practice for both master's and doctoral-level professionals. It is uncertain when the APA Council will review this work. At this time, the APA Task Force continues to work with BPA, with ongoing dialogue, feedback, and sharing of draft information.

ROLE OF THE ASSOCIATION OF STATE AND PROVINCIAL PSYCHOLOGICAL ASSOCIATIONS (ASPPB) RELATED TO MASTER'S LICENSURE

- State Boards of Psychology develop and enforce guidelines and regulations to implement laws related to psychology licensure.
- Because ASPPB is an organization representing state boards of psychology, it has chosen to contribute to the discussion about master's licensure by providing its views and recommendations to states.
- In August 2024, ASPPB developed a document with specific recommendations about master's licensure, including details related to the scope of practice, required supervision, support for continuation of school psychology certification by the state Department of Education, title, and examination for licensure. They issued a call for comments, and the PPA Master's Licensure Task Force provided specific suggestions for some changes in that document. ASPPB reviewed those comments and developed its final recommendations about master's licensure with both statutory and regulatory language. Scan the QR Code to view the ASPPB proposal.
- It is important to note that although both ASPPB and the APA Model Licensing Task Force have similar goals in advocating for master's licensure, they have somewhat different perspectives because ASPPB is focused on policies and regulations applicable to state boards of psychology, and APA is more focused on broader goals of developing a plan to address education and clinical training for a two-tiered profession. However, both groups have emphasized their commitment to develop proposals that are similar, so that state psychological associations that will develop the legislative proposal for master's licensure will be given two similar plans. Differences between these two models will exist, and it will be the responsibility of each state that chooses to develop master's licensure to specify the details of their law.

STEPS TAKEN BY PPA

- In February 2023, the PPA Master's Licensure Task Force was formed with the goal of developing possible recommendations for master's licensure in Pennsylvania. Fourteen members were selected for the task force, representing a variety of professional roles.
- In Spring 2023, the Task Force conducted a survey of members' views about master's licensure, and summary information was provided to our members.
- Several articles have been written in the *Pennsylvania Psychologist* related to master's licensure and the possible impacts on the practice of psychology.
- This PPA Task Force has been monitoring the involvement of APA and ASPPB related to their proposals and responded as a group to call for public comments from the ASPPB and APA.
- Rachael L. Baturin, *MPH, JD*, director government, legal & regulatory affairs for PPA is involved with legislators who have requested that PPA develop a proposal for master's licensure as a way to help address problems with access to care. She is a member of the PPA Master's Licensure Task Force and will provide guidance about strategies to write and enact legislation if PPA decides to initiate legislation for master's licensure.

FOUR KEY ISSUES ARE CURRENTLY BEING ADDRESSED

APA, ASPPB, and PPA continue to work on the details of at least four key issues:

- Scope of Practice—areas of overlap and differences in scope of practice for psychology master's graduates and doctoral psychologists.
- Title—A general consensus has been developed that the title "psychologist" will be reserved for doctoral-level practitioners. The title that appears most likely to be used for master's-level practitioner is "licensed practitioner of psychology."
- Serious discussions have occurred about ways to allow psychology trainees to be able to have a type of "provisional" or associate license so they can bill for psychological services while still receiving supervision—with the hope that insurance companies will reimburse for their work. Work is continuing on that concept.
- Whatever regulations we come up with, we shouldn't be significantly more restrictive than the requirements for LCSW or LPC, because if we are more restrictive, we are less likely to get folks to seek master's degrees through psychology graduate programs.

STAY TUNED

- The APA Model Licensing Task Force continues to meet regularly to complete their task of a model for states to use in drafting legislation that covers title and scope of practice for master's- and doctoral-level practice.
- There is a separate APA Task Force that continues to review and revise conceptual issues about education and training written in the document: *A Competency Framework for Master's and Doctoral Degree Education and Training in Health Service Psychology.*
- Remember, even though PPA will receive those recommendations from APA and ASPPB, each state is responsible for developing its own licensing laws and is not required to be in sync with APA or ASPPB's recommendations. There are, however, clear benefits for states to have licensing laws that are consistent with other states.

REFERENCES

Bureau of Health Workforce. (August, 2022). *Behavioral health workforce projections.* Health Resources & Services Administration. Retrieved April 24, 2023, from https://bhw.hrsa.gov/data-research/projecting-health-workforce-supply-demand/behavioral-health.

APA Press Release about Access to Mental Health Care, April 17, 2024.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

SUPPORT HR1000 – PRESCRIPTION PRIVILEGES FOR PSYCHOLOGISTS

Please urge your PA House Representative to co-sponsor HB 1000 Being Introduced by Rep. Dan Frankel (HD 23).

The growing national mental health crisis and shortage of psychiatric specialists to meet the demand have harmed patients in every one of our districts. Too many individuals working to appropriately manage their mental health needs find themselves stymied by long wait times—if they are able to find a practice that is accepting new patients at all.

Due to the critical shortage of psychiatrists, most psychotropic medications are currently prescribed in Pennsylvania by primary health care professionals: primary care physicians, nurse practitioners, and physician assistants. These expert professionals are wonderful resources, but often have limited training specific to mental health treatment.

The federal government, through the Department of Defense and the Public Health Service, and seven states have recognized the value of allowing psychologists the ability to prescribe and deprescribe psychotropic medications to appropriately meet the demand for therapeutic drugs while providing specialized expertise.

Prescribing psychologists would increase patient access to psychotropic medications, including treatments for substance use disorders, depression, and anxiety, under the care of doctorate-level professionals with an additional post-doctoral master's degree in psychopharmacology dedicated to understanding the complexity of mental health disorders.

Soon, Representative Frankel will introduce a bill that will define the educational requirements and the scope of practice for prescribing psychologists, describe the collaborative relationship between the prescribing psychologist and the patient's primary care provider, and identify the formulary for the medications that may be prescribed.

Prescribing psychologists would follow the normal professional study, including a bachelor's, master's, doctorate, and clinical rotations. Prescribing psychologists earn an additional post-doctoral master's degree emphasizing psychopharmacology and the biological basis of behavior, pass a rigorous national exam, and receive supervision in practice.

Iowa, Idaho, Illinois, New Mexico, Louisiana, Colorado and Utah have all taken this step, and prescribing psychologists have safely and effectively prescribed psychotropic medications in the Public Health Service, Indian Health Service, and the U.S. Military for more than 30 years.

▼

Scan the QR Code to send your message now.

PENNSYLVANIA PSYCHOLOGICAL ASSOCIATION

SUPPORT HR273 –

START SCHOOL LATER RESOLUTION

Please contact your state representative and urge them to support HR273, the Start School Later Resolution introduced by Representative Jill Cooper. This resolution urges school districts to adopt later secondary school start times.

Pennsylvania's secondary school students are facing a preventable health crisis. Early school start times are forcing teenagers to begin their academic day before their biological clocks are ready, creating widespread sleep deprivation with serious consequences for their health, safety, and academic success.

In 2018, the Senate of Pennsylvania adopted Senate Resolution 417 directing the Joint State Government Commission to study the "issues, benefits, and options related to instituting a later start time to the school day at secondary schools in the Commonwealth." The Commission, in October 2019, released its comprehensive report, entitled *Sleep Deprivation in Adolescents: A Case for Delaying Secondary School Start Times,* which revealed that early school start times contribute to chronic sleep deprivation among teenagers, resulting in:

- Increased risk of depression and anxiety.
- Poor academic performance.
- Higher rates of absenteeism and tardiness.
- Increased risk of car accidents.
- Negative impacts on physical health, including obesity and weakened immune function.

The Commission's report identified clear, evidence-based recommendations:

- **Start times of 8:30 a.m. or later** for secondary schools, supported by extensive scientific research.
- **Sleep health literacy** integrated into school health curricula to educate students about healthy sleep practices.

Based on this report, this resolution urges all Pennsylvania school districts to voluntarily adopt later start times for secondary schools. This resolution represents a critical opportunity to prioritize the health and academic success of our students based on solid scientific evidence.

Please contact your State Representative and urge them to support HR273.

Scan the QR Code to send your message now.

THE MORE ANXIOUS GENERATION???: A BOOK REVIEW

JEANNE M. SLATTERY, PhD

In 2010, young people began reporting significantly higher levels of anxiety and depression than they did in the past, and were significantly more likely to self-harm and be hospitalized. Other mental health problems remained stable during this period. In *The Anxious Generation: How the Great Rewiring of Childhood Is Causing an Epidemic of Mental Illness,* Jonathan Haidt (2024) attributed these changes to two things: (a) an increase in "safetyism" (protecting children from things that no one blinked at when we engaged in them as children), and (b) the almost ubiquitous use of smartphones by tweens and teens.

"Much of Haidt's data is by necessity correlational, which is always problematic."

Both boys and girls reported increasing amounts of anxiety and depression during this period, but the magnitude of problems reported for girls was larger, perhaps because their online experiences tend to be different than boys' experiences. Girls tend to spend more time on social media, while boys spend more time playing video games and viewing pornography. Opportunity costs are also different: girls spend less time with friends and lose opportunities to build relationships and social skills, while boys spend less time engaged in somewhat risky play. Haidt sees this as an essential prerequisite to empowering both boys and girls and building their self-confidence.

Haidt (2024) argued that we should, instead, give children and adolescents age-appropriate responsibility and freedom. He also argued that we should significantly limit their use of cell phones, especially before age 16. He's not opposed to flip phones, where we talk one-on-one with known others, but he is strongly opposed to smartphones where conversations are often with many unknown others and where media offerings are intentionally addictive.

CONCERNS ABOUT HAIDT'S THESIS

Haidt (2024) argued that we have removed opportunities for children and adolescents to learn social skills, self-confidence, and competence when we overfill their after-school calendars, closely monitor their "free" time, and simultaneously put them in age-inappropriate, unsafe online environments. This is an argument that he has, in part, made in his earlier books, especially *The Coddling of the American Mind,* where he similarly saw disaster everywhere (Lukianoff & Haidt, 2018). In *The Anxious Generation,* Haidt (2024) argued that online environments break down social connections, increase loneliness, expose children and teens to online bullies and predators, and reduce opportunities to learn social skills. Although online environments are probably problematic for some teens, Haidt painted these problems with an overly broad brush, as social media may be helpful for some teens, who can, for example, share their artwork or retain friendships even after moves. Further, some minority teens (e.g., LGBTQ+ youth) may only gain a sense of community through connections made via social media.

Haidt (2024) also overstates some online dangers. Despite his concerns about bullying and predators, most online predators—like those in face-to-face interactions—are not strangers but previously known to the child or teen (Wolak et al., 2010). Although bullying remains a problem, it is reported to be *less* rather than more frequent (National Center for Education Statistics, 2024).

Much of Haidt's data is by necessity correlational, which is always problematic. He focused on changes in anxiety, depression, and self-harm that increased significantly during the period when the smartphone was introduced and that have largely been replicated across the globe. This relationship between changes in technology use

and mental health declines makes intuitive sense and matches many of our preexisting attitudes about cell phone use, but there have been other changes that occurred during this period that might have caused these changes. For example, during this period, there have been changes in availability and coverage of mental health services and changes in reporting standards for self-harm (Hobbes & Shamshiri, 2024). It is difficult to draw causal conclusions in the face of these known confounding factors.

Haidt's (2024) arguments tend to be reactionary, extreme, and poorly argued, even though they may intuitively make sense. Nonetheless, it is worth asking whether the U.S. Food and Drug Administration would have approved cell phone use by children and adolescents without evidence of their long-term consequences. I love my cell phone, but would smartphones stand up to the scrutiny routinely given to even the most innocuous of drugs?

REFERENCES

Haidt, J. (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness.* Penguin

Hobbes, M., & Shamshiri, P. (2024, August 8). *The anxious generation* [Podcast]. If books could kill.

Lukianoff, G., & Haidt, J. (2018). *Coddling of the American mind: How good intentions and bad ideas are setting up a generation for failure.* Penguin.

National Center for Education Statistics. (2024). Student bullying. *The Condition of Education.* U.S. Department of Education, Institute of Education Sciences. https://nces.ed.gov/programs/coe/indicator/a10.

Wolak, J., Finkelhor, D., Mitchell, K. J., & Ybarra, M. L. (2010). Online "predators" and their victims: Myths, realities, and implications for prevention and treatment. *Psychology of Violence, 1*(S), 13–35. https://doi.org/10.1037/2152-0828.1.S.13

MAKING FRIENDS WITH ANXIETY

LESLEY HUFF, PsyD

"None of us have a crystal ball." I find myself saying this frequently in therapy sessions with college students. Consistent with Haidt's (2024) research, anxiety is often the primary reason these students seek therapy at our college counseling center, with the goal of "getting rid of it." To help them make friends with anxiety instead, I focus on increasing their understanding of its benefits and their ability to sit with it long enough to gain the wisdom it offers.

I often receive strange looks when asking college students about their relationship with anxiety, and then explaining that it is one of my favorite emotions. After providing psychoeducation on anxiety, many of them start to see the role of this uncomfortable emotion as not only necessary, but beneficial. We discuss the adaptive nature of anxiety in anticipating potential dangers, such as "attacking bears." This includes the role of the survival brain, as well as the ways in which anxiety impacts our nervous system. We reflect on how anxiety's shutting down of our prefrontal cortex seems like a "glitch" in the system, and yet this is only if we are running away from or battling "imaginary bears." Using humor, we appreciate how these imaginary bears can be a text left unanswered, an upcoming exam, or a momentary expression on their roommate's face. Additionally, this is an opportunity for college students to understand their habitual selection from the "menu" of fight, flight, or freeze. Drawing inspiration from their declared majors, I use a range of metaphors to explain anxiety's function and differentiate it from the less adaptive cognitive process of "worry" (Brown, 2021). For example, information technology majors find it helpful to reflect on binary data and "ghost code," while early childhood education majors enjoy

discussing the "guard dog" and the "wise owl" that can be usefully used with children.

Given the decreased access to our prefrontal cortex during emotional intensity, it is not sufficient to intellectually understand what unfolds. Therefore, I enlist Perry and Szalavitz's (2007) framework of 1. Regulate, 2. Relate, and 3. Reason to support college students in a deeper understanding of how to work with their anxiety. The first step focuses on engaging the parasympathetic nervous system to allow more access to their prefrontal cortex. The second step helps college students to feel safe again through coregulation jointly with the therapist. The last step enables them to better assess the situation and discern a skillful response to the perceived threat. The following outlines how I integrate this framework in therapy.

"Regulate" involves various grounding techniques that are taught in therapy and practiced between sessions. Given the many options from which to choose (our breath, movement, and senses), it is an opportunity for college students to use their own agency by experimenting and finding the ones that work best for them. Many begin to realize that they have been attempting to regulate using unskillful means, such as through avoidance and rumination. Avoidance can be attempted by using seemingly harmless methods, such as losing a day on social media, or more harmful methods, such as disordered eating, self-medicating, and non-suicidal self-harm. Some college students engage in rumination, yet this only provides a false sense of control. Others familiar with mindfulness techniques are sometimes frustrated that these practices do not "fix" the discomfort. With more exploration, they begin to understand that mindfulness is just the first step toward working with their anxiety. If that is as far as we go, mindfulness just becomes a fancy form of avoidance.

"Relate" involves college students feeling a sense of attunement and sensitivity, including offering themselves forgiveness for having used unskillful methods to feel safe. For those who did not receive or internalize this attunement from their caretakers, it is an opportunity to receive it from the therapist. The goal of therapy is to then help college students internalize this skill for themselves. Because anxiety is an emotion that arises in the face of uncertainty, learning how to trust and soothe themselves is an important skill. To emphasize this, I find that college students appreciate the parable of the king who initially tries to cover his kingdom to protect his feet, only to realize that a pair of shoes is much more effective.

I often ask college students how far back they can remember feeling overwhelming anxiety, inviting them to connect with early experiences in their families, at school, with friends, etc. Many can identify ways they tried to make sense of these experiences through internalized stories. Given the cognitive limitations of children, the stories often lack nuance, are focused on themselves as the protagonists, and are fear-based. Drawing on techniques from Mindful Self-Compassion (Germer & Neff, 2019), I invite them to imagine being with themselves as a child. When sitting quietly, it is not uncommon for college students to become tearful and feel deep compassion toward their younger selves. I invite them to place a hand on their hearts and have their current selves offer their younger selves kindness. This is often a very moving experience.

From a more regulated and relationally safe place, college students can then bring more "reason" to the assessment of their anxiety, rather than judgment. They can begin to appreciate the caution and questioning that anxiety is encouraging them to do, take steps to gather more information if possible, and accept the need for things to unfold with time. Rosemerry Wahtola Trommer (2018) beautifully emphasizes this in the lines from her poem: "You cannot hang the tent out before/it has gotten wet. You cannot shovel snow/that has yet to fall" (p. 82). This can allow space for forgiveness for the unskillful strategies used previously to self-regulate and to bring awareness and disruption to the cognitive distortions in which "worry" likes to peddle.

By approaching anxiety using this framework, I have observed college students warming up to this emotion. They begin to learn how to foster more trust within themselves and their ability to navigate the uncertainty inherent in the world. They can even appreciate Rilke's (1993) advice to "be patient towards all that is unresolved in your heart and try to love the questions themselves" (p. 35).

REFERENCES:

Brown, B. (2021). *Atlas of the heart: Mapping meaningful connection and the language of human experience.* Random House.

Germer, C. K., & Neff, K. D. (2019). *Teaching the Mindful Self-Compassion Program: A guide for professionals.* Guilford Press.

Haidt, J. (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness.* Penguin Press.

Perry, B. D., & Szalavitz, M. (2007). *The boy who was raised as a dog: And other stories from a child psychiatrist's notebook.* Basic Books.

Rilke, R. M. (1993). *Letters to a young poet* (4th ed.). W. W. Norton & Company. (Original work published 1934)

Trommer, R. W. (2018). *Naked for tea: Poems*. Able Muse Press.

DRINKING TO COPE WITH ANXIETY: A POTENTIALLY DANGEROUS PATHWAY

JESSICA J. BLACK, PhD

The presence of substantial day-to-day stressors and the ways in which individuals cope with those stressors are likely influencing Americans' shortened life expectancy (Woolf, 2023). When experiencing high distress, like significant anxiety, individuals are more likely to engage in behaviors that result in immediate relief, such as drinking alcohol (Satel & Lilienfeld, 2014). Earlier on, the relatively quick alleviation of anxiety with alcohol can reinforce repeated engagement with drinking to cope, which, over time, can trap the individual in an unhealthy state. The strong relationship between anxiety and alcohol use disorder (AUD) is well documented (Anker & Kushner, 2019). Repeated drinking to cope with anxiety can increase negative mood, thwart individuals from learning healthier alternative anxiety coping mechanisms, and narrow the time and space needed to engage in behaviors that promote overall health.

Data on alcohol use in the U.S. paints a concerning picture. AUD remains the second most common substance use disorder (SUD) after tobacco-related disorders (Substance Abuse and Mental Health Services Administration, 2023). Heavy drinking, also known as binge drinking, is at an all-time high (Wade, 2023). A heavy drinking episode is considered less than or equal to four standard drinks per occasion for women and less than or equal to five for men; the amount of a standard drink varies based on the percentage of alcohol, e.g., 5 oz of wine versus 12 oz of regular beer. Health problems associated with consistent heavy drinking, such as alcohol-related liver disease and alcohol-related deaths, are sharply increasing, even as deaths from other types of drug use are decreasing (Saunders & Rudowitz, 2024). It is also important to note that the highest rates of heavy drinking are occurring among individuals in midlife, ages 35 to 50 (Wade, 2023), a cohort often in their parenting years. Children of parents with AUD are more likely to experience anxiety and depression, as well as later develop a SUD (Kendler et al., 2021). And, if a biological mother's AUD occurs within the course of pregnancy, then the child is also at higher risk for a preventable developmental disability, fetal alcohol syndrome (FAS), that can negatively impact the child's quality of life (Khemiria et al., 2023). Calling attention to drinking to cope with anxiety has the potential to help curb the cycle of unhealthy alcohol use.

"Calling attention to drinking to cope with anxiety has the potential to help curb the cycle of unhealthy alcohol use."

Drinking to cope with negative emotions, such as anxiety, and drinking alone are both associated with worse alcohol-related

outcomes (see Creswell 2021). Consequently, understanding more about when and why a client drinks is valuable. It may also be advantageous to pay increased attention to demographics. For example, as a group, those in midlife have the highest rates of binge drinking (Wade, 2023). Gender can be an important variable. While men have higher rates of drinking, women should not be ignored as rates of drinking and related harm are increasing at a sharper rate for women compared to men (White, 2020). As with identifying and treating other psychiatric disorders, thorough assessment of a client's history is key. Family history, past trauma and adversity, and an early age of onset of alcohol use are each associated with a higher likelihood of developing an AUD (Hasin & White, 2022). It's also important to keep in mind that one does not have to drink on a daily or almost daily basis to have a problematic relationship with alcohol, as less frequent yet heavy drinking episodes may result in substantial harm to the client and/or others. Finally, providing education on symptoms of withdrawal from alcohol is critical to promoting 1) recovery from both problematic alcohol use and clinically significant anxiety and 2) client safety. First, for most individuals who meet criteria for AUD, alcohol withdrawal will encompass increased physical and psychological anxiety symptoms, including restlessness, psychomotor agitation, and perceived uneasiness, which can place the client at higher risk for returning to use. Readers are referred to the National Institute on Alcohol Abuse and Alcoholism (2022) for more information on withdrawal symptoms. Second, for those whose AUD includes physical dependence, withdrawal can be serious or even fatal. Therefore, educating clients who are physically dependent on alcohol on the importance of cutting back or quitting under medical supervision is paramount.

Psychologists have the potential to help clients manage anxiety in a healthy manner and avoid falling into a drinking-to-cope trap. Anxiety management recommendations may include prioritizing health behaviors and regular engagement in centering exercises, thought and behavior reflection, and creative processes. For clients who may be interested in and benefit from medication for anxiety, providing education on the benefits of slower-release pharmacological treatments such as selective serotonin reuptake inhibitors (SSRIs) over short-term options such as alcohol or benzodiazepines can also promote long-term health. And, of course, implementation of strategies from evidence-based psychotherapies, such as cognitive behavioral therapy (CBT) and third-wave adaptations of it, including mindfulness-based interventions (MBIs), acceptance and commitment therapy (ACT), and dialectical behavioral therapy (DBT) can more directly address the source(s) of anxiety. Clients should be made aware that consistent and/or heavy use of alcohol during the course of psychological treatments for anxiety has the potential to lessen positive outcomes (Bruce et al., 2005).

While alcohol use in the U.S. is widely accepted in many circles and often considered innocuous, for some individuals, alcohol is anything but harmless. Regularly drinking to cope with anxiety can harm overall health and well-being. Understanding why and how our clients drink and paying special attention to individuals who belong to higher-risk populations can help prevent and treat alcohol-related problems for clients and, in turn, mitigate associated impairment for their loved ones.

REFERENCES

Anker, J.J. & Kushner, M.G. (2019). Co-occurring alcohol use disorder and anxiety. Bridging psychiatric, psychological, and neurobiological perspectives. *Alcohol Research, 40*, e1-e12. doi: 10.35946/arcr.v40.1.03

Bruce, S.E., Yonkers, K.A., Otto, M.W., Eisen, J.L., Weisberg, R.B., Pagano, M., Shea, M.T., & Keller, M.B. (2005). Influence of psychiatric comorbidity on recovery and recurrence in generalized anxiety disorder, social phobia, and panic disorder: A 12-year prospective study. *American Journal of Psychiatry, 162,* 1179–1187. doi: 10.1176/appi.ajp.162.6.1179.

Creswell, K. G. (2021). Drinking together and drinking alone: A social-contextual framework for examining risk for alcohol use disorder. *Current Directions in Psychological Science, 30*(1), 19–25. https://doi.org/10.1177/0963721420969406

Hasin, D. & White, A. (2022). Risk factors: Varied vulnerability to alcohol-related harm. National Institute on Alcohol Abuse and Alcoholism www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/risk-factors-varied-vulnerability-alcohol-related-harm

Kendler, K.S., Ohlsson, H., Sundquist, J., & Sundquist, K. (2021). Within-family transmission of alcohol use disorder in parent-offspring, sibling, and cousin pairs: A contagion model. *Journal of Nervous Mental Disorders, 208,* 637–645. doi: 10.1097/NMD.0000000000001190

Khemiria, L., Kuja-Halkolaa, R., Larssona, H., Butwickaa, A., Tidemang, M., D'Onofrioa, B.M., Latvalaa, A., & Lichtensteina, P. (2023). Parental substance use disorder and risk of intellectual disability in offspring in Sweden: A national register study. *The Lancet, 63,* 1–13. doi: 10.1016/j.eclinm.2023.102170

National Institute on Alcohol Abuse and Alcoholism. (2022). *Alcohol use disorder: From risk to diagnosis to recovery.* www.niaaa.nih.gov/health-professionals-communities/core-resource-on-alcohol/alcohol-use-disorder-risk-diagnosis-recovery#pub-toc4

Satel, S. & Lilienfeld, S.O. (2014). Addiction and the brain-disease fallacy. *Frontiers in Psychiatry, 4,* 1–11. doi: 10.3389/fpsyt.2013.00141.
Saunders, H. & Rudowitz, R. (2024). A look at the latest alcohol death data and change over the last decade. www.kff.org/mental-health/issue-brief/a-look-at-the-latest-alcohol-death-data-and-change-over-the-last-decade
Strid, C., Andersson, C., & Ojehagen, A. (2018). The influence of hazardous drinking on psychological functioning, stress and sleep during and after treatment in patients with mental health problems: A secondary analysis of a randomized controlled intervention study. *BMJ, 8*. doi: 10.1136/bmjopen-2017-019128
Substance Abuse and Mental Health Services Administration. (2023). *Key substance use and mental health indicators in the United States: Results from the 2022 National Survey on Drug Use and Health (HHS Publication No. PEP23-07-01-006, NSDUH Series H-58).* Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. www.samhsa.gov/data/report/2022-nsduh-annual-national-report
Wade, G. (2023). Binge drinking hits record high among adults 35 to 50 years old in U.S. Retrieved from www.newscientist.com/article/2388544-binge-drinking-hits-record-high-among-adults-35-to-50-years-old-in-us
White, A.M. (2020). Gender differences in the epidemiology of alcohol use and related harms in the United States. *Alcohol Research, 40,* 1–13. doi: 10.35946/arcr.v40.2.01
Woolf, S.H. (2023). Falling behind: The growing gap in life expectancy between the United States and other countries, 1933–2021. *American Journal of Public Health,* 970–980. https://doi.org/10.2105/AJPH.2023.307310

AFTER THE DISRUPTION:
Addressing Child Anxiety in a Post-COVID School Landscape

MARY ENO, PhD

Even years after the peak of the COVID-19 pandemic, its ripple effects continue to shape how children show up in school—including an increase in child and adolescent anxiety. While much of the public conversation has shifted to academic recovery and test scores, therapists are seeing something more fundamental—heightened stress, avoidance behaviors, emotional dysregulation, and a persistent feeling among children and families that school no longer feels as supportive, sustainable, or secure.

"Reducing a child's anxiety often means modifying the environment so the child feels they can succeed."

The pandemic did not invent anxiety, but it amplified it. Furthermore, for a generation of children whose formative years were marked by disruption, that anxiety is now embedded in how they approach learning and social relationships, with girls being particularly vulnerable (Fortuna et al., 2023).

For therapists working with school-aged children, these are not abstract observations. They are daily realities that require thoughtful, collaborative intervention.

A GENERATION SHAPED BY DISRUPTION

In my practice and conversations with colleagues, a familiar refrain emerges:

"Kids just seem more anxious now." This can show up as school refusal, test anxiety, difficulty with transitions, or emotional dysregulation in the classroom. For many children—especially those from under-resourced families—the pandemic fractured routines, strained caregiver capacity, and exposed systemic inequities in education and health care (Patrick et al., 2020).

These children are not broken. However, they and their families are carrying more than we often realize. While some are thriving in post-pandemic classrooms, many are still navigating the emotional and academic aftershocks.

FAMILY-SCHOOL MEETINGS: A PRACTICAL INTERVENTION

Therapists can use a structured process to support anxious students: the family-school meeting (Eno, 2019). When thoughtfully facilitated, family-school meetings are powerful tools for reducing anxiety by aligning adults around a shared

plan and giving children the message that they are seen, understood, and supported.

Consider the case of a fifth grader experiencing stomach aches and outbursts during the school day. The teacher may assume that the child is struggling with a learning problem. The parent fears bullying. The therapist suspects anxiety tied to inconsistent classroom expectations during hybrid learning.

Instead of escalating miscommunication, a structured meeting with the teacher, parent(s), therapist, and child or adolescent (depending on age and circumstance) can bring clarity. These meetings work best when they:

- Focus on **present needs**, not past failures (e.g., what does the child need now to feel safe and competent at school?).
- Surface the **child's strengths and preferences**—perhaps they thrive with structure or respond well to daily check-ins with their teacher or advisor.
- Establish **short-term, realistic goals** (e.g., attending homeroom every day for a week, completing one assignment with support).
- Create **clear follow-ups** and accountability across home, school, and therapy settings.

Reducing a child's anxiety often means modifying the environment so the child feels they can succeed. The family-school meeting is a place to start that process. Therapists can reach out to the school and request a meeting where, at a minimum, the therapist can begin to understand the complex dynamics at play and how they fit in.

WHAT THERAPISTS CAN WATCH FOR

Therapists working with children in this moment can listen for specific themes that may indicate residual post-pandemic anxiety:

- **Perfectionism and panic** around performance, often linked to missed instruction and feeling "behind."
- **Hypervigilance** in the classroom—children who scan for social threats or interpret neutral feedback as punitive.
- **Avoidance of transitions** (e.g., moving from recess to class), which may reflect a nervous system stuck in survival mode.
- **Parent-school tension**, where caregivers feel blamed or unsure how to advocate for their child.

Strengthening the child's support system can, in part, address each of these. Therapists can model how to name what is happening, how to open communication between the family, school, and child, and how to translate worry into a practical plan.

REBUILDING TRUST IN SCHOOLS

For many families, trust in the school system eroded during the pandemic. Some parents still feel unsure how to engage teachers or fear being labeled "difficult." Others are themselves navigating anxiety and burnout and need reassurance that they do not have to do this alone.

Therapists can play a key role in rebuilding that trust through the professional skills we have developed. A simple outreach to a school counselor or joining a parent for a teacher meeting can help bridge that gap—and can make the difference between a child feeling lost and a child feeling held.

A MOMENT FOR CONNECTION

We are still living in the shadow of COVID-19, and for many children, that shadow is shaped by anxiety. Nevertheless, we also have new tools, new insights, and new opportunities to meet that anxiety with connection, clarity, and care.

Therapists are uniquely positioned to help schools and families talk again, to help them move from confusion and/or distrust to shared action, and remind everyone in the room: *You're not alone in this.*

REFERENCES

Eno, M. (2019). *The School-Savvy Therapist: Working with Kids, Families and their Schools.* WW Norton & Company.

Fortuna, L., Brown, I., Woods, G., & Porche, M. (2023). The Impact of Covid-19 on Anxiety Disorders in Youth. *Child Adolescent Psychiatry Clinical North America, February; 32*(3), 31–542. https://pmc.ncbi.nim.hig.gov/articles/PMC9894785

Golberstein, E., Wen, H., & Miller, B. F. (2020). Coronavirus disease 2019 (COVID-19) and mental health for children and adolescents. *JAMA Pediatrics, 174*(9), 819–820. https://doi.org/10.1001/jamapediatrics.2020.1456

Patrick, S. W., Henkhaus, L. E., Zickafoose, J. S., Lovell, K., Halvorson, A., Loch, S., ... & Davis, M. M. (2020). Well-being of parents and children during the COVID-19 pandemic: A national survey. *Pediatrics, 146*(4). https://doi.org/10.1542/peds.2020-016824

THE REWIRING OF RELATIONSHIPS AND RISE OF FAMILY ESTRANGEMENT

ANNE T. MURPHY, PhD, ABPP

Beginning around the millennium, new products from a burgeoning technology industry promised us ways of keeping in touch and reconnecting with family and friends that seemed easier and more seamless than meeting, sending cards, or writing letters.

Around 2009, an additional trend emerged: technology companies introduced a feature on social media platforms that enabled followers to like and/or retweet, repost, and later share "selfies" derived from front-facing cameras. Not only were the likes visible to others, but they served as external validation and reinforcement of one's status and standing in the eyes of others. All of this was good fun, or so we thought.

When these new features were introduced back in 2009, most did not think much about how these new features exploited our inherent tendency toward social comparison and our inherent need for connection. As psychologists, we have been trying to keep up with the impact of the new digital products and platforms while simultaneously becoming immersed in cultural transformation ourselves. Fortunately, we now have more clarity about the use of social media in reshaping relationships. A decline in mental health for our children and adolescents has caused us to ring an alarm, and now a causal link between immersion in the social dynamics of the online world and the mental health of our children has been clearly established. Due to high-quality research pursued by Dr. Jean Twenge and a cadre of academics, we now understand that the rewiring of childhood and adolescence has resulted in specific and enduring harm to our kids, that the harm is pernicious, and that girls are harmed in different ways than boys (Haidt, 2024).

"A decline in mental health for our children and adolescents has caused us to ring an alarm, and now a causal link between immersion in the social dynamics of the online world and the mental health of our children has been clearly established."

Over recent years in private practice, I've considered how the use of social media platforms designed to bring us together may not only be harming children and adolescents but may also pose a danger to families, communities, and societies throughout the world. Anecdotally, I noticed an increase in family estrangement in my clinical practice. On more than one occasion, I've had couples who request therapy for their own relationship, explaining that a secondary reason for requesting therapy exists: the emotional pain of estrangement from fellow family members. I began wondering as a psychologist if this is a real trend or if I was attracting more of these types of cases. The absence of comparative data in this area of study makes it difficult to determine whether there has been a rise in family estrangement that coincides with the technology expansion throughout the world; however, there are reasons to consider this to be the case.

Karl Pillemer, PhD, professor of human development at Cornell University, and author of *Fault lines: Fractured families and how to mend them,* estimated that nearly 65 million Americans experience some form of family estrangement from his extensive Cornell Estrangement and Reconciliation Project. Through fascinating quantitative and qualitative research, Dr. Pillemer explained that there are several pathways to family estrangement, including grievances and hurt from the past, effects from divorce, problematic in-laws, unmet expectations, value and lifestyle differences, and, not surprisingly,

money and inheritance. Dr. Pillemer offers reasons and benefits of reconciliation for some cases and how letting go of the past, taking responsibility, and resetting expectations and boundaries can offer ways for some families to reconcile and heal.

As a psychologist who works with couples and families suffering the emotional pain of estrangement, I am grateful for Dr. Pillemer's work and guidance on how to help fractured family members reconcile with one another. His work inspired me to think more deeply about the connection between the social dynamics of virtual relationships and the possible rise in family estrangement. Namely, interactions in the real world of in-person synchronous relationships usually involve a *high* bar for entry and exit, and in contrast, interactions in the virtual world usually involve a *low* bar for entry and exit. Thus, it seems as though the more we become socialized to fleeting relationships in the virtual world, the more likely we may be to let go or cut off relationships with others who displease us in some way. This is not to say that some relationships do not need to be severed. Surely, relationships that involve abuse or prolonged chronic stress may need to end; however, the social dynamics of the online world may make ending relationships with family members more normal and acceptable. External validation for the decision to end relationships with family members may be easily found online, which enables one to feel justified in severing relationships.

The second reason the rewiring of relationships may contribute to an increase in family estrangement is how social media lures us into echo chambers, seeking and finding others who agree with us. As we moved from primarily one-to-one in-person interactions to asynchronous, one-to-many communications broadcasting our interests, events, and accomplishments to many, we changed the quality of our social relationships. Multiple interactions happening in parallel dilute the importance and care required of one-to-one exchanges with people who matter to us.

These trends have likely contributed to the polarization we have seen in our politics and the tendency to demonize others who disagree. As Dr. Pillemer explained, value and lifestyle differences are one of the themes woven throughout a qualitative study of family estrangement. The digital products and platforms that were purported to be fun and make life easier have resulted in less tolerance for others' differences. Thus, the reliance upon online relationships may make us less interested in understanding the viewpoints of others and more threatened by others with whom we disagree. The feeling of being threatened may contribute to the stress of family disagreements and cause value differences to be a heightened risk factor for family estrangement.

Evolutionary psychology explains why we are wired to preserve and protect relationships. The benefits of cooperation and safety in numbers can be understood in our ancestors, who aimed to preserve relationships. Efforts to cooperate and curb cheating can be found in all living entities (Sun, 2023). The introduction of digital products and platforms that run on the currency of our attention and our innate drive for connection, belonging, and acceptance have disrupted this adaptive evolutionary trend designed to support our survival. Sadly, what was purported to enable us to stay closer together may be tearing us apart. Since the family is the fabric that binds communities and societies, there is reason to sound another alarm.

The guidance I share with couples and families suffering from family estrangement is similar to the astute guidance offered by Dr. Jonathan Haidt in his best-selling novel entitled *The Anxious Generation*. I encourage families to limit time devoted to smartphones and social media and aim to return to in-person interactions, family dinners, and cherished rituals and traditions for all to remember. The communication tools that may help families build these bridges between estranged members are ones that also require a return to real-world interactions. As Dr. Pillemer explained, letting go of the past, taking responsibility, and finding a way to move forward in the present are steps taken with care. And the care required for this kind of reconciliation is best delivered the old-fashioned way: in-person, with sincerity and grace.

REFERENCES

Haidt, J (2024). *The anxious generation: How the great rewiring of childhood is causing an epidemic of mental illness.* New York: Penguin Press.

Pillemer, K. (2022). *Fault lines: Fractures families and how to mend them.* U.S.A: Penguin Random House.

Sun, L. (2023). *The liars of nature and the nature of liars.* Princeton, N.J.: Princeton University Press.



UNDERSTANDING OBSESSIVE-COMPULSIVE DISORDER IN THE AFTERMATH OF COVID-19

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More than five years have passed since the sudden emergence of the COVID-19 pandemic upended the lives of millions of Americans and people across the globe. While many of us may be ready to move forward from the disruptions and turmoil caused by COVID-19, the social consequences and negative psychological effects of the global pandemic continue to linger, especially among those with existing mental health illnesses and challenges. A particularly vulnerable and adversely affected population consists of individuals with obsessive-compulsive disorder (OCD), a debilitating psychiatric condition that is estimated to affect 1–3% of the global population (Brock et al., 2024). Marked by a pervasive pattern of symptom exacerbation and remission, OCD is a chronic disorder that is characterized by the presence of recurrent, persistent, and unwanted thoughts, urges, or images and/or repetitive mental acts and behaviors (American Psychiatric Association, 2022). These symptoms are also time-consuming and cause significant distress or impairment in an individual's social, occupational, and/or daily functioning.

Despite being classified as one of the top 10 disabling conditions by the World Health Organization (Pampaloni et al., 2022; Brock et al., 2024), OCD remains a widely trivialized and misunderstood mental health condition. Several myths and stereotypes about OCD are that the disorder is just about excessive tidiness, cleanliness, and perfection. In reality, OCD is a complex and extremely heterogeneous disorder with a variety of symptom presentations (Williams et al., 2014; Brock et al., 2024). Common obsessive and compulsive symptom dimensions that have reliably identified within OCD include fear of contamination and cleaning/washing compulsions, symmetry/ordering, fear of harm and checking compulsions/mental rituals, hoarding, and taboo thoughts and concerns about violence, religion, and sexual behaviors (Williams et al., 2013; Brock et al., 2024). Still, OCD manifests differently for each person, and some obsessions and compulsions are not always outwardly visible. Similarly, many individuals with OCD suffer silently in their daily lives, and most living with the disorder go undetected for years (Brock et al., 2024).

"OCD is also often associated with a delay in diagnosis, delayed treatment, and increased feelings of isolation and distress among those affected."

Furthermore, the public health crisis and widespread alarm brought on by COVID-19 represented an enormous stressor for those living with OCD. While

not all individuals found that their condition worsened in response to COVID-19 concerns (Pugi et al., 2023), the current literature reveals that obsessive-compulsive symptoms, especially those related to contamination fears and compulsive hand-washing/cleaning, worsened during the early stages of the COVID-19 pandemic (Wheaton et al., 2021; Dennis et al., 2023), along with a significant increase in symptom relapse and exacerbation among patients who were previously in remission before the pandemic emerging (Davide et al., 2020; Grant et al., 2022). Research also indicates that individuals with and without diagnosed OCD experienced a new onset of COVID-19-specific obsessions and compulsions throughout the pandemic, and those diagnosed before the pandemic experienced increased symptoms of other mental-health disorders as well as severe impairments in their quality of life (Guzick et al., 2021; Linde et al., 2022). These findings further suggest that contextual factors like mandatory mask-wearing, prolonged lockdowns, and restricted peer interactions, coupled with increased stress, social isolation, and excessive fear associated with the pandemic, may have contributed to the increased prevalence and severity of OCD symptoms (Storch, 2021; Grant et al., 2022).

While most of us have looked forward to resuming our "normal" lives and day-to-day activities, individuals with OCD may discover the transition back from the pandemic and its untoward effects as a major undertaking. In addition, while well-established and available treatment options exist, including cognitive-behavioral therapy, exposure and response prevention (ERP), and serotonin reuptake inhibitor medications, individuals suffering from OCD may not know where to turn for help. OCD is also often associated with a delay in diagnosis, delayed treatment, and increased feelings of isolation and distress among those affected. Misunderstanding and cultural stigmatization further complicate the condition and often lead to people not receiving the necessary diagnosis and support (Vallejo, 2023).

That said, enhancing psychologists' and health care professionals' insight and understanding of OCD is essential in breaking this cycle. Specifically, increased training and awareness around the full complexities of OCD is a vital first step in the early identification, prevention, and management of the disorder. The added challenges of COVID-19 and the new onset of pandemic-related effects in the general population also highlight psychologists' unique position in educating the public about the warning signs and symptoms of OCD. These efforts can also foster support, inclusiveness, and compassion for affected individuals and their loved ones.

REFERENCES

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.).

Brock, H., Rizvi, A., & Hany, M. (2024). Obsessive-compulsive disorder. In *StatPearls.* StatPearls Publishing.

Davide, P., Andrea, P., Martina, O., Escelsior, A., Davide, D., Mario, A. (2020). The impact of the COVID-19 pandemic on patients with OCD: Effects of contamination symptoms and remission state before the quarantine in a preliminary naturalistic study. *Psychiatry Research,* 291:113213. https://doi.org/10.1016/j.psychres.2020.113213

Dennis, D., McGlinchey, E., Wheaton, M. G. (2023). The perceived long-term impact of COVID-19 on OCD symptomology. *Journal of Obsessive-Compulsive and Related Disorders,* 38: 100812. doi:10.1016/j.jocrd.2023.100812

Grant, J. E., Drummond, L., Nicholson, T. R., Fagan, H., Baldwin, D. S., Fineberg, N. A., & Chamberlain, S. R. (2022). Obsessive-compulsive symptoms and the COVID-19 pandemic: A rapid scoping review. *Neuroscience and biobehavioral reviews,* 132, 1086–1098. https://doi.org/10.1016/j.neubiorev.2021.10.039

Guzick, A. G., Candelari, A., Wiese, A. D., Schneider, S. C., Goodman, W. K., & Storch, E. A. (2021). Obsessive-compulsive disorder during the COVID-19 pandemic: A systematic review. *Current psychiatry reports, 23*(11), 71. https://doi.org/10.1007/s11920-021-01284-2

Linde, E. S., Varga, T. V., & Clotworthy, A. (2022). Obsessive-compulsive disorder during the COVID-19 pandemic: A systematic review. *Frontiers in Psychiatry, 13*, 806872. https://doi.org/10.3389/fpsyt.2022.806872

Pampaloni, I., Marriott, S., Pessina, E., Fisher, C., Govender, A., Mohamed, H., Chandler, A., Tyagi, H., Morris, L., Pallanti, S. (2022). The global assessment of OCD. *Comprehensive Psychiatry,* 118: 152342. https://doi.org/10.1016/j.comppsych.2022.152342

Pugi, D., Angelo, N. L., Ragucci, F., Garcia-Hernandez, M. D., Rosa-Alcázar, A. I., & Pozza, A. (2023). Longitudinal course of obsessive-compulsive symptoms during the COVID-19 pandemic: a systematic review of three years of prospective cohort studies. *Clinical neuropsychiatry, 20*(4), 293–308. https://doi.org/10.36131/cnfioritieditore20230409.

Storch, E. A. (2021). Impact of COVID-19 on people with obsessive-compulsive disorder. *Focus: The Journal of Lifelong Learning in Psychiatry, 19*(4): 444-445. doi: 10.1176/appi.focus.20210019.

Wheaton, M. G., Ward, H. E., Silber, A., McIngvale, E., Björgvinsson, T. (2021). How is the COVID-19 pandemic affecting individuals with obsessive-compulsive disorder (OCD) symptoms? *Journal of Anxiety Disorders,* 81:102410. doi:10.1016/j.janxdis.2021.102410.

Williams, M.T., Mugno, B., Franklin, M., Faber, S. (2013). Symptom dimensions in obsessive-compulsive disorder: phenomenology and treatment outcomes with exposure and ritual prevention. *Psychopathology, 46*(6): 365-76. doi: 10.1159/000348582.

Vallejo, M. (2023). *Breaking down OCD myths: dispelling misconceptions and stigma. International OCD Foundation.* Retrieved from https://iocdf.org/blog/2023/08/18/breaking-down-ocd-myths-dispelling-misconceptions-and-stigma

THE EVOLUTION FROM LARGE LANGUAGE MODELS TO ARTIFICIAL GENERAL INTELLIGENCE: IMPLICATIONS FOR PSYCHOLOGICAL PRACTICE

JOHN D. GAVAZZI, PsyD, ABPP

Psychologists often express concerns about the rapid advancements in large language models (LLMs) and artificial intelligence (AI). Currently, LLMs represent a form of narrow artificial intelligence—systems designed to perform specific tasks within defined parameters. This means that LLMs are tools that psychologists can use to help provide high-quality psychological care. LLMs like Llama and ChatGPT excel at generating and processing natural language across diverse tasks, including content creation and information retrieval, by leveraging advanced machine learning techniques to comprehend and generate human-like text with remarkable accuracy and versatility. As LLMs are continuously improving, there are enhancements in performance, multimodal capacities (including speech, text, and video data), comprehensive analysis, lower costs, and improved reasoning skills (In, C.D., 2024; Korinek, 2024).

In the trajectory of AI advancement, artificial general intelligence (AGI) refers to a form of AI capable of learning and performing any intellectual task at a level comparable to or exceeding that of a human. Hypothetically, AGI will become more like partners to psychologists, offering unprecedented insights into patients' cognitive and behavioral patterns by processing vast amounts of data and identifying subtle nuances beyond typical human perception. These AGI agents could assist in developing personalized therapeutic strategies, predicting behavioral outcomes, and simulating psychological interventions (for training and evaluation), all while learning and adapting in real time. Importantly, this partnership must address ethical considerations, as it challenges traditional notions of human agency and the role of technology in shaping the practice of psychology (Tong et al., 2024).

PSYCHOLOGICAL PRACTICE AND LLMS

LLMs hold significant potential for use in current psychological practice, with their utility varying based on task complexity, cost, and practice structure. LLMs can assist in tasks ranging from administrative support, such as scheduling

appointments and sending reminders, to more sophisticated functions like providing individualized handouts, creating treatment notes, developing treatment plans, and providing preliminary patient insights. However, their effectiveness depends on how they are integrated into practice frameworks and the specific needs of the psychologist. While not exhaustive, here are some current use cases for LLMs in psychological practice:

Administrative Support

- Proofreading and assisting with report writing.
- Improving the comprehensiveness and clarity of informed consent documents.
- Facilitating routine client communication, such as responding to emails or messages about session scheduling and general inquiries.
- Automating appointment booking and reminders through natural language interactions.

Treatment Planning

- Recommending customized homework assignments to reinforce therapeutic goals.
- Assisting in setting SMART (Specific, Measurable, Achievable, Relevant, Time-bound) goals, particularly for complex patients.
- Suggesting potential treatment plans that incorporate a client's cultural background, personal values, and life context.
- Helping to create standardized, empirically based risk assessment protocols.

Applications in Supervision

- Generating reflective questions to promote supervisee growth and self-awareness.
- Organizing supervision notes and tracking supervisee progress over time.
- Supporting the documentation of supervision contracts and evaluations.
- Structuring feedback within a developmental framework to foster professional growth.

Training and Professional Development

- Curating and summarizing the latest research articles and evidence-based practices relevant to specific therapeutic areas (See Google's **Notebook LM** as an example).
- Practicing ethical decision-making using vignettes like those found on **www.ethicalpsychology.com**.
- Keeping informed on developments in AI relevant to the tools clinicians use.

As we embrace this technology, ethical considerations must remain at the forefront of its application. It is critical to adhere to privacy regulations, such as HIPAA, when utilizing these tools to protect sensitive information. While LLMs offer significant value, they are supportive tools rather than decision-making authorities, requiring psychologists to retain control and accountability for all clinical judgments (Kahraman et al., 2024), and for patients to retain the ultimate control over their priorities, treatment goals, and their acceptability of the treatment process.

FUTURE PROSPECTS OF ARTIFICIAL GENERAL INTELLIGENCE IN PSYCHOLOGICAL PRACTICE

AGI will not happen overnight, but it is evolving rapidly. The integration of AGI into psychological practice is anticipated to progress through several stages, each introducing new capabilities and challenges. In the initial stage, AGI systems will excel in advanced pattern recognition across various therapeutic modalities, enabling more sophisticated treatment planning and outcome prediction. A manualized, single therapeutic approach to treatment will likely become obsolete as part of training and ongoing professional practice. As AGI matures, it may become capable of mapping the therapeutic relationship more completely, recognizing subtle changes in patient communication, and adapting to changes in treatment, such as symptom reduction or skill building. This approach could involve employing a care planning framework that seamlessly and systematically integrates various therapeutic approaches, such as cognitive-behavioral, psychodynamic, and humanistic therapies, while incorporating elements of motivational interviewing and stage-of-change models. By facilitating this integration of multiple psychological change processes, AGI could help identify and address resis-

"It is essential to preserve the irreplaceable human elements of therapy, ensuring that AGI serves as a complement to, rather than a replacement for, the profound connection between psychologist and patient."

tance and support the development of new coping mechanisms by analyzing patient data and providing real-time feedback.

Here are some potential advantages of partnering with an AGI agent:

Therapeutic Support

- Providing real-time analysis of therapeutic interactions.
- Retaining and understanding long-term patient histories with deep contextual awareness, finding subtle patterns across sessions.
- Analyzing vast datasets to uncover correlations between behaviors, symptoms, and nonconscious processes.
- Improving suicide risk assessment through analysis of language and voice patterns.

Clinical Decision Support

- Assisting with rapid and accurate complex case conceptualization.
- Scoring and interpreting psychological testing more efficiently.
- Enhancing diagnostic testing efficiency and precision.
- Addressing treatment resistance through detailed analysis and tailored intervention suggestions.

Research and Development

- Developing novel therapeutic techniques based on the analysis of thousands of therapy sessions.
- Conducting large-scale outcome analyses to identify best practices.
- Creating personalized treatment protocols tailored to individual client needs.

Applications in Supervision

- Providing real-time analysis of recorded therapy sessions with detailed feedback.
- Predicting supervisee developmental trajectories and tailoring learning paths accordingly.
- Enhancing cultural competency and cultural humility through sophisticated simulations.
- Developing crisis intervention skills using advanced simulated scenarios.

As we look toward the future of AGI in therapeutic settings, ethical considerations will continue to play a critical role in shaping its responsible use. It is essential to preserve the irreplaceable human elements of therapy, ensuring that AGI serves as a complement to, rather than a replacement for, the profound connection between psychologist and patient. Clinical expertise and professional accountability must remain central, even as AGI capabilities expand, to safeguard the integrity of care. Robust governance frameworks will also be necessary to address pressing concerns such as privacy, biases, and potential discrimination within AGI systems. Ultimately, AGI must be carefully designed and implemented to align with therapeutic goals and the unique values of each patient, ensuring that technology enhances rather than undermines the therapeutic process.

CONCLUSION

The evolution from current LLMs as tools to AGIs as partners for both psychologists and their patients represents both an opportunity and a challenge for psychological practice. While LLMs already offer support in therapeutic work, the potential development of AGI suggests a future where AI becomes an increasingly sophisticated partner in mental health care. Success in this evolution will depend on maintaining ethical standards, preserving the human connection at the heart of therapy, ensuring that patients continue to be co-creators of their treatment, and thoughtfully integrating these powerful tools into psychological practice. Ultimately, the goal remains consistent: to provide high-quality, compassionate, and effective psychological services that respect patient perceptions and priorities.

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REFERENCES

In, C. D. (2024, September 19). The future of large language models in 2025. AIMultiple. https://research.aimultiple.com/future-of-large-language-models

Kahraman, F., Aktas, A., Bayrakceken, S., Çakar, T., Tarcan, H. S., Bayram, B., Durak, B., & Ulman, Y. I. (2024). Physicians' ethical concerns about artificial intelligence in medicine: a qualitative study: "The final decision should rest with a human." *Frontiers in Public Health, 12*. https://doi.org/10.3389/fpubh.2024.1428396

Korinek, A. (2024, July 31). Large language models level up – Better, faster, cheaper. Brookings. www.brookings.edu/articles/large-language-models-level-up-better-faster-cheaper

Tong, H., Lum, E., Sun, Y., Han, Z., Liu, C., Zhao, F., & Zeng, Y. (2024, December 31). Autonomous alignment with human value on altruism through considerate self-imagination and theory of mind. *arXiv.org*. https://arxiv.org/abs/2501.00320

PREJUDICE AND RELIGIOUS VALUES

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"God is in our church but not in yours," stated her young Catholic friend with absolute conviction. This confused the Moravian girl. She didn't understand that her Catholic playmate was so dazzled by the gift of the Eucharist kept constantly in her church that it eclipsed her ability to grasp the teaching about finding the Sacred in all things, including God dwelling in a Protestant church. Ironically, the Moravians were among the first Protestants who fled to America from Europe for protection from persecution by Catholics. Foundational to their beliefs is unity and mutual respect. That is why their centuries-old cemetery in Bethlehem, Pennsylvania, has Black, Native American, and White people buried side by side without any sort of segregation. That experience of church and Eucharist sounds much more like the early Christian church and Gospel than the words of the misguided girl.

"We need a wider vision, an inclusive, nonjudgmental one. We need both the law and the prophetic."

Prejudice exists in many forms, leaving in its wake increasing rates of anxiety, depression, and polarization. Some manifestations are obvious, and some are more subtle, typically called "microaggressions." Both types wound deeply and generate anxiety, weakening society and our world. Institutional religion is not free of prejudice, but we tend to be more oblivious to religious prejudice, sometimes even viewing it as an aspect of our faith.

Here is a lens to help us see more clearly. Think about a continuum of attitudes. On one end, we have the spirit of the law (intrinsic religious orientation), extending out to the opposite pole, which we can think of as the letter of the law (extrinsic religious orientation) (Seif, 1981b).

How might spirit and letter shape our consciences thus and manifest in our behavior? Researchers and clinicians (Seif, 1981a) have discovered that spirit-of-the-law people have less prejudice, be it religious, racial, or ethnic, than people whose choices are more motivated by the letter of the law. Spirit-of-the-law people typically have internalized the core values of their spiritual tradition. For example, the deeper meaning of the Hebrew scriptures, the New Testament, or the Quran is their prime motivator. Letter-of-the-law people are more motivated by social norms, such as social status, and needs for solace and security. The most prejudiced of all are what the researchers (Seif, 1981a) call "indiscriminately pro-religious" people. These well-motivated people are for anything that appears religious and have not thought through what that particular church, movement, or group is fundamentally about. Extremely dangerous are indiscriminately pro-religious people in leadership, spiritual, or political circles, who are narcissistic. I've encountered them a number of times in my clinical pastoral practice. They are sometimes referred to as "malignant narcissists." Their prejudicial attitudes inflict pain, which spreads through a social system to others. Their moral development is at a childish level.

We are all born into a reward-and-punishment mentality. As we evolve, we think more conventionally, learning to respect the laws of church and state. Finally, we have moments of living by principles, even when the laws may disagree. A few live their lives at that level, e.g., Gandhi, Jesus, Martin Luther King, Jr, while the rest of us mortals do our best to make choices guided by values which transcend church and state, from the level of conscience.

Women and men in spiritual leadership strongly influence others, yet their core values can be hard to see. Qualities such as genuineness, empathy, respect, and warmth are excellent predictors of positive outcomes of person-to-person communication as employed in pastoral sessions of any sort. Low levels of these qualities are found in letter-of-the-law people but are not easily perceived by the people they are trying to help. As such, it can be dangerous to seek help from these people because of the probability of a poor outcome. Poor pastoral care can hurt people. We know today that referral by spiritual leaders to well-trained mental health professionals may be the best choice in some situations.

What is happening in the prayer life of letter-of-the-law people? They report far fewer transcendent or mystical experiences. Certainly, we do not want our spiritual life to be based on how good it makes us feel. Such is the case with our human relationships also. Relationships are based on faith, trust, and love, even when it gets tough. Having said that, letter-of-the-law people are less likely to have prayer experiences that can be viewed as transcendent, that is, a prayerful moment that is rooted on earth but helps us rise to greater strength, courage, or peace.

When Rabbi Jesus was transfigured on Mount Tabor, both Moses and Elijah appeared with him, Moses representing the law and Elijah representing the prophets. Some scripture scholars believe that the miracle was not in the change in the appearance of Jesus, but in the ability for Peter, James, and John to see with a wider vision. Jesus is always transfigured, so to speak. We need to be transfigured as well. We need a wider vision, an inclusive, nonjudgmental one. We need both the law and the prophetic. Scriptural prophecy is not fortune telling but rather offering a message from God, from the Sacred. Extreme legalism leads to rigidity and a lack of vision, and extreme messages from the Sacred without discernment and spiritual direction can simply be self-absorption, much like the first stage of moral development.

Let us be like Peter, James, John, and so many outstanding role models gone before us from all traditions and philosophies (Seif, B. 2019). Allow God and the Sacred, however understood, to give us full spectrum vision—from the spirit of the law to the letter of the law, including every hue in between. The more subtle the prejudice, in the opinion of this clinician who is also a spiritual director, the more personally and collectively damaging. This is truly what frees us of the anxiety and prejudices we all deal with, knowingly or unknowingly, including this author.

REFERENCES

Seif, B. (2019). Metaphysical mentors: An existential journey of personal and professional development. *The Humanistic Psychologist. 47*(3), 262–272.

Seif, B. (1981a). Counselor religious orientation and student discrimination of counselor-offered therapeutic level. *Counseling and Values, 26,* 2–12.

BUILDING CONNECTION AND BELONGING ON COLLEGE CAMPUSES

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The desire to belong and connect is a fundamental human need. Amidst wide concerns about a "loneliness epidemic" (Holt-Lunstad, 2024, p. 312), building a sense of connection, community, and belonging is imperative on college campuses. Across the lifespan, social isolation and loneliness are associated with the onset and worsening of depression, while social connection is protective against depression (Holt-Lunstad, 2024). According to the interpersonal theory of suicide, when the need to belong is not met, this contributes to the desire to die (Van Orden et al., 2010). Indeed, "social isolation is one of the strongest and most reliable predictors of suicidal ideation, attempts, and lethal suicidal behavior across the lifespan" (Van Orden et al., 2010, p. 9). In contrast, a sense of community (which includes subconstructs of emotional connection and belonging) was found to be the most consistent predictor of retention, thriving, well-being, and satisfaction in college students (Boyd et al., 2022).

College students reported emotional disconnection within relationships during the early days of the pandemic, and authors proposed that this may have formed "new foundations for how emerging adults in college undertake relationships and transition into their adult lives" (Dotson et al., 2022, p. 553). Today's college students were in early to late adolescence during the COVID-19 pandemic, and thus, their relational skills were likely equally or even more impacted.

As psychologists at a university counseling center, we often hear a common theme from students: a strong desire to belong and connect, paired with low confidence in their interpersonal skills. Our university counseling center developed a menu of outreach programs under the umbrella of the "Humanity and Resilience Project," which are intentionally designed to promote connection-building among students on campus. Similar programming can be replicated multiple times and in multiple settings at institutions of higher education as a way of regularly offering students the opportunity to build deeper, more satisfying social connections.

The overall premise of our programming is to offer a space in which students who either know each other well, not very well, or not at all can come together in pairs or

small groups and interact with each other in a meaningful way. Our primary method is the use of conversational prompts, which we call connection cards. These connection cards have questions that students can ask to get to know each other below the surface level. Offering structured programming is critical, as research demonstrates that people tend to get stuck in more shallow conversations (or "small talk") because both people falsely assume that the other person is not interested in going deeper or wants to keep the conversation light (Kardas et al., 2022). However, people tend to prefer deep conversations and perceive these conversations as leading to a stronger sense of connection to others (Kardas et al., 2022). Since we do not readily initiate these kinds of conversations, having a structured context that prompts deeper conversation is valuable. Conversational prompts give students permission to ask deeper questions that allow for more meaningful connections. A willingness to share who we are and how we are really doing, and our willingness to listen to someone else's similarly vulnerable disclosures, are the primary elements needed to form friendships (Gifford, 2024). Anecdotal feedback from students who have engaged with our conversational prompts indicates that the questions "really make them think" and allow them to "go deeper" and get to know more about their peers than they normally would have. These programs have also led to lively conversations that have been difficult to interrupt when it was time to end the activity, thus demonstrating how asking the right questions can be a strong catalyst for conversation that flows naturally.

Since the start of the "Humanity and Resilience Project," our counseling center has gained valuable insight into the factors that help connection-building programming to be most effective and successful. First, it has been helpful to "go where the students are," instead of expecting students to go out of their way to attend a program like this, which might be out of their comfort zone. Offering programming to first-year students at orientation, engaging with students as they enter the dining hall to eat at peak mealtimes, and positioning ourselves in high-traffic locations are examples of how we have been able to more easily reach students with our programming. Future plans to expand the reach of our programming include offering programs to residence hall floors, Greek life organizations, and other student spaces on campus (e.g., Multicultural Center, Center for Trans and Queer Advocacy). Additionally, having a designated host or facilitator for these structured conversations is another helpful element, as this helps to reduce any initial anxiety or uncertainty. Using student facilitators when possible is invaluable, as Hoyt (2021) talks about the importance of the peer-to-peer relationship due to the "trust and connection that can develop among students who are all in the same boat together" (p. 489). Offering incentives such as free food, therapy dogs, or other giveaways is helpful. Lastly, it is also important to encourage students to take the next steps beyond the program to keep building upon any connections they have formed.

"In a time when college students feel lonely, programming designed to foster social connection is necessary to ensure their emotional well-being."

In a time when college students feel lonely, programming designed to foster social connection is necessary to ensure their emotional well-being. The programming outlined in this article highlights the importance of structured, small-group, peer-facilitated conversation to allow students to more easily form deeper and meaningful connections. This programming can be adapted by various personnel at other institutions of higher education and is a worthwhile investment to improve the overall quality of the college student experience.

REFERENCES

Boyd, N. M., Liu, X., & Horissian, K. (2022). Impact of community experiences on student retention perceptions and satisfaction in higher education. *Journal of College Student Retention: Research, Theory & Practice, 24*(2), 337–365. https://doi.org/10.1177/1521025120916433

Dotson, V. M., McClintock, S. M., Verhaeghen, P., Kim, J. U., Draheim, A. A., Syzmkowicz, S. M., Gradone, A. M., Bogoian, H. R., & De Wit, L. D. (2020). Depression and cognitive control across the lifespan: A systematic review and meta-analysis. *Neuropsychology Review, 30,* 461–476. https://doi.org/10.1007/s11065-020-09436-6

Gifford, J. (2024, August 6). The secret to making friends as an adult. *Project Connect.* https://projectconnect.kit.com/df1adbeffd

Holt-Lunstad, J. (2024). Social connection as a critical factor for mental and physical health: Evidence, trends, challenges, and future implications. *World Psychiatry, 23*(3), 312–332. https://doi.org/10.1002/wps.21224

Hoyt, J. E. (2023). Student connections: The critical role of student affairs and academic support services in retention efforts. *Journal of College Student Retention: Research, Theory & Practice, 25*(3), 480–491. https://doi.org/10.1177/1521025121991502

Kardas, M., Kumar, A., & Epley, N. (2022). Overly shallow?: Miscalibrated expectations create a barrier to deeper conversation. *Journal of Personality and Social Psychology, 122*(3), 367–398. https://doi.org/10.1037/pspa0000281

Van Orden, K. A, Witte, T. K., Cukrowicz, K. C, Braithwaite, S. R., Selby, E. A., & Joiner, T. E. Jr. (2010). The interpersonal theory of suicide. *Psychological Review, 117*(2), 575–600. https://doi.org/10.1037/a0018697


SUPPORTING AN ANXIOUS GENERATION OF COLLEGE STUDENTS

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Anxiety in college students has increased significantly in the past several years (Hoeflich et al., 2023). Many members of Generation Z (born between 1997 and 2012) are currently traditional college students. Despite the fact that they are sometimes labeled the "snowflake generation" due to perceptions that they are fragile, entitled, or overly sensitive, it is essential to understand how to support this generation without bias, insensitivity, or unkindness. Although the age of ubiquitous social media and smartphones has contributed to increased anxiety in Gen Z (Haidt, 2024), there are both explicit and implicit strategies that can help improve mental health in college academic settings.

Some of the explicit strategies that can be used in the classroom relate to academic assignments, attendance expectations, and the use of electronic devices. By decreasing or eliminating high-stakes assessments (e.g., midterms and final exams, final papers) and increasing the use of low-stakes assessments (e.g., multiple quizzes, dropping one to two of the lowest grades of low-stakes assignments, incorporating developmental writing assignments with multiple points of feedback and opportunities for revisions), students experience lower levels of anxiety (Brown et al., 2014). In addition, these academic practices prepare students for many "real-world" professional experiences in which they will have opportunities to seek feedback and revise their work before submitting it.

Establishing clear attendance policies, such as allowing students a certain number of absences without needing to provide a reason, decreases the stigma of missing class for any medical or mental health reasons. This approach also eliminates the need for students to provide false explanations and prevents instructors from having to determine what constitutes an excused absence. For example, based on instructors' own values, they may or may not determine that taking a day off from class to mourn the death of a family pet is excused. Another alternative is to eliminate attendance requirements and focus on participation (e.g., contributing to the discussion, engaging in skill development; Gordon & Grey, 2018), thereby eliminating the "trophy for showing up" issue (Twenge, 2023), and encouraging contribution, which prepares students for professional and collegial interactions.

Establishing no electronics policies in classrooms that are either voluntary (i.e., for extra credit) or mandatory (i.e., for regular credit) decreases distractions and increases face-to-face social interactions, two of the four areas of harm related to the use of smartphones in childhood identified by Haidt (2024): attention fragmentation and social deprivation. Especially in psychology courses that often include "triggering" topics, such as abuse, trauma, suicide, and substance use, explaining to students at the beginning of the semester/term that they can anticipate such topics without receiving regular "trigger warnings" will help them build resilience and decrease the likelihood that they will engage in escape and avoidance behaviors. In addition, refraining from trigger warnings is consistent with research that has demonstrated that trigger warnings are not helpful and sometimes potentially harmful as they reinforce the belief that people who have experienced trauma are more fragile in their disposition than those without a trauma history (Bellet et al., 2018; Jones et al., 2020).

In addition to explicit strategies, faculty can engage in implicit strategies in interacting with Gen Zers. For example, by encouraging students to conceptualize their academic assignments as opportunities to celebrate their learning rather

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than worrying about being evaluated (J. Thomson, March 16, 2025), students may start to develop a growth mindset (Dweck, 2007). Additionally, using humor in exams or assignments has been shown to decrease test anxiety, increase confidence, and enhance student perceptions of the course and its content (Berk, 2010). For instance, an instructor might create a test question or case study utilizing a humorous reference familiar only to the class, fostering a stronger sense of belonging among students. Establishing a clear rhythm within the classroom, with class opening and class closing exercises, may also help students transition from their previous activities and feel more settled in the classroom. One of the most important components to decreasing anxiety in the classroom may be the classroom atmosphere itself. When instructors approach their students with kindness and compassion, students are likely to feel safe and experience a sense of trust, knowing that their instructor is there to help rather than hinder their progress. This can be done through learning the names of each student early in the semester and addressing them by name as often as possible. The construct of "kindness" can also be conceptualized in a two-by-two matrix in which the dimensions of caring and truth intersect so that feedback is provided in a way in which students may perceive faculty as neither "nice" (i.e., caring, but not truthful) nor mean (i.e., truthful, but not caring), and certainly never "cruel" (i.e., neither caring nor truthful), fostering the relationship and learning (Lemmon, 2025).

In addition to these classroom strategies, instructors may also choose to intentionally educate themselves and their students regarding mental health issues. For example, syllabi may be populated with information regarding campus resources as well as signs and symptoms that students should observe to monitor their own mental health. Faculty, being careful never to act as their students' therapists or counselors, can nevertheless attend workshops and trainings related to mental health and stay informed through books and articles regarding trends with the current generation.

In summary, educators are in a unique position to help manage student anxiety by utilizing both explicit and implicit strategies within the classroom. By implementing clear attendance policies, adjusting assessment structures, and fostering supportive classroom communities, faculty can help reduce anxiety and support students' mental health.

Additionally, encouraging a growth mindset, employing humor, and adopting an approach to students rooted in kindness can further empower students to rise to academic challenges.

Ultimately, responding to the rising levels of anxiety of Gen Z requires creating a classroom environment where students feel safe to ask questions, make mistakes, and grow in their knowledge of content and self.

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REFERENCES

Bellet, B. W., Jones, P. J., & McNally, R. J. (2018). Trigger warning: Empirical evidence ahead. *Journal of Behavior Therapy and Experimental Psychiatry, 61,* 134–141. https://doi.org/10.1016/j.jbtep.2018.07.002

Brown, P. C., Roediger, H. L. III, & McDaniel, M. A. (2014). *Make it stick: The science of successful learning.* The Belknap Press of Harvard University Press.

Dweck, C. S. (2007). Mindset: *The new psychology of success.* Random House.

Gordon, N. A., & Grey, S. (2018). Approaches to measuring attendance and engagement. *New Directions in the Teaching of Natural Sciences, 13.* https://doi.org/10.29311/ndtps.v0i13.2767

Jones, P. J., Bellet, B. W., & McNally, R. J. (2020). Helping or harming? The effect of trigger warnings on individuals with trauma histories. *Clinical Psychological Science, 8*(5), 905–917. https://doi.org/10.1177/2167702620921341

Haidt, J. (2024). *The anxious generation.* Penguin Publishing Group.

Hoeflich, C. C., Nutley, S., Striley, C. W., Miller, L., Riba, M. B., & Morris, M. R. (2023). Current psychiatric treatment for college students with depression only, anxiety only, or comorbid depression & anxiety (2013–2019*). Journal of affective disorders, 320,* 348–352. https://doi.org/10.1016/j.jad.2022.09.133

Lemmon, V. A. (2025, February 28). *Providing feedback with kindness* [Conference presentation]. Lancaster Learns 2025, Lancaster, PA, United States.

Twenge, J. (2017). *iGen*. Atria Books.

FACILITATING COMMUNITY AS AN ANTIDOTE FOR COLLEGE STUDENT ANXIETY

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Since 2012, when the Center for Collegiate Mental Health (CCMH) began collecting data from college counseling centers, patterns and trends have emerged that illuminate the problems college students are facing. Students are entering college with the highest levels of prior counseling experience and psychotropic medication usage reported (Center for Collegiate Mental Health, 2025). Moreover, the self-reported severity of their needs is clear, as evidenced by a growing prevalence of trauma history (45.5% in 2024) and history of suicide attempt(s) (10.9% in 2024) (CCMH, 2025, p. 4). As we consider these changes, the one presenting concern that has consistently withstood the test of time is *anxiety*. It is a recognized concern of those who are seeking services and is visible to those who treat this group. The 2024 CCMH data quantifies this pervasive problem (e.g., epidemic) by reporting that *anxiety*, as assessed by clinicians, afflicts 64.4% of students seeking services (CCMH, 2025, p.4). Interestingly, it is the social aspects of these worries that are of utmost concern for students. In a self-report measure (CCAPS), all symptoms of social anxiety have increased since 2012, and "the symptom that grew the most across the years is 'concerns that others do not like me.'" (CCMH, 2025, p.15).

Considering the stressors that this population endures, anxiety is a valid and predictable reaction. College students experience many adjustment periods and are expected to cope with feeling lonely, missing loved ones, new living situations, and academic pressure (Acharya, 2018). In addition to the expected adjustment-related anxiety, a high proportion of current students are facing insecurities of basic needs. The Hope Center Student Basic Needs Survey (THCSBNS) gathered information from 74,350 students from 91 institutions across 16 states from spring 2023 to summer 2024. This study paints an acute picture of what the modern-day student juggles, with 73% of students in

the study having reported basic needs insecurity when considering mental health care, transportation needs, childcare, access to technology, food insecurity, and housing insecurity (THCSBNS, 2025, p.5). Of these students, "59% experienced at least one form of basic needs insecurity related to housing or food insecurity" (THCSBNS, 2025, p.4). These concerns are even more intense among those from historically marginalized communities. For example, the rates of housing insecurity affect 72% of former foster youth, 60% of Black students, and 67% of parenting students. Indigenous students face homelessness at a rate of 25% (THCSBNS, 2025, p.6).

While anxiety is an understandable and commonly lived experience for this population, it may not feel that it is shared when students are in distress. Loneliness is frequently reported among college students (Acharya et al., 2018). This lends itself to the social comparison that one feels on campus, where students suppose that those around them are experiencing a positive college experience, while the lonely student is alone in their experience of isolation. One way college counseling centers and those who treat this population can intervene in addressing these rising levels of anxiety for this group is to facilitate connection. Specifically, by fostering *community* to serve a crucial role in mitigating anxiety by way of normalizing their lived experiences and providing social support to help as they navigate the growing systemic challenges.

Clinician-led group therapy is one modality to help students establish community with peers. Moreover, considering the self-reported growing concerns around social anxiety, it could be even more effective to take a community approach to dealing with anxieties in college students. In this space, students can receive validation from peers about their experiences, which helps mitigate negative outcomes/consequences and address concerns like "not being liked" through exposure-like interventions. We have seen the benefit of this approach at our counseling center at West Chester University. We utilize group therapy in our short-term therapy model and find that students consistently report that their experience in a small-group setting is a helpful way to build connections with others on campus who are facing similar concerns. Groups also build students' interpersonal effectiveness and confidence that they use outside of the group setting, thus potentially leading to greater community building. Even groups that are clinically focused and structured encourage connection (Archarya, 2018).

> "College students, now more than ever, need support. Community building, with the extra layer of identity-based community building, is a way to enhance a student's experience."

It is also important to consider students' intersecting identities and lived experiences (e.g., food and housing insecurities) as opportunities for developing new group offerings or pointing students to appropriate pre-established groups (e.g., identity-based clubs and organizations on campus). These community-strengthening groups can prove especially meaningful and healing. For example, Tormala, Arastu, & Ofodu (2024) found that participation in identity-based affinity groups among clinical trainees resulted in positive, supportive, and enlightening space and community.

Another opportunity for cultivating a sense of community among this generation is intentionally matching members within the group to other individuals who share similar identities. Tormala and colleagues (2024) used affinity groups and found multiple themes that support the use of identity-based spaces, including a place for intimacy and safety, commonality of their experience, group connection and expansiveness, and an overall positive experience. These add support from those who share their identities and allow for peer support in these spaces to build connections in a space where the power differential does not impede progress.

College students, now more than ever, need support. Community building, with the extra layer of identity-based community building, is a way to enhance a student's experience. For this reason, it would be interesting to consider how other professional faculty and staff at universities facilitate connections with students. For example, one study discussed the critical role that faculty play in the success of a student and their well-being in college, particularly with the interactions that the student has with a professor, especially when experiencing high stress (Micari & Pazos, 2012). Overall, students need support for navigating the multiple stressors that they are facing, and universities, alongside university counseling centers, can find innovative ways to help anxious college students build connections and communities with peers.

REFERENCES

Acharya, L., Jin, L., & Collins, W. (2018). College life is stressful today – Emerging stressors and depressive symptoms in college students. *Journal of American College Health, 66*(7), 655–664. https://doi.org/10.1080/07448481.2018.1451869

Center for Collegiate Mental Health. (2025, January). 2024 Annual Report (Publication No. STA 25–489). https://ccmh.psu.edu/annual-reports

Micari, M., & Pazos, P. (2012). Connecting to the Professor: Impact of the Student–Faculty Relationship in a Highly Challenging Course. *College Teaching, 60*(2), 41–47. https://doi.org/10.1080/87567555.2011.627576

The Hope Center (2025). *2023–2024 student basic needs survey report.* Retrieved from The Hope Center at Temple University's website: https://hope.temple.edu/research/hope-center-basic-needs-survey/2023-2024-student-basic-needs-survey-report

Tormala, T. T., Arastu, S. F., & Ofodu, S. C. (2024). Cultivating cultural consciousness: Identity-based affinity groups among clinical trainees. *Training and Education in Professional Psychology, 18*(4), 323–330. https://doi.org/10.1037/tep0000492



ANXIETY IN SCHOOL-AGE YOUTH

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Symptoms and behaviors associated with childhood anxiety disorders can be challenging for school-age youth, their families, and educational teams. While families may seek mental health services within the community to manage childhood anxiety, there may also be opportunities for intervention or support through schools. This article will focus on the impact of childhood anxiety disorders within school settings, interventions that can be implemented within the school setting, and resources for school-age youth and families.

IMPACT OF CHILDHOOD ANXIETY IN SCHOOLS

According to the Centers for Disease Control's (CDC, 2025) data from 2021–2022, the prevalence of anxiety in school-age youth is estimated at 10%. Families often ask why so many children might experience anxiety. It is generally hypothesized that anxiety in children might develop through vulnerabilities, such as a lack of skills in coping with stressful experiences in childhood, genetic predisposition, or a combination of both. Other factors associated with increased risk of anxiety include low socioeconomic status, exposure to violence, trauma, and social media use (Kowalchuk et al., 2022).

Impairments in school may include difficulties with academic performance, separating from caregivers, and social interactions with peers (Kowalchuk et al., 2022, Nelson & Harwood, 2011). Childhood anxiety disorders have been associated with changes in attention, working memory, and information processing, which can negatively impact academic performance (Nelson & Harwood). Children with symptoms of anxiety may also have difficulty engaging in classroom lessons and discussions due to fears of being judged or speaking in front of others. Difficulty with separating from caregivers can be observed at caregiver drop-off at school, when boarding the bus at their bus stop, or when returning to school after summer or winter break (Kowalchuk et al.).

Concerns with social interactions among peers occur for many school-age youth. For children with anxiety, behaviors of avoiding social situations can impact the typical development of social skills. Avoidance decreases opportunities for the appropriate practice of age-appropriate social skills and observation of modeling of social skills from adults and peers. Fears associated with separating from caregivers, concerns for performance academically, or social interactions can also result in avoidance-style approaches manifesting as school-refusal behaviors and subsequent absenteeism (Kowalchuk et al., 2022; Mychailyszyn et al., 2011). If avoidance-style approaches are not amended, chronic absenteeism and missing classroom instruction may further impact academics and social development.

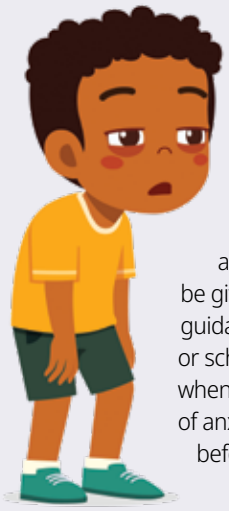
School-age youth with a learning disability are also more likely to express higher levels of anxiety-related symptoms (Nelson & Harwood, 2011). As difficulties in learning and anxiety can sometimes co-occur, it is important for the school team to help families identify if an academic intervention, behavioral intervention, or both might be the most appropriate to support a student. Academic and behavioral interventions can typically be provided within a multitiered system of supports (MTSS) within schools with Tiers 2 and 3 providing group-based or more individualized support, respectively. Tier 1 would include universal, school-wide intervention provided to all students, such as general self-regulation or coping skills development included in routine curriculum within schools that could be provided by classroom teachers, school guidance counselors, or other trained personnel.

INTERVENTIONS IN SCHOOLS

For students demonstrating needs in Tiers 2 or 3 of MTSS, Coping Cat is an evidence-based, cognitive-behavioral therapy (CBT) intervention to address childhood anxiety disorders that can be implemented within school settings (Mychailyszyn et al., 2011). The utility of Coping Cat in addressing childhood anxiety disorders has been demonstrated through a randomized clinical trial with 60% of participants responding to therapy alone, 55% responding to sertraline alone, 81% responding to a combination of therapy and sertraline, and 24% responding to placebo (Walkup et al., 2008). Generally,

therapeutic intervention is recommended for mild to moderate symptoms of childhood anxiety disorder, while combination therapy might be considered to address more severe symptoms of anxiety or for children that have not responded to therapeutic intervention (Kowalchuk et al., 2022). The manualized protocol for Coping Cat (7 to 13 years of age) or C.A.T. Project (14 to 17 years of age) can be implemented in groups (Tier 2) or individually (Tier 3) by school psychologists, school counselors, guidance counselors, school social workers, or other appropriately trained school personnel to increase student access to this evidence-based intervention at school.

School teams might also consider gradual reentry plans where students demonstrating school refusal behaviors or chronic absenteeism may gradually increase the amount of time in school until they are attending full instructional days. In effect, a gradual reentry plan is a behavioral approach implementing graduated exposures to increase tolerance for remaining in school during the school day with support from the school team. Support from the school team might also include the use of the check-in/check-out intervention (Hunter et al., 2014) at arrival and dismissal. This Tier 2 intervention requires a school staff member, such as a school counselor, school psychologist, or social worker, to check in with a student at the beginning and end of the school day to discuss predetermined goals, track daily data, and provide positive reinforcement. School teams may develop these plans collaboratively with families to improve functioning for students with school-related anxiety. A student may also be given permission to visit the guidance office, school counselor, or school psychologist as needed when experiencing symptoms of anxiety to review coping skills before returning to class.



RESOURCES FOR SCHOOL-AGE YOUTH AND FAMILIES

Despite the prevalence of childhood anxiety disorders and the publication of research findings on the effectiveness of evidence-based interventions in addressing childhood anxiety disorders, mental health services within schools remain quite limited. In a nationally representative survey of 4,800 U.S. primary and secondary public schools, only 38% of schools offered mental health services for students (National Center for Education Statistics [NCES], 2024). Respondents to the national survey identified inadequate access to licensed mental health professionals and inadequate funding as the top two barriers to offering mental health services.

The Pennsylvania Training and Technical Assistance Network (PaTTAN, 2023) provides guidance on options for the provision of school-based mental health services. One option is the reimbursement of funds through Medicaid when school-based mental health services are provided to a child who is eligible for medical assistance and who is receiving special education services. This option recovers funding for districts who are School Based Access Program (SBAP) approved and helps remove barriers for school-aged youth with disabilities to access mental health services. For this option, districts may identify staff already employed within schools who may be qualified to provide related services, such as school counselors, social workers, or school psychologists.

If there are limited school staff available, PaTTAN (2023) states that districts may permit privately licensed clinicians access to space within the school to work with students and bill through private insurance. With approval, a Pennsylvania Medicaid-enrolled managed care organization may work within the school, billing for direct time with their identified clients. Districts may also consider developing contracts with mental health clinicians and agencies to come into the school and provide services as funded by the district.

Another option educational teams may consider is Student Assistance Programs (SAP) coordinated by the Pennsylvania Network for Student Assistance Services (PNSAS) within the Commonwealth's schools (See https://pnsas.org). Any individual can refer a student to the SAP team at their school. The SAP team consists of trained school staff and community agencies who work together to refer students and families to accessible resources for their identified mental and behavioral health needs within the local community. Utilization of the SAP team can help remove barriers and access services for students with mental and behavioral health needs that meet a Tier 3 level of need, including anxiety.

For school-age youth, their families, and educational teams, managing the presence of childhood anxiety disorders and anxiety-related symptoms can be difficult. Evidence-based interventions can help school-age youth reduce symptoms of childhood anxiety disorders and improve their functioning and mental well-being. Interventions and support are often available through the child's school to support the development of coping skills and improve academic engagement and attendance. Qualified school staff, such as school psychologists, may be able to provide school-based mental health services or connect families with the SAP team to support the coordination of mental health services within the local community.

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REFERENCES

Centers for Disease Control. (2025, January 31). *Data and statistics on children's mental health*. Children's Mental Health. Retrieved March 14, 2025, from www.cdc.gov/children-mental-health/data-research/index.html

Hunter, K. K., Chenier, J. S., & Gresham, F. M. (2014). Evaluation of check in/check out for students with internalizing behavior problems. *Journal of Emotional and Behavioral Disorders, 22*(3), 135–148.

Kowalchuk, A., Gonzalez, S. J., & Zoorob, R. J. (2022). Anxiety disorders in children and adolescents. *American family physician, 106*(6), 657–664.
Mychailyszyn, M. P., Beidas, R. S., Benjamin, C. L., Edmunds, J. M., Podell, J. L., Cohen, J. S., & Kendall, P. C. (2011). Assessing and treating child anxiety in schools. *Psychology in the schools, 48*(3), 223–232. https://doi.org/10.1002/pits.20548
National Center for Education Statistics. (2024). Prevalence of mental health services provided by public schools and limitations in schools' efforts to provide mental health services. *Condition of Education.* U.S. Department of Education, Institute of Education Sciences. Retrieved March 14, 2025, from https://nces.ed.gov/programs/coe/indicator/a23.
Nelson, J.M., & Harwood, H. (2011). Learning disabilities and anxiety: A meta-analysis. *Journal of Learning Disabilities, 44*(1):3–17. doi:10.1177/0022219409359939
Pennsylvania Training and Technical Assistance Network. (2023). School-based behavioral health services: Options for schools to provide behavioral health services [Fact Sheet]. Retrieved March 14, 2025, from www.pattan.net/Publications/School-Based-Behavioral-Health-Services-Options-fo
Walkup, J. T., Albano, A. M., Piacentini, J., Birmaher, B., Compton, S. N., Sherrill, J. T., Ginsburg, G. S., Rynn, M. A., McCracken, J., Waslick, B., Iyengar, S., March, J. S., & Kendall, P. C. (2008). Cognitive behavioral therapy, sertraline, or a combination in childhood anxiety. *New England Journal of Medicine,* 359(26), 2753–2766. www.nejm.org/doi/full/10.1056/NEJMoa0804633

BRIDGING THE GAP: LEVERAGING FEDERAL AND STATE GRANTS TO EXPAND SCHOOL MENTAL HEALTH SERVICES



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Mental health distress rates have increased before and after the pandemic (Racine, McArthur, Cooke, Eirich, Zhu, & Madigan, 2021), and educators and health professionals recognize mental health as an area of support that students most need (Shim, Szilagyi, & Perrin, 2022). With the growing demand for mental health professionals in schools, graduate student internships are a critical pathway for bridging this gap in services. Federal and state grants provide an opportunity to support internship funding and training, enabling schools to expand mental health support and to foster and train the next generation of mental health professionals. The U.S. Department of Education (USDOE) and youth-focused state departments, such as the Pennsylvania Commission on Crime and Delinquency (PCCD), encourage schools and universities to partner and create initiatives that will benefit students and future mental health practitioners.

To address the gap between supply and demand, the USDOE (Mental Health Service, 2022) distributed $286 million in awards across 264 grantees in 48 states and territories to fund training and supervision programs for mental health interns and expand access to targeted underserved schools and populations in high-need areas. By leveraging these opportunities, schools can address urgent mental health needs, provide valuable training experiences for interns, and build lasting systems of support. It is fortunate that Eastern University (EU) was awarded both a USDEO (Mental Health Special Project) and a state grant (Violence Intervention Project) for this important and necessary initiative.

The benefits for the schools have proven far greater than expected. Using master's-level interns to meet the diverse student needs and expand services has led to a cost-effective expansion of services. The grants fund intern stipends and tuition while saving the school from onboarding salaried personnel. This also benefits the interns as they usually receive little to no pay for field experiences. Students and their families also have benefited from these grant projects. One of the main project

objectives of both grants is to increase direct service hours to students. In our first one-and-a-half years of the USDOE grant, we have served over 4,300 unique students in four school districts and provided over 6,000 hours of direct service, far surpassing what we anticipated. The interns in the Violence Intervention Project grant offered 250 additional direct hours during the first semester and project an increase in those direct hours to over 600 total hours for the 2024–2025 academic year. The expansion of services relies on strong partnerships built on trust between school districts and interns in training and the Institute of Higher Education (IHE), which ensures high standards of preparation. The EU has found that district personnel readily refer students to the grant interns and provide necessary and skilled intern mentoring.

Aside from academic funding and stipend support, graduate students often decide to remain in the field and continue their behavioral health work in high-needs school districts after these field placements, therefore creating a grow-your-own-type initiative (Schmitz, Clopton, Skaar, Dredge & VanHorn, 2021). School districts place high value on interns with these unique experiences and dedication to serve diverse students and families, and are more likely to hire them upon graduation. During Eastern's first year with the grant (2023–2024), 100% of the school counseling graduates reported employment in mental health-related fields, with 85% working in school districts.

Also of importance is the professional growth and experienced mentorship given to grant interns. When completing the application for the grant, we made a point to request funding for certified/licensed mental health professional positions, identified as site supervisors, in each school district to oversee the training and supervision of the interns. They ensure the interns have practical experience in school-specific mental health interventions and receive training in collaboration skills necessary for working on school multidisciplinary teams. As the American Psychological Association's "Guidelines for Clinical Supervision in Health Service Psychology" (APA; 2015) notes, supervision is a key professional practice in the training of mental health clinicians. With the American and Pennsylvania Psychological Association's initiative to support and develop standards of training for master's-level mental health professionals, clinical supervision should remain a key component of graduate training. Our site supervisors in both grants are highly experienced and have access to continual professional training through both school-based professional development workshops and attendance at state and national conferences funded by the grant.

"By leveraging these opportunities, schools can address urgent mental health needs, provide valuable training experiences for interns, and build lasting systems of support."

We strongly advocate for collaborative partnerships between universities and school districts to jointly pursue and apply for these grants. Securing a federal or state grant takes time, careful planning, and the collaboration of motivated school district partners. For the most part, the IHE takes the lead on the application process with input and data from school personnel. The application must emphasize the mutual benefits to schools and graduate student interns. Carefully researching school data that highlights the mental health needs of the school district shows the urgency of the funding request. Emphasizing how the grant objectives will foster long-lasting partnerships between the university, the school district, and other community entities shows how the grant project will continue long after funding has ended. When creating the application, ensuring the sustainability of the project is of the utmost importance.

State and federal mental wellness-focused grants offer a powerful tool for schools to expand their mental health services while investing in future professionals. By leveraging these opportunities, high-risk schools can address urgent mental health needs, provide professional supervision and training experiences for interns, and build lasting systems of support and collaboration created through these key stakeholder partnerships. These grants not only help to meet the increasing demand for mental health services, but they also increase the pipeline of mental health professionals in schools, as interns often choose to continue their careers in these school settings.

The authors are readily available to provide guidance and support regarding the application and implementation of federal and state grants. Psychologists seeking further information or clarification are encouraged to contact us for assistance with these funding opportunities.

REFERENCES

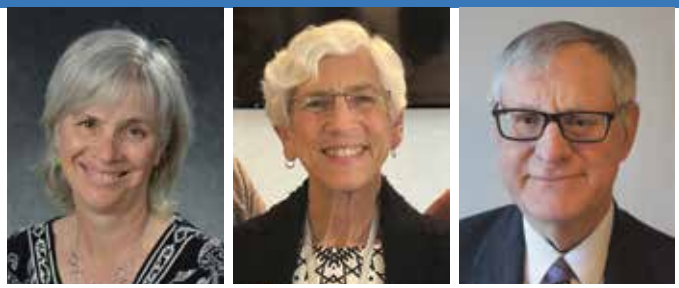
American Psychological Association. (2015). Guidelines for clinical supervision in health service psychology. *American Psychologist,* 70, 33–46.

Mental Health Service Professional Demonstration Grant Program, 87 F.R. 72976 (proposed November 28, 2022). www.federalregister.gov/documents/2022/11/28/2022-25824/applications-for-new-awards-mental-health- service-professional-demonstration-grant-program

Racine, N., McArthur, B. A, Cooke, J. E., Eirich, R, Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics, 175*(11), 1142–1150. https://doi.org/10.1001/jamapediatrics.2021.2482.

Schmitz, S. L., Clopton, K. L., Skaar, N. R., Dredge, S., & VanHorn, D. (2021). Increasing School-Based Mental Health Services with a "Grow Your Own" School Psychology Program, *Contemporary School Psychology, 26,* 22–33. https://doi.org/10.1007/s40688-020-00348-z

Shim, R., Szilagyi, M., & Perrin, J. M. (2022). Epidemic rates of child and adolescent mental health disorders require an urgent response. *Pediatrics, 149*(5).



REMAINING ETHICAL

When Our Ethics and Organizational Demands Seem to Conflict

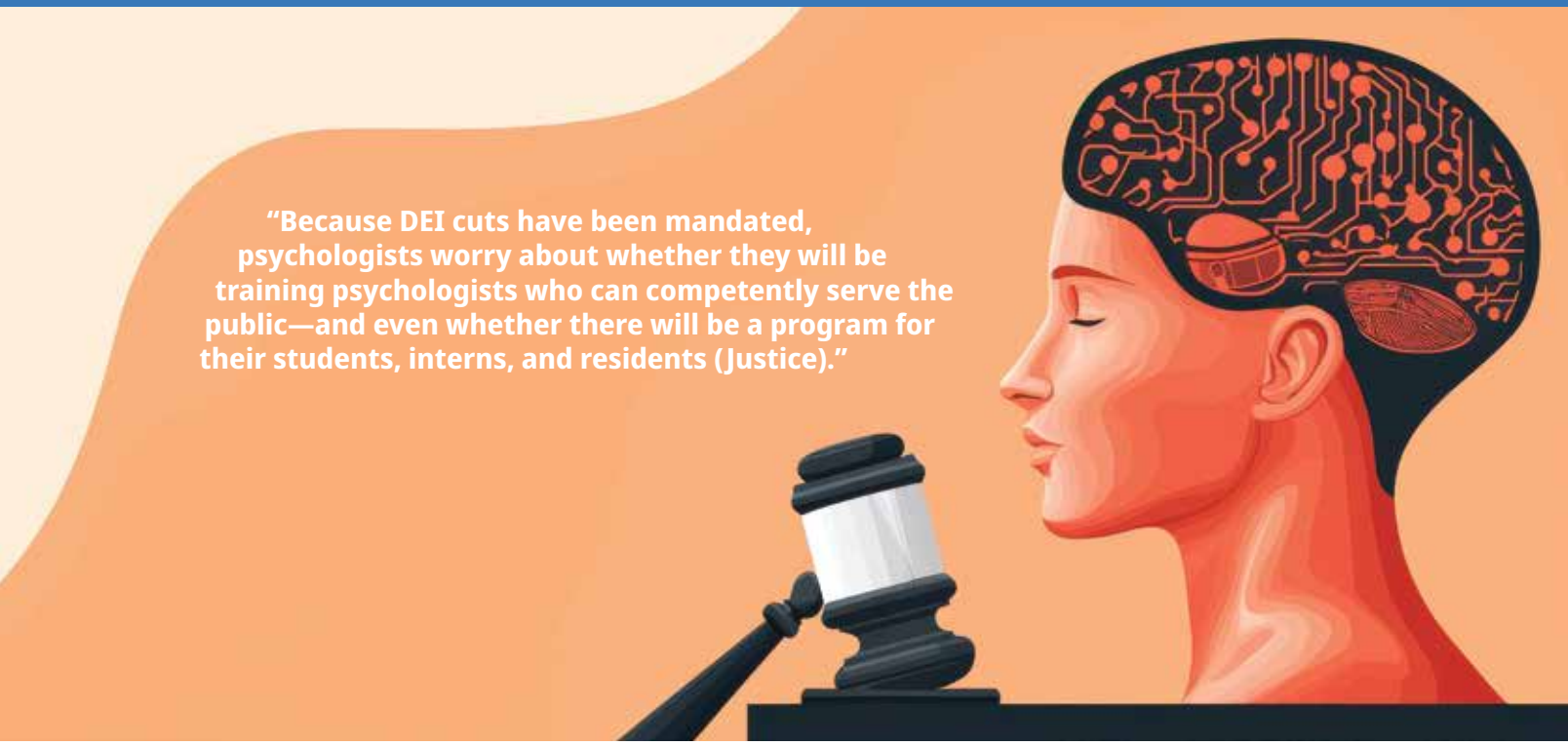
JEANNE M. SLATTERY, PhD, LINDA K. KNAUSS, PhD, AND SAM KNAPP, EdD[i]

This discussion is part of a series examining clinical dilemmas from an ethical perspective. In addition to the three of us, we were joined by Drs. Brett Schur and Ed Zuckerman. Rather than immediately reading our responses, consider carefully working through the vignette first.

Dr. Fed works for an agency funded by the U.S. government and has been told that he needs to end all diversity, equity, and inclusion (DEI) initiatives. He sees this impacting everything he does: his requests for demographic information in his research, his group offerings tailored to different genders and gender identities, and his involvement in sexual harassment prevention initiatives. He is highly anxious because these directives are limiting his work and preventing him from offering what he sees as competent care. His best friend, Dr. Nofed, works for a school that accepts only minimal federal funding, but she, too, has been told to end all DEI initiatives, including celebrations of Black and Women's History Months and Martin Luther King's birthday. She is as outraged as Dr. Fed, but also puzzled by the order. What should they consider while deciding how to respond?

THE DILEMMA

Many psychologists working at sites receiving federal funding feel anxious, angry, and hopeless about the budget cuts and changes to the DEI initiatives affecting them. They must cut programs addressing diversity issues, have had grant reviews cut and grants received threatened, and are unclear about what they can or cannot say. These problems are further amplified



"Because DEI cuts have been mandated, psychologists worry about whether they will be training psychologists who can competently serve the public—and even whether there will be a program for their students, interns, and residents (Justice)."

because executive orders are unclear and inconsistent. This has left people worrying about their jobs and considering leaving their positions. They are questioning whether they can address diversity issues raised by patients during treatment and can ethically admit next year's interns and residents. If DEI initiatives or funding are cut, programs may lose their accreditation from the American Psychological Association (APA). They fear that their ability to serve the public competently may be compromised. As there is a mandate to report violations of executive orders, an element of paranoia encircles communications with peers, supervisees, and supervisors. People who lose their positions, either voluntarily or by being terminated, also lose their health benefits at a time when they feel especially stressed and vulnerable. Some employees—as well as other people—may be self-censoring in advance.

PROBLEMS WITH TYPICAL DEFINITIONS OF COMPETENCE

From an ethical perspective, many psychologists believe that complying with these government directives would be unethical because it could harm the recipients of their services: clients, interns and residents, coworkers, and the broader community (Maleficence). Can they, for example, teach or recommend culturally informed treatments, even though evidence suggests that treatments responsive to patients' needs and preferences result in better outcomes (e.g., McAleavey et al., 2019)? Because DEI cuts have been mandated, psychologists worry about whether they will be training psychologists who can competently serve the public—and even whether there will be a program for their students, interns, and residents (Justice). Even talking about these issues with their clients and supervisees increases their anxiety. However, if they fail to discuss these issues, they create duplicitous, dishonest relationships (Fidelity, Integrity) and fail to give the people they work with the resources needed to truly consent to treatment (Respect for People's Rights and Dignity).

To further complicate—or clarify—this issue, the Ethics Code (APA, 2017) states: If the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code, psychologists clarify the nature of the conflict, make known their commitment to the Ethics Code, and take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code. Under no circumstances may this standard be used to justify or defend violating human rights (Standard 1.03).

Even under more typical situations, this is a difficult response to carry out, but it becomes more difficult when psychologists may reasonably believe they will lose their position if they fail to comply with the mandates.

HOW TO RESPOND?

Although we initially felt overwhelmed and hopeless in responding to this vignette, we brainstormed possible responses, recognizing that we do not have all the answers and that every psychologist must develop their best response based on the totality of circumstances facing them. These options for responding include:

Bear witness to suffering

- Many federal workers felt a sense of mission in their work as they promoted public safety through their work as air traffic controllers, food inspectors, or weather forecasters. Listen to their fears for the public and their personal suffering, as they lose their jobs or their agencies are significantly transformed.
- Recognize your own feelings and reactions to these changes.

Speak out!

- Write to and advocate with your legislators about how these mandates and cutbacks impact public health. Respond to the Legislative Alerts from APA and PPA. Legislators who favor these federal programs and diversity mandates need to hear that there is a diversity of opinions. Legislators who

are speaking out need to hear that we appreciate their support.
- Speak your mind when you can, with whom you can. Clearly identify the issues that changes will create and discuss ways to address them.
- Monitor and identify when you are self-censoring, then consider whether doing so makes sense in this situation or if you are self-censoring reactively rather than thoughtfully.
- Resist when this makes sense. The nature of that resistance can be unclear, however, and it is a personal decision that should occur after balancing many factors. One may ask, for example, if it is better to leave a job that asks you to do something you see as unethical or to work from within.

Work with federal workers

- Support federal workers. Many feel alone and beleaguered right now. Especially during this period, federal workers need our support, listening ears, and empathy.
- Offer *pro bono* or reduced fee spots for psychotherapy to federal workers who have lost their health insurance.

General strategies

- See the humanity in the people you work with, including those with whom you disagree. Be curious and listen to dissenting viewpoints whenever possible. Some of the anger and frustration we are hearing may be due to depression, a sense of alienation, or other forms of suffering. For example, opioid deaths were higher in Republican-voting counties during 2016 (Goodwin et al., 2018). Of the 716 people participating in the January 6 riot, 140 (19.5%) faced serious financial hardships, including bankruptcies, judgments/liens, and foreclosures/evictions. Their level of violence was significant, with about 40% in each category engaging in violence (Denbeaux & Crawley, 2023). We are not suggesting that the rioters are unempathic and uncaring, but that they may have been absorbed by their own and their family's suffering.
- Commit random acts of kindness. Let someone in line in front of you pay for the coffee of the person behind you; make eye contact with servers and sales clerks. Our country's citizens often feel angry and aggrieved. Small things may begin to create a culture shift (think butterfly effect).
- Increase your level of self-care to match your stressors. Encourage others to do so, too. Build and use a competence constellation of engaged colleagues who assess and support each other on an ongoing basis, especially during this period (Barnett & Homany, 2022; Johnson et al., 2012).

CONCLUSIONS

Drs. Fed and Nofed are in difficult positions at work. Dr. Fed may quite rightly feel personally and professionally vulnerable and needs to identify how much freedom he may really have on the job. What can he really say? What can he not say? What can he do that will not create greater harm or that will increase benefits for himself, the people with whom he works, and his communities?

Dr. Nofed, despite not working a federal job, may be in a similar position. Does she believe that she can be heard at her school? Can she help create change in her system? How can she increase her ability to be heard and moderate the changes? What can she do to identify needed changes, recognize and prevent self-censoring, and find ways to maneuver that feel professionally and personally healthy? This will be different in some school districts than others.

Although this article has focused on job loss and livelihood, finding ways to maintain our moral compass and self-respect is equally important. At best, keeping a job at the cost of one's self-respect is a questionable win.

REFERENCES

American Psychological Association. (2017). *Ethical principles of psychologists and code of conduct.* www.apa.org/ethics/code/ethics-code-2017.pdf

Barnett, J. E., & Homany, G. (2022). The new self-care: It's not all about you. *Practice Innovations, 7*(4), 313–326. https://doi.org/10.1037/pri0000190

Denbeaux, M., & Crawley, D. (2023). The January 6 insurrectionists: Who they are and what they did. *Seton Hall Law.* https://papers.ssrn.com/sol3/papers.cfm?abstract_id=4512381

Goodwin, J. S., Kuo, Y., Brown, D., Juurlink, D., & Raji, M. (2018). Association of chronic opioid use with presidential voting patterns in U.S. counties in 2016. *JAMA Network Open, 1*(2), e180450. doi:10.1001/jamanetworkopen.2018.0450

Johnson, W. B., Barnett, J. E., Elman, N. S., Forrest, L., & Kaslow, N. J. (2012). The competent community: Toward a vital reformulation of professional ethics. *American Psychologist, 67*(7), 557–569. https://doi.org/10.1037/a0027206

McAleavey, A. A., Xiao, H., Bernecker, S. L., Brunet, H., Morrison, N. R., Stein, M., & Beutler, L. (2019). An updated list of principles of change that work. In L. Castonguay, M. L. Constantino, & L. E. Beutler (Eds.), *Principles of change: How psychotherapists implement research in practice* (pp. 13–37). Oxford University Press.

Would you like to be involved in future discussions? Let us know by emailing: jslattery176@gmail.com

[i] Authors Note: The authors recognize that the PPA membership has a diversity of political beliefs. We do not intend to comment on one political party or another but to focus on recent initiatives that threaten what we believe are consensus beliefs in our profession: that the education of psychologists requires cultural competence and that programs supporting psychological research and training benefit the public and should continue.

CE QUESTIONS FOR THIS ISSUE

The articles selected for two CE credits in this issue of the *Pennsylvania Psychologist* are sponsored by the Pennsylvania Psychological Association (PPA). PPA is approved by the American Psychological Association to sponsor continuing education for psychologists. PPA maintains responsibility for this program and its content. The regulations of the Pennsylvania State Board of Psychology permit psychologists to earn up to 15 credits per renewal period through home study continuing education. If you have more than 30 continuing education credits for this renewal period, you may carry over up to 10 credits of continuing education into the next renewal period.

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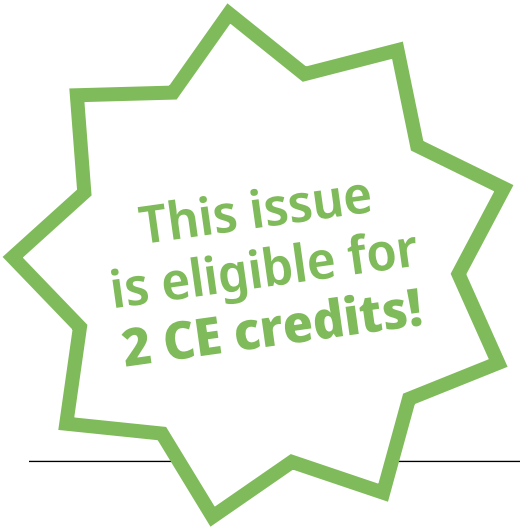
Learning objectives: The articles in this issue will enable readers to (a) assess and explain current issues in professional psychology and (b) describe and act on new developments in Pennsylvania that affect the provision of psychological services.



The More Anxious Generation???: A Book Review

1. Which of the following disorders has increased in frequency since 2010?

a. ADHD and Autism.
b. Down's Syndrome.
c. Anxiety and depression.
d. All the above.

2. Since 2010, bullying has

a. Increased significantly.
b. Increased somewhat.
c. Stayed the same.
d. Decreased in frequency.

Making Friends with Anxiety

3. Perry Szalavitz (2007) developed a framework with the sequence of engagement following:

a. Reason, Relate, Regulate.
b. Rapport, Regulate, Reason.
c. Regulate, Relate, Reason.
d. Reason, Rapport, Regulate.

4. Which of the following statements is false?

a. Worry is a cognitive process that offers a false sense of control.
b. The author asserts that reflecting on childhood stories is not beneficial for understanding present-day anxiety.
c. During times of stress, we may lose access to strategies we only intellectually understand.
d. The therapeutic relationship can create an opportunity for coregulation.

Drinking to Cope with Anxiety, A Potentially Dangerous Pathway

5. In the United States, which age group has the highest rates of heavy drinking?

a. 18–25 years old.
b. 25–35 years old.
c. 35–50 years old.
d. 50–65 years old.

6. Which factors are associated with worse alcohol-related outcomes?

a. Drinking in social settings.
b. Drinking alone.
c. Drinking to cope with anxiety.
d. All the above.
e. B & C.

CE QUESTIONS FOR THIS ISSUE

After the Disruption: Addressing Child Anxiety in a Post-COVID School Landscape

7. Which of the following is a key benefit of a structured family-school meeting for an anxious child?

a. It focuses exclusively on academic performance.

b. It reinforces the school's rules and procedures.

c. It aligns adults around shared goals and support strategies.

d. It removes the child from stressful classroom environments.

8. What is one way that therapists can help rebuild trust between families and schools in the post-pandemic era?

a. Facilitating communication between parents, teachers, and school staff.

b. Providing families with legal advocacy to challenge school actions and policies.

c. Encouraging parents to avoid school meetings to reduce conflict.

d. Advising children to manage their anxiety independently without school involvement.

The Rewiring of Relationships and Rise of Family Estrangement

9. According to Dr. Pillemer's research from the Cornell Estrangement and Reconciliation Project, the most common pathways of estrangement include:

a. Money and inheritance.

b. The aftermath of divorce.

c. Value and lifestyle differences.

d. All the above.

10. How might social media use possibly contribute to a rise in family estrangement?

a. Social media use lowers the bar on the entry into and exit from relationships.

b. Social media use lures its users into echo chambers and likely contributes to polarization.

c. A and B.

d. None of the above.

Understanding Obsessive-Compulsive Disorder in the Aftermath of COVID-19

11. In most identified cases, obsessive-compulsive symptoms are almost always outwardly visible and tend to be centered around excessive tidiness, cleanliness, and perfection.

TRUE.

FALSE.

12. Contextual factors like mandatory mask-wearing, prolonged lockdowns, and restricted peer interactions may have contributed to the increased prevalence and severity of OCD symptoms during the course of the pandemic.

TRUE.

FALSE.

The Evolution from Large Language Models to Artificial General Intelligence: Implications for Psychological Practice

13. Which of the following is NOT an ethical consideration mentioned for the integration of AGI into psychological practice?

a. Preserving human connection in therapy.

b. Ensuring AGI systems align with patient values and therapeutic goals.

c. Guaranteeing AGI systems are free from biases and discrimination.

d. Allowing AGI systems to function as autonomous decision-makers in therapy.

14. What is one current application of LLMs in psychological supervision as highlighted in the article?

a. Providing real-time analysis of recorded therapy sessions.

b. Predicting developmental trajectories of supervisees.

c. Organizing supervision notes and tracking supervisee progress over time.

d. Enhancing cultural competency through simulations.

Prejudice and Religious Values

15. What group does research demonstrate to be the most religiously prejudiced of all?

a. Letter-of-the-law.

b. Spirit-of-the-law.

c. Indiscriminately pro-religious.

d. Agnostic.

Building Connection and Belonging on College Campuses

16. Based on the interpersonal theory of suicide, what critical need is this connection-based outreach programming seeking to address?

a. Safety.

b. Sense of belonging.

c. Enjoyment of daily activities.

d. Educational satisfaction.

17. What is a key element to making connection-based outreach programming most effective?

a. Structured and prompting for deeper sharing.
b. Meeting students where they are.
c. Using peer facilitators.
d. All the above.

Supporting an Anxious Generation of College Students

18. Lemmon and Thomson suggested that college students in an anxious generation can be supported in the following way(s):

a. Clear directions regarding what constitutes an excused or unexcused absence.
b. Providing unlimited time to complete and submit high-stakes assignments.
c. Including more low-stakes and fewer high-stakes assignments in courses.
d. All the above.

19. According to Lemmon and Thomson, how is kindness defined:

a. Treating all students with equity when providing feedback.
b. Providing feedback to students with care and truthfulness.
c. As synonymous with being nice in providing feedback.
d. Including the use of humor in providing feedback.

Facilitating Community as an Antidote for College Student Anxiety

20. What is a key benefit of clinician-led group therapy for college students, as discussed in the article?

a. It reduces the need for individual therapy sessions.
b. It helps students build community by providing peer validation and addressing social anxiety.
c. It offers financial assistance for basic needs insecurity.
d. It primarily focuses on academic tutoring and success strategies.

Anxiety in School-Age Youth

21. One of the most common barriers to offering mental health services in schools is:

a. Student's reluctance to participate in the intervention.
b. Disbelief from the administration in the efficacy of services.
c. Inadequate access to licensed mental health professionals.

22. Both the organizations of Pennsylvania Network for Student Assistance Services (PNSAS) and Pennsylvania Training and Technical Assistance Network (PaTTAN) provide guidance on:

a. Mathematics interventions.
b. Reducing barriers to mental and behavioral health services for school-age youth.
c. Assistive technology.

Bridging the Gap: Leveraging Federal and State Grants to Expand School Mental Health Services

23. What is one of the primary goals of the federal and state mental health grants discussed in the text?

a. To replace teachers with mental health professionals.
b. To reduce school hours to improve mental health.
c. To fund and train mental health interns to serve in high-needs schools.
d. To provide free college education to all psychology majors.

Ethics in Action—Remaining Ethical when Our Ethics and Organizational Demands Seem to Conflict

24. When faced with budget cuts and changes to the DEI initiatives at work, psychologists should

a. Leave their jobs.
b. Feel helpless about what they can accomplish.
c. Find ways to maintain their moral compass.
d. Adopt an "I don't care" attitude.

25. Possible responses when the demands of an organization with which psychologists are affiliated or for whom they are working are in conflict with this Ethics Code:

a. Bear witness to suffering.
b. Speak out.
c. Support federal workers.
d. All the above.

CONTINUING EDUCATION ANSWER SHEET

The *Pennsylvania Psychologist,* Summer 2025: 2 CE Credits

Please circle the letter corresponding to the correct answer for each question.

1.	a	b	c	d		8.	a	b	c	d		15.	a	b	c	d		22.	a	b	c	
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4.	a	b	c	d		11.	T	F				18.	a	b	c	d		25.	a	b	c	d
5.	a	b	c	d		12.	T	F				19.	a	b	c	d						
6.	a	b	c	d	e	13.	a	b	c	d		20.	a	b	c	d						
7.	a	b	c	d		14.	a	b	c	d		21.	a	b	c	d						

Satisfaction Rating

Overall, I found this issue of the *Pennsylvania Psychologist*:

Was relevant to my interests	5	4	3	2	1	Not relevant
Increased knowledge of topics	5	4	3	2	1	Not informative
Was excellent	5	4	3	2	1	Poor

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PPA2026 VIRTUAL Convention
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Act 74 CE Programs
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The Essentials of Ensuring Safety of Suicidal Patients: 2024—2 CE
The Essentials of Treating Suicidal Patients: 2024—2 CE
The Assessment, Management, and Treatment of Suicidal Adults: 2020—3 CE
Teaching Suicide Prevention: A Format for Educators, Supervisors, and Self-Directed Learners (Webinar)—1 CE
The Safety Planning Intervention to Reduce Suicide Risk (Webinar)—1 CE
Contemporary Innovations in Clinical Suicidology (Webinar)—1 CE
The Interactive Screening Program: Engaging Students at Risk of Suicide on a College Campus (Webinar)—1 CE

Act 31 CE Programs
Pennsylvania Child Abuse Recognition and Reporting: 2024—2 CE
Pennsylvania Child Abuse Recognition and Reporting: 2024 Extended Version—3 CE

General
Ethical Considerations for Interjurisdictional Practice (Webinar)*—3 CE
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Ethics and Risk Management When Your Client is Involved in Family Law Issues (Webinar)*—3 CE
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Retirement Best Practices for Psychologists (Webinar)—2 CE
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