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Leadership Isn’t Just About Today—It’s Also About Tomorrow

Martha S. Zlokovich, PhD
Psi Chi Executive Director

Leadership transition has been on my mind for a couple of years due to the Board’s focus on succession planning. However, a focus on succession planning applies to every chapter, every chapter officer, and every chapter faculty advisor and coadvisor, not just to leadership at Psi Chi Headquarters. Two years ago, I requested that the Board of Directors begin planning the search for my successor.

Now that my retirement is less than one year away and the transition to a new Executive Director is imminent, I am very focused on managing the transition well. By the time a new Executive Director begins, the Board and I will have spent three years on succession planning and the position search. Although Board consultants recommend organizations take at least 9 to 12 months for Departure-Defined Succession Planning (Moody, 2016), two to three years is optimal for executive succession planning (Stacia, 2017). However, chapter officers will be lucky to have three months!

To complicate matters further for chapters, a constant theme in our lives since early 2020 has been transitions, many of them imposed on us rather than planned by us. We experienced many transitions as our campuses, our country, and the world coped with the global pandemic. Many universities moved quickly to online learning when the pandemic hit, which meant that both classes and chapters only met virtually for a year or more. The virtual or hybrid nature of university life the past couple of years has made officer and advisor transitions more difficult now that most universities have restarted in-person classes.

New officers may never have had the chance to meet outgoing officers in person. They may never have presided over an in-person chapter meeting, attended an on-campus chapter social event, presented their student research or attended a psychology conference in person, or worked together on a chapter volunteer project “IRL.” Furthermore, faculty advisors and coadvisors, especially those who came on board during the pandemic, may be not be able to provide the year-to-year continuity for their chapter officers and members as well as they had been able to beforehand.

No one currently leading the chapter may have had the experience of booking rooms on campus, picking up student organization mail, or getting permission to post meeting flyers on campus. If any of this describes the situation on your campus, everyone has to figure out how to do things for themselves rather than having the advantage of the previous officer or advisor passing along helpful information and being available to answer questions.

For these reasons, this year may be a pivotal one for chapters to “get back on track” and plan well for their next leadership transitions. The Eye on Psi Chi has many more articles on leadership and running your chapter well. Officers have access to short webinars on each officer position, as well as an Officer Guidelines document. For those who attend regional conventions in the spring, there will be Psi Chi programming related to chapters as well as psychological research, getting into graduate school, and Chapter Exchange sessions to meet advisors and officers from many other chapters and compare notes.

The more you know about your own current (or future) officer position, how to run a chapter, and Psi Chi opportunities, the better you will be able to contribute to a successful chapter year. In addition, you will be better prepared to pass your knowledge along to your successor.

It seems fitting that soon after I began my tenure as Psi Chi’s Executive Director in June 2008, I wrote about leadership transitions in my Winter 2009 Eye column “Pass It On: Leadership Continuity.” Now my own advice comes full circle. My opening paragraph applies just as well in 2023 as it did in 2009:

If you are considering running for a Psi Chi office, whether a Psi Chi chapter officer or faculty advisor, an important part of your leadership role will be nurturing the future of your chapter. Most Psi Chi officers have the opportunity to serve in one or more officer positions over the course of one to three years, but some only serve for one or two semesters. Faculty advisors, on the other hand, can provide continuity over a much longer time span than student leaders. Nevertheless, the officers and faculty advisor need to work together to provide leadership continuity for their chapter (Zlokovich, 2009)

References

Achieve Leadership Experiences With Psi Chi

Did you know that Psi Chi offers countless resumé-worthy opportunities for students, faculty, and alumni? See our Volunteer webpage for up-to-date openings on everything from cross-cultural research projects seeking collaborators to requests for volunteers at regional conventions.

Psi Chi’s 1,250+ local chapters also provide numerous leadership opportunities, such as running for a student officer position! Whether you are outgoing or introverted, there is likely a specific officer role that would be beneficial for your career journey. Complete a few quick tasks throughout the year or even oversee major events to benefit your community.

To support chapter officers: You will receive monthly emails during your term with information relevant to chapter leaders. And although all chapters are unique, Psi Chi also shares basic guidelines for suggested officer positions. Which of these common positions would be useful for your career path?

Primary Officers
- President
- Vice-President
- Secretary
- Treasurer

Additional Officers and Committees
- Membership Coordinator
- Newsletter/Journal Editor
- Elections Coordinator
- Diversity Officer
- Help_HelpedMe Officer
- Campus/SGA Liaison
- Webmaster
- Social Media Chair
- Social Event Coordinator
- Induction Officer
- Program Coordinator/Committee
- Alumni Coordinator
- Historian
- Fundraising Chair
- Student/Faculty Liaison
After two years of hybrid and virtual conventions, the American Psychological Association’s regional conventions will be back to in-person conventions in spring 2023 (we both expect and really, really hope this to be true). I swore last year after hearing someone yell, “We are back!” at every public event that I attended that I would never join that chorus, but now listen to me singing that same song (don’t actually as I am a horrific singer). I will admit though, It feels so incredibly good to be planning for in-person conventions again!

In case the regionals fell off your radar over the past two years, I took the liberty of preparing a list of the six upcoming APA regionals—in chronological order and with a link to the organization’s website—for you (you’re welcome):

- **Eastern Psychological Association:** Thursday, March 2, to Saturday, March 4, in Boston, MA
- **Southwestern Psychological Association:** Friday, March 31, to Sunday, April 2, in Frisco, TX
- **Southeastern Psychological Association:** Wednesday, April 5, to Saturday, April 8, in New Orleans, LA
- **Rocky Mountain Psychological Association:** Thursday, April 13, to Saturday, April 15, in Albuquerque, NM
- **Midwestern Psychological Association:** Thursday, April 20, to Saturday, April 22., in Chicago, IL
- **Western Psychological Association:** Thursday, April 27, to Sunday, April 30, in Riverside, CA

Psi Chi has a strong presence at each of these conventions. I invite those of you who attend to stop by our information booths (if you are early enough, you could even pick up some free Psi Chi swag) and check out our distinguished lecturers, diversity speakers, and other convention activities and programming. In addition to programming at the conventions, Psi Chi also provides active Psi Chi members participating in the regionals with two award/grant opportunities:

- **Regional Research Awards** recognize excellent abstracts of empirical research authored by Psi Chi student members with a $400 award (86 awards are given out annually; deadlines for submission vary by regional convention).

- **Regional Travel Grants** help offset the cost of attendance to one of the six APA regional conventions for Psi Chi members. Students who receive travel assistance receive between $150 and $400 (a total of $39,600 is available across the six regional conventions; deadlines for submission vary by regional convention).

Receiving a grant or award at a regional convention—and maybe some Psi Chi swag—is fantastic, but, for me, the best part of attending is the opportunity to build community and network with other psychology professionals. Every time I attend, I leave excited to get back into the lab to explore new ideas generated while listening to other researchers or in conversation with someone about the research my students are doing. Or I am excited to get into the classroom and try a new teaching strategy. But, overall, I
just feel so much more connected to the psychology community in my region. And for those attending in hopes of extending their professional networks and connections, Ayana Woodard, a past Psi Chi Headquarters staff member, wrote a Psi Chi blog post titled *How to Network?* (ironically, this was published on February 24, 2020, so not many people have been able to put Ayana’s suggestions into action so far). The recommendations in this post include:

(a) be yourself, (b) stay in touch, and (c) attend social events. Or, as I would say to my students, children, and anyone else who would listen, go and be fully engaged!

In addition to this free encouragement to attend the APA regionals (they really are great!), this edition of Psych in the Headlines highlight the impact of a supervisor’s emotions on employees, the WEIRDness of psychology, World Mental Health Day 2022, and theories of déjà vu.

**How Do Employers’ Negative Emotions Affect Employee’s Work Engagement and Family Lives?**

*Julio Ibeh Agbanyim, PhD*

*Grand Canyon University*

In this time of economic and social pressures, employees are looking for ways to get not just a physical and emotional break but also cognitive relief. It is obvious that, when these three are not in harmony, employees are not fully engaged at work (Kahn, 1990). Sometimes, organizational leaders may assume that, by paying their employees better wages and providing health benefits, employees should perform at maximum capacity. Although increasing employee compensation helps, it can be short-lived. Therefore, leadership of organizations should focus on how supervisor–employee relationships could have a positive effect on employees by helping them have a meaningful and balanced life with their family members. On a daily basis, workers spend most of their time on work-related tasks; however, quality time with family when not at work actually fosters a healthy work engagement.

Employee work engagement is critical for high productivity, job performance, and retention. Interestingly, engagement must incorporate these three components: physical, emotional, and cognitive engagement (Kahn, 1990). A previous study focused on how positive supervisor–employee relationships produce a healthy supervisor–employee relationship and vice versa (Jawahar & Schreurs, 2018). Lindebaum and Fielden (2011) emphasized how applying negative emotion can motivate employees into completing a project in a construction site setting. However, a recent study showed that a supervisor’s negative emotion increases employee cognitive engagement with work but also negatively affects employee’s family engagement (Chan et al., 2021).

Chan et al. (2021) focused their study on the effects of employee work experiences on their family life. The authors utilized the work–home resources (W-HR) model developed by ten Brummelhuis and Bakker (2012) to explain negative work–family spillover and how work demands in one area reduce personal reserves and hinder achievement in the other area. The study participants were Singaporean government agency supervisors and employees. The data collected included age group, organizational tenure, tenure with supervisor, frequency of meeting supervisor, and mood. Chan et al. warned that supervisors’ negative emotions toward their employees may have a positive effect on work outcomes by increasing employees’ cognitive work engagement, but may undermine workers’ family relationships. The net result, therefore, is a decline in work–family balance, which is to the long-term benefit of neither the worker nor the employer.

**References**


Has Psychology Gotten Any Less WEIRD?

Tristan Brass and Shawn R. Charlton, PhD
University of Central Arkansas

In 2010, Henrich and colleagues noted an interesting phenomenon in the participants used in behavioral science research; namely, they pointed out that a vast majority of articles use WEIRD (western, industrialized, rich, and democratic) participants. In fact, they found that 96% of subjects used in six major psychological journals were from Western countries. Since then, not much has changed with regard to diversifying sampled populations. Newson et al. (2018) repeated previous methodologies to quantify participant demographics for studies done in 2016 and 2018 and found that 97% of them were still using largely WEIRD participants.

Despite this lack of change, some research has been done into which fields of psychology are most affected by using only WEIRD participants. For example, Cockcroft (2022) found that working models of memory held up, even when using non-WEIRD samples. In 2018, Van der Linden and colleagues found that the Big Five Factor of personality was still accurate in assessing forager farmers of the Bolivian Amazon compared to the traditionally WEIRD samples. These results suggest that using non-WEIRD samples for evolutionary or biological psychology research may not present major issues. However, other research, such as that by Clegg and colleagues (2017), which found differences in how non-WEIRD samples interpreted children’s levels of conformity, may be much more influenced by the WEIRDness of their sample. Perhaps, then, non-WEIRD samples matter more when researching aspects of human psychology that are more affected by cultural values, such as cultural, developmental, and social psychology. Attention to the impact of our sample characteristics can thus both protect our research from bias as well as provide insights into the environmental malleability of different aspects of human behavior.

Although the WEIRD problem still seems to be heavily affecting the behavioral sciences, there has been a push by many researchers to begin developing new methodologies to make populations more representative and results more generalizable. In 2020, Hansen and Hue made the following recommendations for conducting meaningful cross-cultural research:

- Establish an egalitarian and respectful partnership with representatives of the local community.
- Ensure that research constructs used in the study carry the same meaning and are still relevant.
- Prepare culturally sensitive research materials and procedures.

Still others, such as Newson and colleagues (2020), proposed an even more radical approach to entirely replace WEIRD—which they call WILD. WILD refers to worldwide (participants should come from all regions of the world). In situ (research outside of the laboratory is more generalizable), local (cross-cultural research must be informed by local values, attitudes, and belief systems, not simply copies of research done in other regions), and diverse (includes broad demographics including atypical populations, more than just students).

Whether we aim to make our psychological research less WEIRD or more WILD, the benefits of increased diversity in psychological research are clear, and technological advances provide us the tools to build a more representative and generalizable view of human behavior.

References


World Mental Health Day: October 10, 2022

Shawn R. Charlton, PhD
University of Central Arkansas

I find it impossible to keep track of what is being recognized on any given day. For example, I recently missed National Sons Day (September 28. Sorry, Jaxon and Jeron) and National Daughters Day (September 25. Sorry, Ashlin, but at least I forgot both my sons and daughter, right?). Fortunately, all is not lost as long as I remember National Chocolate Day on October 28 (hmm, I would have thought the 31st). If I get that one, I can end the year without forgetting about everyone in the family (especially as I also missed National Pet Day on April 11. Sorry Darwin and Spar, our two cats).

With all of these days of recognition to keep track of, I was extremely happy when I logged on to my computer on the morning of Monday, October 10, 2022, and realized that I had not missed a day of recognition that I truly wanted to celebrate: the World Health Organization’s World Mental Health Day 2022 (WMHD 2022). The theme for WMHD 2022 was Making Mental Health & Well-Being for All a Global Priority. In honor of WMHD 2022, the United Nations Secretary-General, António Guterres, shared a brief message on the global impact of unsupported mental health. For example, those interested in upskilling (Kestel, 2022) their mental health support skills might consider the WHO’s QualityRights e-training on Mental Health (2022). This training is a series of free online modules that cover personal mental health care, supporting others, transformative action, and addressing stigma, discrimination, and abuse in mental health services.

WMHD 2022 is a great time to think about how to support positive mental health. But it can also be a little overwhelming as it brings to our awareness the magnitude of the mental health challenges faced by people across the globe and at home. Like me, you may wonder where you can have a positive impact on such a large issue. Fortunately, Dévora Kestel (2022), Director of the Mental Health and Substance Use program for the WHO identified something we all can start doing right that is a zero-cost action, “We must normalize talking about mental health and its multitude of conditions because stigma is the chain onto which all mental health conditions link.”

So, while I was excited for WMHD 2022, I am even more excited for another 364 days over the next year where we can all do our part to make mental health—the good and the bad of it—and well-being a personal, community, and global priority.

References
“Do You Ever Have Déjà Vu, Mrs. Lancaster?”
Shawn R. Charlton, PhD
University of Central Arkansas

In the 1993 film *Groundhog Day*, the caught-in-a-loop protagonist and weatherman, Phil (portrayed by Bill Murray), asks the keeper of the Bed and Breakfast he wakes up in every morning, “Do you ever have déjà vu, Mrs. Lancaster?” to which Mrs. Lancaster (Angela Paton) replies: “I don’t think so, but I could check with the kitchen.” While played here for comedic effect, Mrs. Lancaster’s response highlights that, for many, déjà vu is something they really don’t understand, even though they have likely experienced it (much less often than Phil, though).

Fortunately, psychological science can help Mrs. Lancaster and all of us to better understand this relatively common mental experience (about two out of every three people report having experienced déjà vu; Cleary, 2022). For example, Anne Cleary of Colorado State University summarized existing theories of déjà vu for The Conversation on October 3, 2022. In her article, Cleary describes Brown’s (2003) review of the déjà vu literature that identified four types of scientific explanations for déjà vu: (a) dual-processing synchronization, (b) neurological disruption, (c) memory processes, and (d) attentional processes.

Cleary’s team focused on a memory process theory of déjà vu: the Gestalt familiarity hypothesis, the idea that déjà vu may be triggered by the similarity between the current spatial context and a currently unrecalled memory. According to this hypothesis, the déjà vu experience triggers when the current layout matches a previously experienced layout with sufficient strength to cue a feeling of familiarity, but not to recall the originally experienced context.

In an upcoming *Behavioral and Brain Sciences* target article, Krystian Barzykowski and Christopher Moulin (2022; this headline was written from a prepublication release, not the final version of the target article) present the idea that déjà vu and involuntary autobiographical memories (IAMs) are both characteristics of memory processing and, specifically, “...that, given that both déjà vu and IAMs relate to our personal past, they reveal something about human retrieval processes, in general, and autobiographical memory retrieval, in particular.” (pg. 17).

Psychological scientists are not the only ones with theories about déjà vu. In *The Matrix*, a science fiction film released in 1999 in which humanity has been enslaved by a massive computer system powering itself by farming our bioelectric activity, déjà vu is said to occur any time the source code of the matrix is altered. This theory comes with a distinct negative lacking from the psychological theories of déjà vu, a glitch in the Matrix typically means that Agent Smith (so creepily portrayed by Hugo Weaving) is soon to arrive. I hope you know kung fu.

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Comfortable shoes: Check. Negative COVID test: Check. Sixteen excited students: CHECK! After a year of planning and three years of COVID delays, we were finally ready to take our first study abroad trip to London and Paris to study the History of Psychology in Europe. It was an extended delay of gratification exercise, but in the end, it was totally worth the wait. We will outline the benefits of study abroad experiences, how to locate opportunities within and outside of your university, and how to make the most of your experience traveling abroad.

**Benefits of Studying Abroad**

Whether a short-term trip or a semester abroad, the benefits of studying in a different country are limitless. Beyond learning a new language or gaining cultural knowledge, studying abroad provides transformative learning that benefits your academic growth, interpersonal development, and career paths. Students who study abroad gain intercultural competence, which can be demonstrated cognitively (e.g., understanding cross-cultural practices), affectively (e.g., gaining empathy, cultural sensitivity), and behaviorally (e.g., developing skills necessary for navigating cross-cultural contexts; Goldstein, 2022). Students, teachers, and mentors are working toward the APA guidelines for the psychology major. Specifically, study abroad opportunities align with the APA goals 2.5 “Incorporate sociocultural factors in scientific inquiry” and 3.3 “Adopt values that build community at local, national, and global levels” (APA, 2013). This interpersonal growth can also extend beyond what you may learn in your psychology courses. A study by Earnest and colleagues (2016) found that psychology students who studied abroad had significantly higher cross-cultural adaptability—specifically emotional resilience and perceptual acuity—than students in domestic courses that included cultural content (i.e., Cross-Cultural and Industrial/Organizational Psychology).

Furthermore, research supports that globe-trotting can increase interpersonal growth by fostering a deeper meaning in life and forming new interpersonal relationships (Seifen et al., 2019). We will talk about how to nurture social relationships next, but as an example, one student on our recent trip commented, “I feel very proud of myself that I was able to push through my shyness in a group of strangers and build connections with my peers.”
These are also employable skills; cultural immersion can increase creativity and cognitive flexibility (Moran et al., 2009). Employers recognize that intercultural competence is necessary for communicating within and navigating a diverse global workforce (Zayac et al., 2021). Whether you are headed to graduate school or industry after graduation, cultural competence is a valued skill in mental health services, community work, human resources, and research, among others.

What’s more, there is also evidence these gains stick with people long-term. Follow-up surveys, some up to a decade later, indicate study abroad trips influenced students’ career paths and continued global engagement (Berg & Schwander, 2019).

To this end, we assessed these constructs in our own students this summer and found that, although our small sample ($N = 16$) did not have significant gains in intercultural communication or self-efficacy, they did demonstrate some trending differences in sociocultural adaptation and identity salience. Students felt more confident in navigating cultural differences as well as a deeper attention to their lived experiences and social interactions. Our qualitative data supports this as well, as students commented, “I feel like I was able to work on certain skills (e.g., being able to adapt to surroundings, accepting change to plans)” and “I learned just how adaptive I am and that I deal with change much better.”

**How Do You Locate International Education and Study Abroad Opportunities?**

If you’re considering traveling abroad at some point during your college career, you might be curious about how study abroad might work with your individual degree program. The first place to start looking for international study or internship opportunities that fit with your major is the study abroad office at your home college or university. These offices are often housed near other experiential learning offices on campus such as Career Centers, Student Organization Offices, or Experiential Learning Centers on campus.

Most study abroad offices maintain a listing of programs that campus faculty are offering each academic year. They also provide information regarding how to transfer your study abroad credits from outside institutions and count those credits toward your degree. Keep in mind that individual opportunities may vary each year, depending on travel constraints and faculty availability. For example, at our home university, some faculty take students abroad every year, but they mix up the international location for each trip.

Many students worry about how they can fit international experiences into their everyday lives. Fortunately, there are a wide variety of options regarding the length and type of study abroad programs. If you have daily responsibilities that make it difficult to be gone for weeks, months, or semesters at a time, you might consider presenting at an international conference, which typically only requires a few days to a week of travel. One excellent option is the International Convention of Psychological Science, which occurs in alternating odd numbered years. The American Psychological Association website also maintains a list of yearly international conferences that represent a broad range of subspecialties in psychology.

Another option is to sign up for a short-term study abroad opportunity. These faculty-led programs typically range from one to four weeks and may or may not involve a course component that takes place at the home institution, followed by a travel component. Some programs have a specific theme that mirrors an academic focus. For example, our course is the History of Psychology in Europe, and it counts as an elective in our psychology major or minor. Other programs may consist of service learning or community outreach in various regions around the world. Still, others might involve interdisciplinary interests and combine students from a variety of majors or universities.

If you have more flexibility in your life, you might consider a semester- or year-long study abroad experience. These programs usually involve taking courses at a host institution outside your home college or university. Often, the specific courses that you take at the international university will need to be approved by your college career, you might be curious about how study abroad opportunities by visiting the websites of various organizations that facilitate study abroad experiences, independent of your home university. We recently had a student complete a semester abroad at the University of Stirling in Scotland, an opportunity that he located through browsing options through the University Studies Abroad Consortium (USAC; [https://usac.edu/]). This non-profit organization offers more than 50 study abroad opportunities in 26 countries. Other study abroad and international internship organizations include

- CEA Study Abroad ([https://www.ceastudyabroad.com/]),
- the Council on International Educational Exchange (CIEE; [https://www.ciee.org/]),
- Education First (EF; [https://www.efcollegestudytours.com/]),
- the Institute for the International Education of Students (IES Abroad; [https://www.iesabroad.org/]),
- International Study Abroad (ISA; [https://www.isabroad.org/]), and
- the American Institute for Foreign Study (AIFS Abroad; [https://www.aifsabroad.com/]).

Finally, students often tell us that they would love to study abroad but wonder how they can afford to pay for the experience. For travel to international conferences, many colleges and universities provide travel grants to students who are presenting their research. Additionally, Psi Chi members are eligible to apply for Psi Chi Unrestricted Travel Grants for conference presentations, which provide up to $1,500 per grant.

For study abroad experiences, your home institution’s study abroad office will likely have information regarding scholarships or financial aid sources that are available to support student travel or study abroad. Outside of your institution, many study abroad organizations offer scholarships, grants, or financial assistance,
as well as financing options that allow students to spread out their payments over time. Semester- and year-long programs often are all-inclusive in terms of travel, tuition, room, and board, and can be comparable to what you might spend at your home institution for a semester of study.

Making the Most of Your Trip

We also want to offer some life hacks for making the most of your study abroad experience. Drawing from research in positive psychology, we know that gratitude, savoring, and nurturing social relationships are some of the biggest predictors of happiness (Lyubomirsky, 2008). Studying abroad provides opportunities for these happiness-inducing strategies with a little planning. Furthermore, positive psychology teaches us money does not buy happiness, but the best investments we can make in our happiness are our experiences, such as traveling.

To practice gratitude, it would be helpful to think about journaling before, during, and after your travel. Studying abroad requires one to be open to new experiences—as the language and food may be very different. We encouraged our students to have an open mind and avoid rigid expectations. One example of this was a curry dinner we experienced in London. Many of our students had not tried Indian food before and were hesitant. However, after trying something new and authentic, particularly by stepping out of the tourist zone, it became one of our most memorable meals.

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To best nurture social relationships, connect with your travel mates prior to departure. Start a group chat, so you can also discuss shared expectations, concerns, and packing lists! On our trip, we had a GroupMe thread where everyone could chat, and we uploaded our pictures to Photo Circle (a group photo-sharing app). Both these platforms enabled greater shared communication and attachment among the group; Photo Circle was a wonderful way to see the trip from each others’ perspectives (we ended with 897 shared pictures!). Built into our course was an assignment to select up to three photos representing students’ understanding of international or cultural issues, increased flexibility, open-mindedness, and/or skill development (adapted from Williams, 2009). This might have been our favorite assignment! To see the students’ photojournalism on their national identity, art, food, transit, and architecture was remarkable, and truly demonstrated their growth across the trip. Don’t worry, there were still lots of IG and TikToks posted, too!

Speaking of pictures, one of the best ways to savor is to reflect on pictures from the trip. We printed some of our students’ pictures (mentioned above) and hung them outside our corridor of offices. The research is also very clear that to get the most out of your study abroad experience, you should immerse yourself in the culture. Avoid just being the tourist. We asked our students to interview local residents to better understand intercultural communication. Another student who spent a semester abroad recommended, “Every time you want coffee, go to a new place. That’s how you’ll be introduced to a broad range of individuals leading their day-to-day lives.”

In conclusion, we hope you pack your bags and seek out study abroad opportunities—as a college student, it is one of the best gifts you can give yourself.

References


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Colleen Biri, PsyD, is a senior professor of psychology at Lindenwood University in St. Charles, Missouri, and has been actively involved with Psi Chi since 1993. She serves as faculty coadvisor for the Lindenwood Psi Chi Chapter and is a licensed clinical psychologist. Her research and clinical interests include child adjustment, well-being across the lifespan, end of life planning, and the scholarship of teaching and learning.
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Get Started
Hello, dear readers! As we approach the holiday season, you will likely find yourself considering the purchase of a number of different items. These purchases may be for yourself or for others. They may be things that you need or that you want. You may buy them in a brick-and-mortar store or, more likely, you will buy them online. Whatever you are buying, whoever you are buying it for, and wherever you are buying it from, the act of purchasing a particular item—even the most mundane item—is no simple matter. Rather, it is a pretty complicated process. Perhaps this is why we all have possessions that we can’t, for the life of us, explain why we bought them in the first place. For example, here is a nonexhaustive list of things that I irrationally spent good money on …and now own:

- A Japanese bread knife
- A cowboy hat
- A coffee table book about surfing …in Texas
- A smoothie maker
- A sweater vest
- A cat
- An extensive collection of infused olive oil
- Nonalcoholic gin
- Six different brooms, all the same size and basic shape
- A blowgun

Now, you might be saying to yourself that it is completely reasonable to buy and own one, two, or perhaps all of those items. But, let me provide some context …for my purposes: a standard breadknife works just fine, I am not a cowboy, I have never surfed in Texas, a regular blender makes smoothies just fine, I hate sweater vests on myself and on everyone else, I have used infused olive oil only once, cats are aloof and vindictive creatures that are generally unpleasant to be around, the only thing that tastes worse than gin is nonalcoholic gin, three brooms are sufficient for most households, and I do not regularly hunt bush pigs in the Amazonian rainforest and therefore have no legitimate need for a blowgun.

A number of different factors influence our decisions to purchase goods and services. Many of these factors we are aware of, and many of them we are not. As with many manifestations of human behavior, our actions with respect to the purchase, use, and disposal of items (i.e., consumer behavior) are impacted by our emotional states, preferences, identity, attitudes, and social and environmental conditions. Some of these factors may be particularly salient and their influence on our purchasing decisions may be quite obvious. The impact of other factors can be less obvious but still substantial. It is clear however that our eventual decisions at the cash register (or online shopping cart) are the result of a complex interplay of the above, a process that is as of yet not fully understood. Fortunately, there is a field that focuses on understanding consumer behavior and how our psychology plays a role. That field is consumer psychology.

I Want to Understand You So I Can Sell You More Stuff

The field of consumer psychology is actually an ill-defined branch of the broader field of consumer behavior. I say ill-defined because it is not quite clear what distinguishes consumer psychology from other areas of consumer behavior. Indeed, the argument could be made that it is all consumer psychology, but the name consumer behavior is the one that stuck. Regardless, the broader field of consumer behavior is the study of individuals, groups, and organizations and all their activity related to the consumption of goods and services. In particular, consumer behavior examines how certain characteristics (e.g., emotion, attitudes, social context) impact buying. The field emerged as a subdiscipline of marketing in the 1940s and 1950s in an attempt to better understand and predict consumption patterns and, more plainly, to determine what factors would get people to buy.
to buy more stuff. Consumer behavior was (and still is) notoriously difficult to predict, and the field of marketing was criticized for a lack or rigorous research methods that did little to address existing gaps in our knowledge (Tadajewski, 2009). But, marketing turned toward the behavioral and social sciences, disciplines that were using more advanced methodological approaches, adopting their methodologies and their approaches to the understanding of human behavior. Critically, this turn involved less focus on broader economic trends and more focus on the individual consumer, a shift in emphasis that moved the field forward significantly and characterizes the study of consumer behavior to this day.

At present, the field of consumer behavior is best characterized as an interdisciplinary applied science that utilizes thinking and methods from economics, marketing, psychology, sociology, anthropology, ethnography, as well as several other social and behavioral sciences. As noted above, the field is concerned with purchase, use, and disposal of goods—where purchasing involves all activities and events leading up to the acquisition of goods and services (e.g., research, price comparison, relevant life events), use involves how the acquired goods and services are used and by whom, and disposal includes how individuals stop use of a good and/or service (e.g., throwing it away, reselling it). To understand consumer behavior, researchers in this area focus on consumers’ characteristics (e.g., demographic characteristics) and responses (e.g., emotions, thoughts, behaviors), as well as broader sociocultural factors that impact purchasing and consumption (Kardes et al., 2011). As you can see, the field of consumer behavior is quite broad, but much of it has focused on how and why we purchase items, and it is to that topic that we turn next.

Can I Interest You in a Cowboy Hat?

To give you a sense of the complexity involved in purchase-related decisions, I will now attempt to briefly describe what is called the purchase decision model, one of the more influential theoretical models of consumer behavior (Solomon & Panda, 2000). Notably, although this is only one model addressing one area of study (e.g., purchase decisions), my hope is that by describing this model, you (dear reader) may get a sense of all the different things one might study as a consumer psychologist … or a consumer behaviorist, if you prefer.1 Please note that I can only briefly describe the model here, as my editors are very stringent about my thoughts, behaviors), as well as broader sociocultural factors that impact purchase and consumption. Consumer behavior (broadly) and consumer psychology (specifically) are applied areas of study, and you will apply your knowledge of psychological processes to understanding why people buy the things that they buy, how people consume the things that they own, and how people dispose of the things they are tired of. Consuming goods and services is a major part of our everyday life, one that we should better understand. If you buy this, then you can help push our knowledge of consumer behavior forward by becoming a consumer psychologist.

Further Reading


References


Ethan A. McMahan, PhD, is an associate professor in the Department of Psychological Sciences at Western Oregon University where he teaches courses in research methods, advanced research methods, and positive psychology. He is passionate about undergraduate education in psychology and has served Psi Chi members in several ways over the last few years, including as a faculty advisor, Psi Chi Western Region Steering Committee Member, Grants Chair, and most recently, as the Western Regional Vice-President of Psi Chi. His research interests focus on hedonic and eudaimonic approaches to well-being, folk conceptions of happiness, and the relationship between nature and human well-being. His recent work examines how exposure to immersive simulations of natural environments impact concurrent emotional state and, more broadly, how regular contact with natural environments may be one route by which individuals achieve optimal feeling and functioning. He has published in the Journal of Positive Psychology, the Journal of Happiness Studies, Personality and Individual Differences, and Ecopsychology, among other publications. He completed his undergraduate training at the University of Colorado at Colorado Springs and holds a PhD in experimental psychology from the University of Wyoming.

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an actual need for a cowboy hat beyond aesthetic interests, and none of my friends ever suggested that I buy one. But, after engaging in some mental calculus that took all factors into account, those factors that encouraged the purchase of this item outweighed those that were against the purchase, and accordingly, I decided to buy a cowboy hat. And, I have to say … it looks good on me.

Critically, the takeaway from the above is not that I look good in a cowboy hat (I do). The takeaway is that if you are interested in studying and/or working in consumer behavior, you can focus on many different things. You can study the individual-level characteristics that impact purchase decisions and item use. You can study characteristics of the items. You can study marketing techniques. You can study environmental factors that increase the probability that people will purchase certain products (you ever wonder why candy and gum is often located near cash registers?). You can study how people use and/or dispose of items after their purchase. This is a giant field, and if you have an interest in the how, why, when, where, and/or who consumes different types of commercial products, you can satisfy this interest by working in consumer behavior.

I’m Not Selling Out; I’m Buying In

If the above has piqued your interest in this fascinating area, I encourage you do some “market research.” See what aspect of consumer behavior is most interesting to you. Given the interdisciplinary nature of the field, you could start your training in many disciplines (e.g., business, marketing, sociology). But, if you are particularly focused on how psychological factors impact consumer behavior, then you should dedicate a substantial portion of you education to the study of psychology. This, in combination with a strong background in business and marketing, would put you in a good position to go into this field. Consumer behavior (broadly) and consumer psychology (specifically) are applied areas of study, and you will apply your knowledge of psychological processes to understanding why people buy the things that they buy, how people consume the things that they own, and how people dispose of the things they are tired of. Consuming goods and services is a major part of our everyday life, one that we should better understand. If you buy this, then you can help push our knowledge of consumer behavior forward by becoming a consumer psychologist.

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Further Reading


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If you are feeling a bit of stress or pressure right now, you are not alone. Nearly every survey conducted in the past few years has shown that rates of mental health challenges are rising in colleges and universities across the nation. According to one recent survey, more than 60% of college students currently meet the criteria for at least one mental health disorder (Lipson et al., 2022). In another study, almost 75% of the students surveyed admitted that they experienced moderate to severe psychological distress (Lee, Jeong, & Kim, 2021). Just in case you might someday need support too, it is a good idea to learn about how to contact your college Counseling Center and what they can do to help you before you need it.

College Stressors
Being a college student is amazing, but you will face numerous challenges and obstacles. Without any other complications, school is hard. Managing classes, homework, study time, a social life, finances, and all the other self-care activities (e.g., sleep, nutrition, exercise, hobbies) is a full-time job. Throw in feeling homesick, socially isolated, or swamped academically and it becomes extremely difficult. You might also be experiencing relationship stress, concerns about social justice movements, or various levels of loss suffered during the COVID-19 pandemic. For many, college life can be stressful and overwhelming.

Using effective coping strategies really helps manage all the various stressors. It’s important to plan ahead, keep to a schedule, and realize when you need a break. Nutritious food, some light exercise, and plenty of restful sleep are great ways to recharge the batteries. Having close friends and classmates is a nice way to ward off some of the stress and frustration too. Remember to sneak in some activities unrelated to school as a way to decompress from the pressures.

Recent Trends in Mental Health
There are a couple of other trends that are important to know about. First, more students than ever have received mental health support before they attended college. This is great, as it suggests that higher education is more available for students from various...
Therapy is confidential and does not become part of your educational record, and nobody outside the Counseling Center will ever know that you visited them or received support.

backgrounds who have overcome, or are managing, a wide array of struggles. Secondly, stigma around mental health issues is definitely on the decline. As seen in social media posts, professional sports, and society in general, more people are willing to admit to their struggles and the steps they are taking to get support than in recent memory. It is becoming widely accepted to talk about mental health and personal struggles.

The other important trend is that college Counseling Centers are offering more services and support for students than they did before the pandemic. They are hiring more clinicians, hosting more mental health awareness events on campus, and trying to make it easy for you to get help if you need it. However, a lot of students still have no idea what the Counseling Center does, how to contact them, and what kinds of support are available.

What Does a College Counseling Center Do?
It varies a little bit from campus to campus, but in general they offer a wide variety of interventions for students that need support. They can provide counseling/therapy, support groups, information, and assessment for an array of issues you might be experiencing. Common issues that students experience include anxiety about being on their own or about school in general, sadness and depression, relationship stress, and anxiety. Other common issues they handle include eating disorders, body image issues, substance use, and emotional support for students with various academic struggles.

How Can I Access the Counseling Center?
It will be a little bit different on every campus. Because of the COVID-19 pandemic, accessing support at a college Counseling Center is easier than ever. If you go to your school webpage, there will almost always be a link under a heading about student support or student health. Once connected to the student health portal, you will be able to see what services are available. Most college Counseling Centers will have options for you to make appointments if you arrive in-person, via the phone, or even through an online scheduling portal. They will provide the necessary forms, assessments, and information you will need to get going.

What Kind of Support Is Available?
Counseling Centers are making it easy for you to get the right kind of support for your concerns. They will usually offer you the choice to do therapy in person on-campus, via a secure digital chat or video platform with university counseling staff members, and even digital therapy sessions with trained personnel not affiliated with the university. Typical options include individual 1:1 therapy, support groups focused on a theme, such as depression or eating disorders, and archived videos and materials for self-help. Your Counseling Center will make every effort to provide the type of intervention that best suits your needs and comfort level.

What Else Do I Need to Know?
Therapy and support at Counseling Centers are often free and part of a student health fee included with tuition. There may be a small fee if you decide to continue long term or if it isn’t covered by tuition. Therapy is confidential and does not become part of your educational record, and nobody outside the Counseling Center will ever know that you visited them or received support. It is completely private, just like when you visit your doctor at home.

Learning how to contact your campus Counseling Center before you, or someone you care about, needs help is a worthwhile exercise. The people working there will be able to answer questions and provide support in a setting that is private and empowering. You might never need their service, but if you do it is nice to know a little bit about what to expect.

References

Ronald A. Stolberg, PhD, is a professor and associate program director for the Clinical PsyD doctoral program at the California School of Professional Psychology at Alliant International University in San Diego. In addition, he maintains a private practice focusing on family therapy with adolescents and young adults. His favorite work is helping students and their families with the transition from high school to college.
By Diane A. Safer, PhD
Albert Einstein College of Medicine

As the new columnist for Wisdom from the Workplace, my aim is to offer what Dr. Paul Hettich initiated for this publication and to continue to provide insightful and practical information and advice to help psychology undergraduates and new graduates successfully transition to the world of work and navigate the current workplace. For my inaugural column I want to start with what I consider essential for career success and progress—determining and communicating your strengths and values.

If you tell anyone you are looking for a job or about to begin a job search, the first advice you will likely receive is to “sell yourself.” Everyone says you need to market and promote yourself. But what exactly does that mean? An analogy might help. If I asked you about a book or movie that you really loved, you would eagerly share the best highlights, effusively explain all the reasons why it is so fantastic, and very enthusiastically try to convince me that I should read it or see it myself. When it comes to marketing yourself, you must think similarly. You need to enthusiastically and persuasively market yourself and communicate your assets.

Marketing Yourself Is Not Bragging
Marketing is basically aligning yourself—your skills, strengths, and experience—with the needs of an employer. An available job opening means an employer has a gap, and that employer is looking for a qualified individual to fill that hole. Sharing and effectively communicating the relevant information about your skills and strengths will help the employer recognize you as the one who could fill that gap.

As a career services professional, I find that students have a difficult time accepting the idea of marketing themselves. Many graduate students and postdoctoral scholars with whom I currently work have expressed to me that they feel that selling themselves is unnecessarily bragging about themselves (Safer, 2020). They are reluctant to take personal credit for their accomplishments and undervalue their contributions.

Often students find it difficult to market themselves because they don’t feel special, unique, or exceptional. However, purple squirrels, a term used by recruiters for “sought-after candidates with the perfect, but often impossible, combination of skills for a given job” (Mandloi, 2020) are not only exceedingly rare, they also are not what typical employers are looking for to fill their gap. Together? Daniel Kiely, Senior Director of Talent Acquisition at Healthcare Consultancy Group, a leading global group of healthcare communications agencies that is part of Omnicom Group, explains that he isn’t looking for a purple squirrel. He wants a candidate with strong communication skills.

I think a critical part of the equation here is communication skills. It’s not just what you say about yourself, but how well you say it and how you write it. I would almost always hire a strong communicator with a decent resume over a weaker communicator with a better resume. (D. Kiely, personal communication, September 7, 2022)

So change your mindset. You aren’t bragging when you market yourself. Get in the mindset that communicating relevant skills and experience is merely sharing necessary information and facts to help an employer make a decision. You are communicating your value.

Photo Credit: Shutterstock.com / 3d Factory
What’s Your Value Proposition?

In business, the concept of what a company brings to the table, which hopefully differentiates that company from others, is called its value proposition. A value proposition refers to a company’s products or services that retain customers and attract new business. You are probably more familiar with the term brand. Iconic brands, such as Apple, Nike, and McDonalds, offer clear and consistent ideas of what you can expect from their products and services anywhere you go.

An individual can also be or have a brand. Consider Oprah, Mother Theresa, and Queen Elizabeth. What automatically comes to mind when you hear their names? You also have a brand. Your brand is made up of the characteristics, traits, and skills you bring with you and that distinguish you from others. Your brand or value proposition offers “a clear message of tangible results a company, institution or organization will get from hiring you, based on the unique benefits you bring to an employer” (Konrath, 2019).

Key Characteristics of Psychology Majors

As a psychology major, you have a strong advantage. The core courses for the undergraduate psychology degree develop many crucial characteristics that are valuable to employers. An article in Psychology Student Network, a publication of the National Psychological Association (NPA) Education Directorate, says that “every psychology class has workforce implications. Think about how what you are learning could make you a top-notch employee” (Halonen, 2019). The psychology degree builds skills to understand and predict behavior, analyze and evaluate data, solve problems, and communicate effectively—all extremely valuable skills in the workplace. In addition, the knowledge gained from earning a psychology degree “contributes substantially to the development of a sound work ethic that will appeal to prospective employers” (Halonen, 2019).

Three Steps to Determine Your Brand

So, how do you determine your brand? Before you begin, consider your audience. The goal is to present and position yourself and the value you bring so that it fits with the intended audience’s need and what it values.

Consider the value you bring. What relevant experience and skills do you have? Know that your brand can go well beyond your experience and skills and can include:

- What drives or motivates you
- Your personality
- Your background
- Your style
- Your drive

To determine your brand, review the following three steps to self-assess your strengths and what might distinguish you from others.

**Step 1:** Examine your personal traits and characteristics that make you who you are. These could be innate, developed in childhood, or developed through life experience. These traits describe who you are. For example, are you considered confident, flexible, dependable, honest, creative, or persuasive? When people hear your name, what qualities of yours quickly come to mind? What would your friends or family say they really like most about you? What would your boss say?

**Step 2:** Determine your knowledge-based skills. These are those skills acquired through education, training, and experience. Consider what you learned in your undergraduate program, from your psychology courses, and any other training you have had. Do you have lab skills, writing skills, presentation skills, or management skills?

**Step 3:** Determine your transferable skills, more commonly known as soft skills. Soft skills are those skills that involve interpersonal and situational awareness. They are the skills that help you successfully interact with others, understand what needs to get done, and respond constructively and with common sense to everyday challenges. Soft skills are often what are necessary for success in a role.

Do you have:

- Exceptional interpersonal skills: Are you good at listening, cooperating, being multiculturally sensitive?
- Strong leadership skills: Are you proficient at delegating, initiating, prioritizing, or advocating?
- Outstanding organizational skills: Are you great at planning, brainstorming, or solving problems?
- Excellent communication skills: Are you known for your speaking, writing, negotiating, or persuading abilities?

Now What?

These characteristics, learned skills, and personal experiences make up your personal brand. Now, you can use this information to market yourself and clearly communicate “what you can do, how you do it and … why you do it … to clear any doubt that you are the one … who they want” (Narváez Arciniegas, 2021). Your brand gives you an opportunity to go beyond your technical skills and lets you tell a prospective employer about the person you are.

The key to a good brand is consistent marketing. Your brand should be included in your résumé, your cover letter, on applications, on LinkedIn or other social media, in your elevator pitch, and during interviews. Use it to share what you would like to be known for or how you’d like to be recognized. Use it to tell the story you want to tell.

As a soon-to-be graduate or recently graduated psychology major, you bring a lot of value. Keep that in mind and remember how lucky an employer would be to have you. Now go out there and really sell yourself!

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Diane A. Safer, PhD, is the inaugural director of career and professional development for graduate students and postdocs and assistant professor in the Department of Psychiatry and Behavioral Services at the Albert Einstein College of Medicine in the Bronx, NY. A former business professional with more than 20 years of experience in PR firms serving healthcare/biotech companies, Dr. Safer ran her own information consulting company for 10 years before moving to career and professional development. Dr. Safer is actively involved in key professional career organizations, including the Graduate Career Consortium (GCC), where she has co-chaired the Mentoring Committee for the past four years, the National Postdoc Association (NPA), and the National Association of College and Employers (NACE). She completed her BA in psychology at the University of Wisconsin-Madison and earned her MA and PhD in social psychology at Columbia University in New York, NY.
Did you know: One reason that many people enjoy horror stories is that it can help them to increase their confidence in their ability to control and manage dangers that they might encounter later on in real life. With that psychology concept in mind, this issue of our graduate school Q&A series takes a light-hearted “scary-story”-themed approach. Below, our three experts share their personal graduate school experiences in order to ease some of the more common fears that you might have.

Although challenging, graduate school should be a time for building confidence, professional networks, and unique skillsets— it should not feel akin to entering the woods alone after dark to uncover the source of a mysterious noise! Through the responses below, it is our hope that you will have a clearer idea of what to expect and how to make the most of your graduate school years.

If horror movies have taught us one thing, it is to always ask the realtor about a home’s history before buying! To help potential graduate school applicants relieve any fear of the unknown, could you share any ways that graduate school is similar to or different from undergraduate?

**Jocelyn Turner-Musa, PhD**  
Morgan State University (MD)

 undergraduate education provided me the opportunity to gain knowledge in many different specialty areas (e.g., art history, philosophy). Graduate school felt like the culmination of undergraduate exploration reassuring my path toward psychology. Let’s face it, sometimes in undergrad, you are required to take courses that may not interest you, but are necessary as part of your graduation requirements. Additionally, in many undergrad classes, you are learning alongside those from other majors. You might be majoring in psychology while the person sitting next to you in Biology 101 is majoring in communications. This often impacts the way in which the courses are taught, as educators tend to provide more generalizable information. In a graduate program (e.g., masters in clinical psychology) everyone is learning within the same specialty, allowing educators to provide more nuanced information on topics. Moreover, graduate work is often more rigorous and may also provide specific hands-on training (e.g., practicums, externships, research).

Courses were taught on a quarterly basis during my graduate program, structured in such a way that I routinely took three courses over a 12-week period. This meant that I was not trying to juggle five or six different courses at one time, like in undergrad, but that I needed to learn the material and complete assignments a bit more quickly. Completing tasks early and efficiently was an effective strategy.

**Julie Radico, PsyD, ABPP**  
Penn State Milton S. Hershey Medical Center

**Mitch Prinstein, PhD, ABPP**  
University of North Carolina–Chapel Hill
Jocelyn: Think of undergraduate school as “laying the foundation” and graduate school as “building subject-matter expertise.” As an undergraduate student, you typically take general education courses (e.g., math, critical thinking, science) and in your last two years coursework in your major. As a graduate student, you take specific coursework in your discipline and gain specialized and expert knowledge. Classes are usually smaller in graduate school than in your undergraduate program and may be more interactive in terms of substantive discussions. You’re also expected to be more independent and to rely less upon your instructor for guidance. You need to be a self-starter. Another difference is that, in some instances, your professors may treat you more as a peer; this is especially true as you become more advanced in your program and work closely with a thesis or dissertation advisor who may become a collaborator. Academically, you must excel. In graduate school, you can’t “C” your way through. Grades of “B” or better are required.

In terms of similarities, like your undergraduate program, you meet new people, make new friends, and expand your networks. This can aid in your personal and professional development. These individuals may become lifelong friends and colleagues.

Mitch: In college, classes are the major focus of your work, and grades can be the main indicator of how well you are doing. That’s not the case in graduate school. After Year 1, you may take 0 to 2 classes each semester, and considering that you are likely already high academically achieving a little perfectionistic to have gotten admitted in the first place, grades are not an emphasis much at all. In fact, many graduate schools do not even grade on an A, B, C system, so there is no GPA. Much more important is how you use the knowledge from your classes to inform your research and scholarship. Many senior investigators wish they could go back and take classes, because it’s a great way to be exposed to theories and ideas outside your own area of research and increase the richness of your work.

On a scale from 1 (a whisper) to 10 (a scream), how challenging would you rate your graduate school years? How did your workload/hours spent compare to your junior and senior years as an undergraduate?

Julie: I’d give grad school a rating between 5 to 8 on the challenging scale. 5 because it was never easy, though often enjoyable and a manageable level of stress. 8 because sometimes the stress of juggling studying, writing papers, doing a practicum/externship, working on a dissertation, and having a job could hit all at one time and feel overwhelming.

Mostly I found working full-time manageable during undergrad and graduate school. I worked 32 to 40 hours a week throughout the first four years of graduate school, only stopping when I started my internship. Doing this did require a lot of time management, and I had the benefit of not having any dependents for which I needed to provide.

Jocelyn: On a scale from 1 (a whisper) to 10 (a scream), I too would have to say between 5 and 7. Graduate school is challenging and requires a different kind of commitment. As a graduate student, I didn’t have as many classes as I had during my undergraduate program. However, my graduate courses required more time reading, critically evaluating and synthesizing readings, writing, and applying this knowledge. Classes were much smaller and included more focused discussions and debate, so you had to be prepared. At times I found this to be exciting (5 rating), but at other times it was a bit stressful (7 rating). Another challenge was working part-time during the first few years of my graduate program, which meant I had to be very mindful of my time. As an undergraduate, I was a full-time student and had more time for engaging in several extracurricular activities, like the Psych Club. As a graduate student I had to learn how to manage work, studying, and time for self.

Mitch: Hmm, I would say a 4 to 6, with some caveats. It was hard work, but it was also fun, because there was much more doing and much less traditional classroom learning/exams, etc. I loved actually getting up in front of a class and teaching, collecting and analyzing data, and seeing patients. Those didn’t feel like work, because I was already doing the job I longed for while most of my friends in law and med school were stuck in classrooms far removed from the actual practice of their future jobs. But of course it was still super challenging, because I was working at the graduate level now and surrounded by really smart people doing amazing things. The writing was also a big challenge for me. Being a good writer in undergrad is barely predictive of writing success in graduate school, because it is a totally different kind of writing which takes a big adjustment.

For giggles (and maybe a cheap scare too!): What was the longest paper, dissertation, or research article, etc. that you wrote in graduate school? How many pages was it? And was this your most challenging project?

Julie: Dissertation, hands down. It was over 100 pages, entitled: Examination of Physician Decision Making With Children and Adolescents Diagnosed With Long QT Syndrome: A Qualitative Study. I interviewed 10 pediatric cardiologists about how they make decisions in treating children and adolescents with Long QT Syndrome (LQTS). It was a great experience, but took years of work. This work included: recruiting participants, completing interviews, transcribing interviews, working with a team to code the interviews, completing a qualitative analysis, writing it up, and then defending my dissertation. It was a great experience and I really enjoyed the topic. It also remains relevant in my work as a psychologist in a Department of Family Medicine.

My encouragement to those who are at the beginning of such process is to map out your timeline, add more time to your timeline than you think you will need, take it one step at a time, and ask for help.

Jocelyn: Oh yes, it was my dissertation! Like Julie, my dissertation was over 100 pages and was one of the most challenging and exhilarating projects I had in graduate school. As mentioned, I worked part-time as a graduate student. One of my jobs was as
Everyone knows the CGI monster at the end of the movie usually isn’t so scary once it is finally revealed. What would you tell a student struggling with imposter syndrome with regard to whether they should apply to graduate school?

Julie: The impostor phenomenon will loom over you throughout your life if you let it. It can be especially daunting for those who identify as female and/or come from diverse backgrounds.

- Do not discount your accomplishments or your competitiveness for a graduate program before you have applied. The impostor phenomenon can make you feel like you need to meet all of the requirements to apply to graduate school, or that you needed to have followed a specific pathway. This is not always the case, as programs look at the make-up of the class as a whole and often want to bring in diverse perspectives in many facets.

- It is helpful to be fully informed about requirements for a program. Read the website carefully.

- Talk to current students enrolled in the graduate program and seek out mentors.

- Many programs also take into consideration if a person is reapplying for a second time. Applying again lets the program know that you are motivated, dedicated, and invested.

Jocelyn: Many of us have fears and doubts. But, like “the CGI monster at the end of the movie” in the end, we realize that things are not as bad as they may seem. When I was contemplating graduate school, I too questioned whether I was good enough for graduate school. Even though I had good grades, was president of the Psych Club, and a charter member of my Psi Chi chapter, I still had doubts. With the support of my family and faculty mentors, I pushed through my doubts, applied to graduate school, and the rest is herstory. I’m the first in my family to receive a PhD. “You can do this.”

Mitch: Everyone has impostor syndrome, and it can last for your whole career, so don’t let it stop you for pursuing your dreams! That first patient, the first class you teach, and the first presentation you make are scarier than any CGI monster, but you learn that you are not alone, and there is a ton of support in the field to help you keep taking the next steps. I think that’s what’s nice about one’s dissertation. It’s a lot of work, but by the time you are done, you know that area of the literature better than almost anyone else, and then you can feel confident in at least one main area of focus. Oh, and also—that monster will live in your faculty office too. But remember: That’s why it takes 6 years to get tenure. No one expects you to know how to be a faculty member until then, so think of assistant professorship as a faculty in training program, and it will keep that monster caged for a while longer!

What are some reasons you have seen for graduate students to not graduate? Yikes!

Julie: It was rare for someone not to graduate. What does happen was that students would get delayed in their progression through the program. This seemed to happen to one person every few cohorts. Whereas reasons for the delays were kept confidential, the general thought was that this would happen if the person could not pass the comprehensive exam or if an event in their personal life caused them to delay their coursework/practicum completion.

Jocelyn: What I’ve found is that students do graduate, but the time to graduation may vary. In other words, life happens. Some students take a “leave of absence” for personal reasons or may need more time to complete their degree because of life circumstances. Applying to and getting into graduate school is an honor and commitment that’s not taken lightly. Given this, in my experience most students persist. But if they don’t graduate, it could be due to lack of preparation for the rigors of graduate school and/or financial strain associated with the cost of graduate school.
Mitch: It’s rare indeed. Sometimes students realize grad school and psychology is just not for them. Students who are in the inertia of taking next steps because it seems like the right thing to do rather than a passion, seem to struggle the most. In that case, leaving graduate school is a good idea because it’s not too late to start down another path. We spend more of our waking hours at work than anything else we do. It’s worth picking something we love if it’s going to take up that much of our lives.

What happens in the afterlife—[coughs] Excuse me. I mean to say, what might students’ lives look like after they achieve their graduate degrees with regard to job opportunities, average salaries, well-being, etc. Horror stories aside, I am a sucker for a good happy ending!

Julie: This is a fantastic question that is difficult to answer with specifics. Reason being, there are many specialty areas you can go into with a graduate degree in psychology. Specialty, location of practice, and years of experience all impact your employment opportunities, salary, and work-life-balance.

A good resource to look through a variety of data is: https://www.apa.org/workforce/publications

In a global review from National Science Foundation’s 2015 National Survey of College Graduates (NSCG) to analyzing salaries for psychologists in the United States:

In 2015, the median annual salary for psychologists was $85,000. More than half (57 percent) of psychologists had salaries within the range of $60,000 to $120,000. Geographically, median salaries were highest in the Middle Atlantic Division ($108,000) and lowest in the East South Central Division ($59,000). By degree field, psychologists who were trained in industrial/organizational psychology ($125,000) had the highest median salaries, whereas those who were trained in educational psychology had the lowest ($75,000). (APA, 2017, p. 1)

Jocelyn: There is life in the “afterlife.” Planning is key to what the “afterlife” looks like upon receiving your graduate degree. A lot also depends on whether you have a masters or doctoral degree, your area of specialization, geographic location, and type of career you wish to pursue (e.g., practice vs research vs applied vs academic). I suggest that you do your homework to obtain information about employment opportunities of interest. In addition to what’s already been shared, check out https://www.mynextmove.org/ a website that allows you to explore different careers, education/skills needed, and job/salary outlook for those careers. For psychology in general, the outlook appears to be bright (Bureau of Labor Statistics, n.d.).

Mitch: There is not just one afterlife—there can be many! Psychological scientists are needed in academia, sure, but also in industry, teaching positions, the tech industry policy, as authors, administrators, consultants, etc. A doctoral degree in psychology is one of the most versatile degrees there is, and you learn so many skills (e.g., synthesizing data, writing, designing projects, running teams, grant writing) that are valued in many different contexts and societal sectors. You can work in different kind of positions as your career progresses. Some pay a lot. Many don’t, but they come with other perks that are much more important. Perhaps most exciting is to be in a field that studies what every human thinks, feels, wants, does every minute of every day. No other field can say that, and that makes a psychological scientist an especially awesome person to be!

References

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What a PSYCHOMETRIST JOB Is Really Like

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When we think about jobs in psychology, the role of the therapist, counselor, or psychologist typically come to mind. This makes sense as they make up the majority of professionals working in the field. My job as a psychometrist is also relevant to psychological sciences, yet it remains hidden from the world’s eye. A psychometrist’s major tasks include administering and scoring neuropsychological and personality tests. Psychometrics has been utilized to evaluate risk of disease, traumatic brain injury, mental illness, and learning disabilities in individuals and also holds the potential to advance the medical fields.

Psychometrics is defined as the science of measuring mental capacities and processes (Oxford Languages, n.d). Merriam
Webster defines psychometrics as a branch of clinical or applied psychology dealing with the use and application of mental measurement (Merriam-Webster, n.d.). It has been said that the psychometrist is an extension of the psychologist (DeLuca & Putnam, 1993). Moreover, psychometrists undergo neuropsychological testing duties on behalf of psychologists, thus rendering the role of the psychometrist unidentifiable to those unfamiliar with the testing process. In this article, I will first describe what being a psychometrist is really like, then I will present a brief case study to determine what sort of impact psychometric testing can have on the future of health care.

Job Overview

Psychometrists’ average time of administration for each individual is five hours. On top of the administration time, there is scoring, interpretation of results, integration of other medical information, and report writing. The time to complete all these tasks add up and must be repeated for each patient. It is because of this that some psychologists find that the employment of psychometrists is advantageous and often necessary for neuropsychological practices with high patient volumes. Moreover, with a lighter workload, psychologists are then able to become fully present during these sessions (DeLuca, 1989). DeLuca and Putnam (1993) found that employing a psychometrist is cost-effective and increases psychologists’ salaries by 89%.

In terms of testing, I didn’t expect to have my own office. Most psychometrist offices, including my own, usually come with a computer, table space and an office phone. Additionally, it is equipped with cabinets, and storage space for testing equipment. The room is off limits to any other staff not related to neuropsychology. I am grateful to have my own office because I get to work in a quiet environment.

Testing Ethics and Integrity

Although some psychologists employ psychometrists, many do not (Sweet et al., 2002). There are many fears that come along with hiring a psychometrist. For instance, the National Association of School Psychologists (NASP) are concerned about test misuse and administrator qualifications, and require proper APA- or NASP-approved graduate level training before taking on the role of a psychometrist in an industry (Malek-Ahmadi, 2012). Another important factor to consider is test security. Studies have shown that errors on 66% of the trainee’s test protocols resulted in variations in the Full-Scale IQ. These errors decrease the validity and reliability of the scores. Thus, it is extremely important for psychometrists to undergo thorough training before being allowed to begin neuropsychological testing. In my case, the psychologist had me observe her testing for a duration of five to six months before allowing me to test on my own. While I was observing testing, I learned the tips and tricks she needed me to acquire in order to carry out testing in a professional manner.

During the induction process, psychometrists are presented with numerous guidelines that need to be met in order to ensure that testing ethics, integrity, and governance have a high profile and are firmly embedded in the organization’s ethos and culture (Board of Psychometrists, 2005). For example:

- Prior to testing, psychometrists are responsible for providing patients with a brief description on what to expect during the testing session. Moreover, patients must be ensured that all information remains confidential and that they have the right to end testing at any point.
- Patients’ permission is key in the face of unexpected change to the regular examination process. For example, when a trainee psychometrist wants to observe testing for learning purposes.
- A trainee psychometrist is not permitted to test patients and may be subject to appropriate legal charges if they attempt to do so. Only a trained psychometrist who has completed their training has authorization to test a patient. In all cases, the psychologist will be present in the clinic while testing occurs.

Psychometrists must also develop the ability to maintain rapport with clients throughout testing. Rapport is essential as well as knowing how to interpret certain key behaviors in children, such as attention to tasks, frustration tolerance, and reflectivity during testing (Hall et al., 2005). Thus, the psychologist or other trained psychometrist needs to make it clear that rapport building is important and expectations to maintain this are high during training.

Training

Training is done by the doctors themselves and in some cases by trained psychometrists. This creates team spirit atmosphere and most definitely gives off a family feel. The psychologist knows just how stressful it can be to adjust to a new work environment. For this, they will give you important tips and tricks on how to balance work and life. In my case, my psychologist knew I flew in from overseas, and I didn’t know anyone, so she prioritized introducing me to the larger psychometrist group team. This helped me create connections and also gain valuable training insight. Today, I feel like I have made a true connection with a few of them
the psychologist every day for an average three to seven months. During this time, the psychologist takes you under their wing, gets to know you as a person, and gives you the tools necessary to become an independent neuropsychological examiner. Slowly but surely, you pick up on the doctor’s mannerisms and behaviors, which they have acquired over their long years of trial and error. When you finally are ready to test on your own, you will have the right wherewithal to perform well. The bond you and the psychologist develop during this period of time is everlasting and will serve you for decades to come. This one-on-one time with the doctor is an invaluable experience, one that will stay with you for the rest of your life and prepare those who are looking to pursue a doctorate program in psychology.

**Administering Tests**

The trained psychometrist administers a list of standardized neuropsychological tests that the doctor requests. The psychologist gathers the patient’s demographic information, medical history, and other relevant information. They then interpret the collected information and compose a test list or “battery” of specific neuropsychological tests that are designed to target suspected problem areas of the brain. These standardized tests examine the level of functionality of those various parts and then compare them with other individuals of the same gender, age, and education level. Based on the test results, the psychologist should be able to diagnose patients and provide them with a personalized treatment plan. However, sometimes the psychologist does not identify the source of the issue right away. If this happens, they will typically request a general test battery (which contains more tests to target all areas of the brain) or refer the patient to another doctor.

**Scoring Tests**

For scoring, most psychometrists, including myself, follow a scoring checklist. This checklist serves as a protocol to guide me through the scoring process. Currently, the checklist I use is sectioned into two parts: (a) paper-based record and sheets, and (b) final digital file. The checklist is currently going through changes in which the first will also become digitized as we adopt a more ecofriendly approach.

The first section consists of correctly labeling patients’ information such as their name, last name, and testing date on all testing sheets; using norm tables to score each test; verifying that testing sheets match normed scores; and finally reporting behavioral observations. The second section consists of creating a digital shared file, making sure that all scores are the same on the digital report, and recording testing and scoring times. Once the transfer is complete, the psychometrist (i.e., myself) signs the paper file and returns the file to the doctor for review. During scoring, it can be helpful for the psychometrist to share notes in order to get better results. The psychologist then returns the completed file back to the psychometrist, who then undergoes the long-term scoring process where files are securely stored and protected. This process provides room for receiving new referral patient files and to repeat the entire process described above.

**Vanguard of Psychological Testing**

In reality, administering and scoring (the technical and practical duties), account for about two thirds of this job. The other third involves brainstorming and theorizing new ways to improve current tests and grow the field of psychometry.

With psychometry still in its infancy, we, as a team, are constantly looking for ways to improve our services. Therefore, the psychologist might make strategizing a top priority and pick a fixed time every week for the team to meet and to touch base to brainstorm, strategize, and discuss ways to improve. Our team tries to stay alert and attuned to our environment, hence why we have recently switched to iPads rather than testing on paper. Electronic devices are the future and environmentally friendly.

In terms of the typical psychometrist schedule, because we are constantly adjusting our work ethics to fit our company’s vision, our work schedules are very dynamic. There will be weeks where you need to change the whole timetable and you need to be able to keep up with the unexpected changes.

Psychometrics holds a greater importance to the medical field than it may seem. Results of various studies similar to the one detailed above reveal how neuropsychological testing
can lead to advancements in medicine. Looking back at my experience, I think the fact that I trusted my psychologist helped me a lot. This allowed me to feel comfortable and really soak in all the details that came along with being a successful examiner. Conversely, the next time I receive tasks, large or small, I will ask the psychologist to cut the tasks into manageable pieces in order to be sure the work is done efficiently and successfully. Sometimes, we cannot avoid doing the work, so just a nice work–life balance can relieve you of extra burdens. In this profession, you don’t just learn how to be a good psychometrist, you learn how to become a good person, and that takes time and practice. Thus, this job allows for personal growth within ourselves and within the industry. With adequate training, care, and time, you will gain the necessary skills and tools to become a psychometrist and make a real impact on the world.

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Case Study
Researchers in the medical fields, for instance in genetics (Haverfield et al., 2021) and neuropsychology (Gustafson et al., 2003; Skoog et al., 1996), have been utilizing personalized medicine to evaluate risk of disease. One way is with neuropsychological tests results, similar to the ones used by psychometrists to develop cognitive risk scores. These cognitive risk score models are calculations that can assess our risk for a certain complex condition (Ye et al., 2017). Prior to this study, there has been no evidence of research of the cognitive risk scores technique to predict the risk of progression to dementia in Parkinson disease (PD) patients. Knowing that cortical thickness in PD patients reflects cognitive functionality and structural changes could potentially differentiate normal PD patients from PDD with dementia, Ye and his team hypothesized that finding the regions of the brain related to cognitive risk score in nondemented PD patients could reveal the important brain region responsible for further progression to dementia (Ye et al., 2017). For this, Ye and his team used neuropsychological tests, identical to the ones utilized by psychometrists to develop a cognitive risk score system that can be used to predict progression to Parkinson’s Disease Dementia (PDD) in PD patients.

Discussion
In this study, neuropsychological tests were used to develop a cognitive risk score system that can be used to predict progression to PDD in PD patients. This newly developed cognitive risk score system predicted the development of PDD moderately well (AUC > 0.79). PDD was predicted using the participants’ baseline performance in the following tests: confrontational naming and semantic fluency tests, frontal/executive function tests, an immediate verbal memory test, and a visuospatial function test. Additionally, the cognitive risk score correlated with cortical thinning in several cortical regions. Taken together, these findings suggest that combining neuropsychological test scores in a cognitive risk score approach is a useful way to predict future dementia in PD patients.

Authors Notes
It all began with the question: “Is this it?” I was just finishing school, chasing the rising sun of infinite possibilities, and headed toward a life many would consider to be a successful one. Not long after, I realized that success means a lot of different things to a lot of different people. Jean-Jacques Rousseau once said: “Falsehood has an infinity of combinations, but truth has only one mode of being.” What was my truth? I set off on a long journey and discovered that my passion lies in the hidden realm: that is, the unconscious mind, emotions and all things unseen to the naked eye. And just like that, I made a home in the darkness before dawn.

I wrote this essay to express my deep appreciation and love for my job and to thank the entire team at my organization for helping me get this far.

Keywords: psychometrics, training, neuropsychology, personalized medicine, MRI
Applying Your Psych Major Toward a Career in Criminal Justice

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Psychology is one of the most popular college majors in the United States with approximately 3 million conferred degrees in 2019–20 (National Center for Education Statistics, 2022). Psychology courses have the potential to teach students a broad array of in-demand job skills that apply to a variety of potential careers, including critical analysis, effective communication, and cultural competence. That range of possible professional options can be comforting...until you graduate and find that there isn’t a clear career path right in front of you.

A passion for social justice may lead some students who majored or minored in psychology to pursue a career in the criminal legal system. As almost half of incarcerated persons in the U.S. legal system reported a past or current mental health diagnosis (Maruschak et al., 2021), an understanding of mental health is a relevant skill for anyone working in the legal system. Additionally, skills such as critical analysis can help professionals apply relevant legal standards and advocate for better care. An ability to defuse conflict and actively listen aids professionals when working with distressed individuals. An ability to identify bias can help promote equitable treatment.

Although mental health clinicians may work alongside those in criminal legal careers, they are different professions—a reality that is often misconstrued by the media. For a better description of forensic psychology, I encourage those who are interested in that field to review other articles published in this journal (e.g., Huss, 2001; McMahan, 2019). This article will focus on careers in the criminal legal field. There are a multitude of options in this broad field, and this article is just a beginning. When describing these options, I’ve included specific job advertisements. Although these jobs might not be available when you read this article, they can give you an idea of possible career paths. Still, some are offered annually, so make sure to look them up if you are interested. I’ve also included specific salaries when available. Balancing the need for additional experience, additional schooling, student loans, and eventual salary can be important when choosing a career path.

Career Options

Law Enforcement

There is a huge range of careers in law enforcement and the military. These jobs can range from police officers to youth correctional counselors. They each have their own application processes and systems. Many application processes go far beyond an uploaded cover letter and resume. They can include civil exams, as well as physical and/or psychological evaluations. They might take months or years to complete. It can be beneficial to start this research long before you plan to begin your career. It’s also important to consider whether a job you are interested in is available for civilians or the public. Some positions are restricted to those...
already in a military or government system (i.e., a promotion).

Many jobs in law enforcement directly request the knowledge and experiences that come with bachelor’s or master’s degrees in psychology. Many of my students are interested in a job that is often posted: Federal Bureau of Investigation (FBI) Special Agent–Psychology/Counseling Background. The job advertisement explains that those with a social science background can analyze individuals’ motives and provide professional insight. The listed annual salary range is $62,556–$80,721.

Alternatively, students who excelled at statistics and gained relevant psychometric experience might be particularly compelling applicants for jobs like Analytic Methodologist at the Central Intelligence Agency (CIA). A recent ad listed a starting salary between $59,824 and $176,300.

**Criminal Law**

Another pathway to work in the legal system is to become a lawyer. This does not require additional schooling beyond getting a law degree. Law schools do not require specific majors, and many psychology majors go on to law school. If this appeals to you, look through your school website to see if there is a prelaw institute or prelaw advising program. It is particularly helpful to engage in these types of programs as a psychology major. Many of your professors are likely psychologists and this can be an opportunity to connect with professionals who can more directly advise you in your eventual career. This does not mean that a psychology background is unhelpful. One of my students received a full tuition scholarship to law school and was told that her research experience helped her to stand out among the other applicants. In 2021, the average salary for attorneys was $148,030 and median was $127,990, although the lowest 10% earned an average of $61,400 (US Bureau of Labor Statistics). The salary range is wide for attorneys and likely to be dramatically impacted by location and setting.

Attorneys have a range of options once they have passed the bar and can work in an independent practice, a nonprofit organization, or at organizations like the CIA. The Legal Aid Society is advertising for a number of relevant jobs, including a Supervising Attorney for their Criminal Defense Immigration Team. Several law firms also specialize in representing veterans with mental health symptoms who are seeking discharge upgrades.

**Other Options**

When it comes to the perfect position, a little creativity can help. You might want to start looking at organizations that inspire you to see who they hire. Many multidisciplinary organizations advocate for individuals in the criminal legal system. One example is Brooklyn Defender Services, an organization that represents low-income New Yorkers. They employ attorneys, social workers, paralegals, and
adminISTRATIVE PROFESSIONALS TO ADVOCATE
FOR THEIR CLIENTS IN CRIMINAL, FAMILY,
IMMIGRATION, AND CIVIL LEGAL MATTERS.
ONE ARM OF THEIR ORGANIZATION IS CALLED
THE INVESTIGATION UNIT, IN WHICH STAFF
MEMBERS KNOWN AS INVESTIGATORS WORK
ALONGSIDE CRIMINAL DEFENSE ATTORNEYS TO
HELP LOCATE, INTERVIEW, AND TAKE DETAILED
STATEMENTS FROM CRITICAL WITNESSES. THE
EDUCATIONAL REQUIREMENT FOR APPLICANTS FOR
THE INVESTIGATOR POSITIONS IS A BACHELOR’S
DEGREE, AND A RECENT JOB AD FROM BROOKLYN
DEFENDERS SERVICES ADVERTISED THE POSITION
FOR AN ANNUAL SALARY BETWEEN $49,200 AND
$62,200.

TESTING THE WATERS
STUDENTS COMMONLY AND LEGITIMATELY
COMPLAIN ABOUT THE NEED FOR EXPERIENCE
REQUIRED BY ENTRY-LEVEL JOBS. IT CAN BE HARD
TO BREAK INTO A FIELD AND WHEN AVAILABLE,
A RELEVANT PROFESSIONAL INTERNSHIP CAN
PROVIDE MORE THAN JUST RESUME PADдинG.
AN INTERNSHIP CAN SERVE AS A CHANCE TO
UNCOVER YOUR INTERESTS AND PASSIONS.

Many internship options are available, particularly over the summers, and many of them are paid. The CIA occasionally offers a position called HR ANALYST
UNDERGRADUATE INTERN, a paid position for full-time students who are majoring in
PSYCHOLOGY, STATISTICS, OR DATA SCIENCE. THE PROGRAM ALLOWS STUDENTS TO PARTICIPATE
IN MEETINGS AND PROJECTS, AND ASSESS OPPORTUNITIES FOR EMPLOYMENT FOLLOWING
THE COMPLETION OF THE PROGRAM. THE FBI ALSO OFFERS COMPETITIVE PAID INTERNSHIP
POSITIONS. THE FBI’S HONORS INTERNSHIP PROGRAM IS OFFERED FOR UNDERGRADUATE
STUDENTS (IDEALLY BETWEEN THEIR JUNIOR AND SENIOR YEAR) AND WAS CREATED AS A PIPELINE
FOR LATER EMPLOYMENT. THE COLLEGIATE HIRING INITIATIVE WAS CREATED FOR STUDENTS
WITH AN UPCOMING GRADUATION OR WHO GRADUATED WITHIN 24 MONTHS OF APPLYING.
IT’S IMPORTANT TO NOTE THAT INTERNS ARE NOT GUARANTEED JOB OFFERS, BUT MAY RECEIVE
RECOMMENDATIONS FOR HIRE AFTER THEIR INTERNSHIP EXPERIENCE.

While you are still in school, it is also helpful to utilize all resources that are
AVAILABLE TO YOU AS A CURRENT STUDENT. YOUR SCHOOL MIGHT HOLD JOB FAIRS, HAVE
A CAREER CENTER, OR HAVE A PROGRAM FOR CAREER DEVELOPMENT. SIMILARLY, IF YOU
HAVE RECENTLY GRADUATED, TAKE A LOOK AT YOUR SCHOOL WEBSITE TO SEE WHETHER THERE
ARE ANY RELEVANT RESOURCES. MANY SCHOOLS HAVE ALUMNI-ONLY GROUPS ON LINKEDIN OR
FACEBOOK, WHICH MIGHT PROVIDE NETWORKING OPPORTUNITIES. MOST SCHOOLS MAINTAIN
ALUMNI LISTS, SO MAKE SURE YOUR SCHOOL HAS YOUR CURRENT CONTACT. LASTLY, SCHOOLS
MIGHT HAVE PANEL DISCUSSIONS, WEBINARS, AND MENTORSHIP OPPORTUNITIES.

COMMON MYTHS
ABOUT LAW ENFORCEMENT

Not like television. Although students are often excited by the alluring represen-
tation of careers on television, the reality is rarely as exciting. When speaking
with one of my former lab members about his later career at the FBI, he summed
up his experiences stating that it was far more boring than he had expected. On
a related note, as major agencies need a wide variety of professionals, you can always start your career as an administrative assistant at the CIA.

**Time consuming application.** The selection process for many agencies can be daunting and include written, verbal, and physical exams as well as psychological screening and prolonged background checks. The process can take months and eventual employment is not guaranteed. After getting the job, you still might be required to successfully complete a training academy or be subject to a probation period with relatively lower pay. Therefore, applicants need to be thoughtful about how to support themselves during the process.

**Reading the fine print.** Although some jobs are open to the public, others are not. It can be helpful to look at both options. You can likely only apply for civilian or public positions at first, but your eventual goal might require moving up the ladder within an organization. Additionally, many positions specify a certain amount of professional experience or a specific degree, but in practice (and in the small print) they might allow professional experience and/or academic experience to replace one another.

### Getting Started . . .

If you feel confused about your options, I encourage you to start looking around job sites like [USAjobs.gov](https://www.usajobs.gov). Use search terms that reflect your interests. If you aren’t sure yet what your options or passions are, you can use general search terms (e.g., criminal justice, psychology) and see which advertisements interest you. Make sure to carefully consider the job requirements, particularly if additional schooling is required, and the salary options that are available. You can ensure that you are on the right track to get where you want to be. While keeping in mind that individual jobs can vary dramatically, take a look at the [US Bureau of Labor Statistics](https://www.bls.gov) website to compare possible salaries.

If a particular agency or organization interests you, look it up to see if there are available internships. You can always change your mind later, but pursing your interest earlier tends to smooth the path ahead of you. Good luck!

### References


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Many common psychological disorders and syndromes, such as anxiety and depression, affect millions of people. But did you know that numerous others are much rarer and less understood. Sometimes, these disorders may only exist in certain cultures, or may only be seen every once in a blue moon, so to speak. For this article, let’s walk through a bevy of rare and fairly unknown disorders.

To put some of these conditions in context, examples throughout pop culture are included underneath some of the summaries. Keep in mind that, although we can always look for psychological themes in popular culture and media, there is not always a good representation of these themes for viewers. Warning—there will be spoilers for your favorite TV shows and movies.

I’ve separated the disorders below into the following categories. Cultural syndromes often “co-occur among individuals in specific cultural groups, communities, or contexts” (Concordia University St. Paul, 2020). Visual/Delusionary diagnoses have to do with what the affected individual sees. The Belief-Based category refers to the affected individuals’ beliefs being impacted due to the syndrome/disorder; this refers to how people think about the world, themselves, and those around them. Urge-Based disorders/syndromes refer to the affected individuals’ uncontrollable urges. The Bodily/Sensory categorization includes syndromes/disorders affecting the senses and the perception of one’s surroundings. Although similar to the Visual/Delusionary category, the Bodily/Sensory category does not impact one’s beliefs, but instead has to do mainly with bodily function and sensation. The Emotional category includes mood-related disorders/syndromes that do not fit in the other categories.

Finally, it’s best to keep in mind the difference between a syndrome, a disease, and a disorder. A syndrome includes symptoms that distinguish a disease, which has a distinct cause and symptoms that make up a specific process occurring in the body. Similar to the definitions of a syndrome and a disease, a disorder is a disturbance of the body’s normal function (Nasrallah, 2009). Many of these conditions are not listed in the latest issue of the DSM or of the ICD due to their rare nature. Such rarity in cases means they are less likely to be studied and thus classified.

Cultural

Khyâl Cap is a cultural phenomenon found in Cambodian and Cambodian American individuals, stemming from the Cambodian word “khyâl,” which translates to wind in English, that “rises in the body with blood” (Colman, 2015; Sahlin, 2018). Similar to panic attacks, Khyâl Cap includes symptoms of “dizziness, palpitations, shortness of breath, and cold extremities, along with symptoms of anxiety and autonomic arousal, such as tinnitus and neck soreness” (Concordia University St. Paul, 2020). According to Hinton et al., this is often seen in Cambodian refugees who are also diagnosed with PTSD (2010). Although these attacks often have no trigger or warning, they are often triggered by “crowded spaces or some other stressful situation” (Sahlin, 2018). Because these attacks often involve “a great fear that death might occur from bodily dysfunction,” this syndrome is also believed to be associated with psychosis (Concordia University St. Paul, 2020).
**Koro Disorder** is a severe fear that one's genitals will shrink and be sucked up into the body, which people afflicted with this disorder believe can result in their deaths. It is most commonly an ailment of Southeast Asian and Chinese men, but has also been found in Africa, the United States of America, and Europe in both men and women (Ntouros et al., 2010; Times of India, 2016). Those suffering from Koro tend to measure their genitals often in order to be sure they are not shrinking. Professionals often treat this disorder with behavioral therapy and antidepressants (Wong, 2021).

**Kufungisisa**, often seen in the Shona people of Zimbabwe, is conceptually known as “thinking too much” or “brain fog” (Concordia University St. Paul, 2020; Sahlin, 2018). Thought to cause physical and psychological pain, this disorder is often related to anxiety, panic, irritability, and depression (Sahlin, 2018). According to Patel et al. (1995), Kufungisisa refers to nonpsychotic mental, physical, and spiritual distress in an afflicted individual.

**Maladi Moun** is a disorder found in Haiti and Haitian communities, of a similar concept as “the evil eye,” which is based on the belief that “feeling envy and malice toward another can cause harm in the form of depression, academic or social failure, psychosis, or an inability to perform daily life activities” (Sahlin, 2018).

**Nervios** affects individuals of Latinx (Latin American) descent in the face of upsetting events, causing physical and psychological issues, such as issues with sleep, digestion, muscle pain, and emotionality. **Ataque de Nervios** is a more extreme form of Nervios which in effect can include emotional issues, such as anxiety, grief, suicidality, dissociative experiences, or physical issues including “fainting or seizure-like spasms” (Sahlin, 2018). Ataque de Nervios involves feeling out of control, including uncontrollable crying, screaming, and shouting. It should be noted that this condition results from a repeated buildup of emotional triggers and psychological suffering (DSM Library & Psychiatry Online, 2013).

**Taijin Kyofusho** is a sort of social anxiety usually found in Japanese communities. It is defined as “an intense fear that one's body parts or functions displease, embarrass or are offensive to others” (Essau et al., 2011). Affected individuals may avoid others out of fear that their body odor, eye contact, facial expressions, facial blush, or body movement may be offensive (Sahlin, 2018). Although not mentioned in the DSM-V, this syndrome is mentioned in the DSM-IV, most likely due to the summarization of cultural syndromes into three concepts of syndromes, idioms, and explanations or perceived causes (American Psychiatric Association, 2013, p.14).

**Visual/Delusionary-Based Alice in Wonderland Syndrome** aka Todd Syndrome creates a perceptive distortion in the mind of those affected, which can affect the perception of one's body image, of time, or of how one perceives the space around them. To put this in perspective, consider the tale of *Alice in Wonderland*, which shows Alice growing and shrinking, while walking through a land of strange shapes, colors, sizes, and people. Symptoms of this syndrome can include “hallucinations, sensory distortion, and an altered sense of velocity… These symptoms can trigger panic and fear responses [and] is often associated with frequent migraines, brain tumors, or drug use and can affect children between the ages of five and 10” (Concordia University St. Paul, 2020). It should be noted that this syndrome is not found in the DSM or the ICD.

**Pop Culture Example:**

Alice in Wonderland Syndrome is said to be highlighted in the movie Wonderland Syndrome (2018), showing a girl who develops Alice in Wonderland Syndrome as a side effect when she contracts pneumonia, while already struggling with epilepsy and bipolar disorder.

**Charles Bonnet Syndrome** includes “temporary visual hallucinations… related to pathological vision loss [and is] more common in individuals with macular degeneration, glaucoma, and diabetic retinopathy.” Luckily, the syndrome clears up on its own in about 12–18 months. A common occurrence of this syndrome is something referred to as Lilliputian Hallucinations. Named for the people in *Gulliver’s Travels*, these hallucinations depict “people, animals, and objects of greatly reduced size” (PsychDB, 2021). Charles Bonnet Syndrome can be found in the ICD-11, also known as the International Classification of Diseases.

**Pop Culture Examples:**

Charles Bonnet Syndrome is thought to be the basis for Walter’s hallucinations in *The Secret Life of Walter Mitty* (2013). Another example is seen in the short film, Charlie Boy (2016), which shows an older woman suffering from this condition.

**Lilliputian Hallucinations**, as mentioned in the article, derive their name from the Lilliputian people in *Gulliver’s Travels*, which was a book later made into a movie in 1939 and 2010.

**Cotard Delusion**, also known as walking corpse syndrome is the belief that “you or your body parts are dead, dying, or don’t exist.” This delusion can occur during severe depression or psychosis. Symptoms of Cotard can include anxiety, hallucinations, hypochondria, guilt, and a preoccupation with hurting yourself or death (Healthline Editorial Team, 2018).

**Depersonalization/Derealization Disorder** often coexists in individuals with Cotard Syndrome (Ramirez-Bermudez et al., 2010). Depersonalization/Derealization Disorder involves “a persistent or recurring feeling of being detached from one’s body or mental processes, like an outside observer of one’s life (depersonalization), and/or a feeling of being detached from one’s surroundings (derealization)” (Spiegel, 2021). Although Cotard involves a delusional, “denial of self or one’s own body… patients with depersonalization usually have preservation of judgment and reality testing,” unlike in Cotard (Remirez-Bermudez et al., 2010). Cotard often occurs “more often in people who think their personal characteristics, rather than their environment, cause their behavior. People who believe that their environment causes their behavior are more likely to have a related condition called Capgras syndrome” (Healthline Editorial Team, 2018).

**Pop Culture Examples:**

Cotard Delusion can be seen in the New Amsterdam episode: “Every Last Minute.” A man is brought to the hospital upon being found naked, digging in a graveyard, saying he has lost his fiancé. It turns out his fiancé is alive and well, but very worried since his going missing. When his drug screening
comes back clean, along with further discussion, it is found that he believes himself to be dead. It even goes down to the morgue and slips into one of the cadaver shelves, believing he belongs there.

Depersonalization/Derealization Disorder is said to be found in Being John Malkovich, although with a sort of fantastical twist of going into the mind of John Malkovich and being him. Since the movie involves outside observers entering John’s mind and body and living through his life, rather than their own, one can argue that this condition is the basis for this movie. In Black Mirror’s “Bandersnatch” episode, this condition may also be seen due to the detachment from reality the computer programmer begins to experience.

Capgras Syndrome or delusion tends to appear along with Cotard Delusions (Healthline Editorial Team, 2018). Capgras is “an irrational belief that someone they know or recognize has been replaced by an imposter” (Gotter, 2017). Capgras tends to occur in those afflicted with schizophrenia, dementia, epilepsy, or a traumatic brain injury (Concordia University St. Paul, 2020). It should be noted that Cotard is not listed in the DSM-V, but is becoming more accepted in the scientific community.

Pop Culture Example:

Capgras Syndrome is featured in ilia (2014) where a woman with this condition cannot recognize her sister or the life she is living. The show Lore also has an episode, “Black Stockings,” in which this condition can be found. Based on a true story, the episode shows a man who believes his wife to be a changeling, a fairy that steals the identities and bodies of humans, leading him to murder her.

Reduplicative Paramnesia/ Reduplicative Amnesia is also similar to Capgras Syndrome’s delusion revolving around seeing doubles, however, Reduplicative Paramnesia refers to places, rather than people. It is the “belief that a place or location has been duplicated [and] exists in two or more places simultaneously, or that it has been ‘relocated’ to another site” (PsychDB, 2021).

Pop Culture Example:

Reduplicative Paramnesia could be argued as the inspiration for Vanilla Sky, since it involves lucid dream states that duplicate places for the person in the dream to visit and live another life in.

Stendhal Syndrome, also referred to as Hyperculturemia or Florence Syndrome, results in panic, dissociation, and hallucinations in the presence of a mass quantity of art in one place or nature “that is perceived as particularly beautiful” (Concordia University St. Paul, 2020). Keep in mind also that this syndrome is not listed in the DSM at this time.

Pop Culture Example:

Stendhal Syndrome can be seen in the 1996 Italian film, The Stendhal Syndrome, since the main character experiences this condition while tracking a criminal to arrest him. He uses her condition to overpower and attack her, which is only the beginning of the movie. As with all movies involving mental health, be sure to take this movie with a grain of salt. Anna, the protagonist, develops more psychological issues beyond this syndrome, but not because of this syndrome. Her disassociation and subsequent violent acts come from the trauma inflicted on her by the criminal who attacks her in the beginning of the movie, not because she has Stendhal Syndrome.

Visual Snow Syndrome involves a visual hallucination of static or snow-like dots across one’s visual field. Those affected can also see hallucinogenic flashes of light, color swirls, and regular, fixed imagery. They can be prone to issues with their night vision, a sensitivity of light, migraines, tinnitus, vertigo, fatigue, tremors, anxiety, and depression. Only about 200 cases have been recorded around the world of this condition, so it is quite rare and not much else is known about it (Spelman, 2021).

Belief-Based Aboulomania causes individuals to believe every choice they make can decide whether or not they will live or die. Those suffering from this also suffer from stress, anxiety, and depression (Times of India, 2016).

Alien Hand Syndrome is characterized by a belief that one’s hand is not their own and that the hand has a life of its own; the hand can be personified as if it is its own entity. According to Concordia University St. Paul, Alien Hand Syndrome seems to be found in individuals with damage to the corpus callosum, as well as those suffering from a stroke, or damage to the parietal lobe. Someone suffering from this finds their hands acting “in opposition to one another” (2020).

Pop Culture Example:

Alien Hand Syndrome is apparently seen in Dr. Strangelove (1964) when Dr. Strangelove cannot stop himself from giving the Nazi salute.

Clinical Lycanthropy involves a delusion where one believes they can become an animal, similar to the myth of the werewolf. This makes sense since the etymology of the Greek word “lykanthrópos” means werewolf, with the word “lykos” referring to wolf and the word “anthrópos” referring to a human being (Merriam-Webster, n.d.). The delusion can refer to believing one can transform into any animal, not just wolves. Individuals with this syndrome “can act like the animal” and can be found in areas such animals may be found. According to The Journal of Neuropsychiatry and Clinical Neurosciences, Clinical Lycanthropy is
classified “as a type of delusional misidentification syndrome” (Concordia University St. Paul, 2020). A similar syndrome, **Boanthropy**, causes the person to believe they are a cow (Wong, 2021).

**Pop Culture Example:**

**Clinical Lycanthropy** can be observed in the movie *Wolf* (2021). The movie shows a boy, believing he is a wolf trapped in a human body, being sent to a clinic with other individuals who also believe they are animals trapped in human bodies.

**Ekbom Syndrome** is maybe one of the scariest syndromes on this list. Ekbom Syndrome, also called Delusional Parasitosis, is the delusion that there are bugs under one’s skin, like an infection or parasite (Schrader, 2016). This can be considered a sort of psychosis very much in need of professional help.

**Pop Culture Example:**

**Ekbom Syndrome**, or at least a variation of it, can be seen in the *Criminal Minds* episode, “The Itch,” which portrays a support group of individuals who believe they have been injected with something or that something is crawling beneath their skin.

**Erotomania** aka de Clerambault Syndrome is a form of psychosis, which can occur either on its own or in individuals afflicted with schizophrenia, major depressive disorder, bipolar disorder, or Alzheimer’s disorder. This psychosis-based disorder is listed as a subtype disorder in the DSM-V. It revolves around the delusion that one believes someone they have never met is in love with them. You might have heard of individuals who believe they are in love with a celebrity, someone they may never meet, but have knowledge of through social media, magazines, TV, etc. Those affected with Erotomania believe they have a connection with the person they are idolizing, which creates a disconnection with reality and between themselves and those around them. It is believed “the attachment observed in erotomania is a form of coping mechanism for managing severe stress” (Spelman, 2021).

**Pop Culture Example:**

**Erotomania** is shown in two *Criminal Minds* episodes, “Somebody’s Watching” and “Broken Mirror,” both of which involve stalkers taking drastic measures to be with the object(s) of their affection or to show their love to the people they are obsessed with. The French movie, *He Loves Me, He Loves Me Not* (2003), also displays this condition by showing the perspective of an art student who believes the professor she is in love with will leave his wife for her, regardless of the fact that they never before met in person.

**Folie a Deux** is a shared delusion. If you watch *Chicago Med*, you might have seen the episode where they described this syndrome. Those suffering from this take on the symptoms of whatever psychotic disorder someone close to them may have. This can also happen in cults when the members of the cult take on and believe the delusion of their leader (Spelman, 2021).

**Pop Culture Example:**

**Folie a Deux** can be seen and explained in a *Chicago Med* episode where two women seem to share a delusion that spiraled out of control.

**Fregoli Syndrome** or delusion causes the affected individual to believe someone (referred to as the “persecutor”) they know is following them, and can even change how they look to blend in while pursuing the person with this syndrome. For instance, this means the affected individual, whom we will call Fregoli for this example, may believe his “persecutor” is a slight, White woman from work, but then later believe the “persecutor” has changed how they look to appear as a six-foot tall, Black man. Although these are two different people who are probably not following Fregoli, Fregoli believes they are the same person pursuing him. It can appear in individuals suffering from schizophrenia, dementia, epilepsy, or a traumatic brain injury. Although some believe Fregoli Syndrome is an offset variant of Capgras Syndrome, this is not completely true since Capgras leads to a fixation on family members being replaced with imposters, while Fregoli involves strangers masquerading as different people to follow the affected individual. According to PsychDB, “agression can be a risk from this delusion” (2021).

**Pop Culture Example:**

**Fregoli Syndrome** can be seen in the stop-motion film, *Anomalisa* (2015), where the main character is suffering from this condition and does not recognize any of his loved ones. He even begins to see his lover as someone else whom he has never met, another characteristic of Fregoli.

**Syndrome of Subjective Doubles** is similar to Capgras Syndrome. However, instead of believing someone else is a duplicate of the person they know, those with Syndrome of Subjective Doubles believe they themselves have a doppleganger/duplicate with an entirely separate life and personality (Schrader, 2016). Just as in Capgras Syndrome, this can be extremely distressing to both the afflicted individual, and their loved ones.

**Pop Culture Example:**

**Syndrome of Subjective Doubles** could be seen in *The Sixth Day* (2000) since it involves the main character believing he has been cloned against his wishes. However, since it is a science fiction movie where cloning exists, his fears are not completely unfounded.

**Urge-Based**

**Apotemnophilia**, also known as Body Integrity Identity Disorder, causes those affected to have an urge to cut off healthy limbs, which can cause them to attempt self-amputation (Concordia University St. Paul, 2020). If a patient is believed to have this syndrome, it is best not to leave them alone with anything that may be used to aid in amputation. Afflicted individuals...
MENTAL HEALTH

seem to care more about accomplishing their goal than the pain connected to it.

**Pop Culture Example:**

**Apotemnophilia** can be seen in the Chicago Med episode, “Us,” where a man insists his arm is not his own and needs to be removed. When the doctors refuse to amputate without any medical cause, he forces their hand by using sheets in his hospital bed to block the blood flow to his arm. What you may find hard to believe, is that he is happier after the amputation is done. Please keep in mind that this is one, fictionalized account with this condition.

**Diogenes Syndrome** is more popularly referred to as “hoarding,” the urge to collect or keep anything and everything. Mainly seen in older adults with dementia, this syndrome can also be characterized by “extreme self-neglect, apathy, social withdrawal, and a lack of shame” (Concordia University St. Paul, 2020). Although Diogenes is referred to as a syndrome in its name, it is classified as a behavioral disorder by many, but is not listed in the DSM-V. However, Hoarding Disorder is apparently classified in the DSM-V.

**Pop Culture Example:**

**Diogenes Syndrome** can be seen in the famous TLC show, Hoarders, where the homes of those suffering from the syndrome or related mental health issues are explored.

**Kluver-Bucy Syndrome** involves the overwhelming compulsion to put nonedible items in one’s mouth, as well as inappropriate, hyper sexuality and attraction related to inanimate objects (Online Psychology Degree Guide, 2017). Due to damage to both temporal lobes, one may suffer from this syndrome, along with memory loss, change in appetite, placidity, which is an extreme calm, and hyper metamorphosis, which is an extreme desire to explore. Depending on what those with this syndrome are putting into their mouths, this can be quite dangerous to their health (Wong, 2021).

**Pop Culture Example:**

**Kluver-Blucy Syndrome** is shown on an episode of Grey’s Anatomy, “Enough is Enough,” where a patient has swallowed Judy doll heads, causing a blockage in his abdomen. He refuses to tell Dr. Meredith Grey what he swallowed, saying the objects may offend her. She tells him she does not care unless they are drugs in case there is a risk the bags would pop and drugs would be released into his abdominal cavity. It is only in surgery where the truth is revealed and the patient’s bowel is saved.

### Disorders Related to Bodily/Sensory Function

**Conversion Disorder** is the sudden loss of bodily function, such as blindness or paralysis, not due to injury or illness. This condition is often due to some sort of upsetting event or psychological trigger (BrainsWay, 2021). You can find more information on this in the DSM-IV.

**Pop Culture Example:**

**Conversion Disorder** is shown in Hollywood Ending (2002) where Woody Allen’s character becomes blind due to emotional trauma relating to this condition.

**Factitious Disorder**, also known as Munchausen Syndrome, is a disorder where affected individuals seek medical treatment for ailments which they do not have, by fabricating symptoms. This can apply to either physical or psychological ailments. The disorder can be broken down into two types: Self-Imposed and Imposed on Another. Self-Imposed means the individual fabricates or mimics symptoms and behaviors of an ailment in order to gain medical attention. Imposed on Another is similar, but the affected individual will fabricate the ailments for someone under their care, such as a child. If you’ve seen The Act on Hulu, Dee Dee Blanchard would be diagnosed with Imposed on Another Factitious Disorder, based on her treatment of her child, Gypsy. Unfortunately, individuals affected by this disorder are at a higher risk to hurt themselves or those in their care in order to receive medical attention (Spelman, 2021). More information on this condition can be found in the DSM-V.

**Pop Culture Example:**

**Factitious Disorder**, also known as Munchausen Syndrome, as noted in the article, is the basis of the Hulu show, The Act. This show explores how Dee Dee Blanchard made her daughter, Gypsy, very sick, leading to many events that end with a murder.

**Selective Mutism**, similar to an extreme form of social anxiety, can be seen in young children who find they are unable to speak while at social events due to some sort of traumatic trigger (BrainsWay, 2021). This does not mean the child cannot speak at all or is refusing to speak, but that in certain situations, they are unable to. The DSM-V discusses this condition in depth for any students or practitioners interested in more information.

**Pop Culture Example:**

**Selective Mutism** is seen in Stuck in Mute (2015), a dramatic short where the protagonist has this disorder. Similarly, the 1997 film, Amy, involves a young girl who becomes only able to communicate through song, following the death of her father and the associated trauma of seeing it happen.

**Synesthesia** is a confusion of the senses where you may taste a candy, but also be able to somehow feel the taste or color. Some people with this condition can see different arrays of colors when they hear different kinds of music (Times of India, 2016). There are some great TikToks from people with Synesthesia describing what they sense when listening to certain music, seeing certain words, or hearing certain people speak. Because Synesthesia does not impair the lives of those who have it, it is not listed in the DSM-V.

**Pop Culture Example:**

**Synesthesia** can be shown in Ratatouille and in the Criminal Minds episode, “Magnificent Light.” An animator on Ratatouille with synesthetic migraines incorporated inspiration from these migraines into the movie, specifically when Remy tastes food and we see a mix of colors and hear beautiful music with each taste.
Experience delusions, confusion, and hallucinations, like Paris those suffering imagine it to be, is in Paris those suffering imagine it to be, is in reality. The DSM-5 includes this condition in the section on affective disorders, where it is classified as a mood disorder with a psychotic feature. The condition is characterized by a persistent belief that others are not real or are acting in a non-realistic manner. This can include the belief that one’s family or friends are not real, that one is being followed or watched, or that one is being in some way controlled or mind-controlled. The condition is often associated with other symptoms of depression, anxiety, and irritability.

Keep in mind that diagnoses are constantly changing and disorders/syndromes that may be widely acknowledged but not noted in the current version of the DSM may be included in the next version. Have you known anyone who has suffered from any of these disorders? Chances are, you probably won’t meet someone who suffers from these ailments, due to their rarity, but they’re definitely interesting to learn about. A key takeaway from knowing there are people living with these syndromes and disorders is to recognize that whatever psychological issues you may be dealing with, you’re not alone. Whether you have a rare disorder like the ones discussed here or a more common syndrome, you are not the only person with this syndrome/disorder and support is available.

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Pop Culture Example:

Postpartum Psychosis is a rare condition that affects mothers after giving birth. It is a disorder characterized by various symptoms, including delusions, hallucinations, confusion, mood swings, anxiety, and depression. The condition affects mothers after giving birth and is often characterized by a sense of detachment from the baby and the surrounding environment. The condition is not to be confused with Baby Blues, a more common condition that affects some new mothers.

Criminal Minds episode displays an unsual with this condition who sees the words people say in different colors and fonts, leading him to believe the words in certain colors mean the person is lying or evil and must be killed. This is of course more violent and harmful connotation of the condition than in Ratatouille. Remember, Hollywood is fictional and the examples are not always based in reality or good representations of real individuals with this condition.

Emotional

Paris Syndrome is an extreme disappointment upon seeing Paris. You would think this is just a personal let-down that people get past easily, but it is a real condition where those suffering from it endure hallucinations, anxiety, dizziness, sweating, and nausea. It relates to a detachment from reality where the Paris those suffering imagine it to be, is in fact not like what they perceive the reality of the city to be (Wong, 2021).

Postpartum Psychosis is a rare offset of Postpartum Depression, which is much more common. Postpartum Depression is a type of depression, which affects mothers after giving birth. In contrast, Postpartum Psychosis is an extremely rare version where mothers experience delusions, confusion, mood-related issues, and paranoia (BrainsWay, 2021). This specific offset of psychosis is in fact listed in the DSM-V if you wish to learn more about it.
There is a humorous irony in the fact that I chose a career that requires listening skills despite having a moderate hearing loss in both ears. That said, I sometimes forget that I have a disability because I have been able to lead a relatively typical life. I went to postsecondary school, worked meaningful jobs, and have had fulfilling relationships. Of course, I would be lying if I said that my hearing loss did not affect me at all personally and professionally. Looking back at these past few years, it is clear that my condition has impacted my interactions with others and shaped my lived experiences. Throughout this journey, I have learned many lessons that I believe can help individuals better support friends, family members, colleagues, and clients with disabilities.

According to the Centers for Disease Control and Prevention (CDC, 2020), approximately one in four individuals in the United States has a disability. The term disability refers to a physical or cognitive impairment that restricts an individual from participating in typical daily tasks or social activities (Scheer & Groce, 1988). However, not all persons are affected equally. For example, data shows that disabilities impact two in five adults who are 65 years and older, one in four women, and two in five non-Hispanic American Indians/Alaska Natives (CDC, 2020). These numbers include observable conditions—for instance, those that require the use of a wheelchair or glasses—as well as hidden or nonvisible disabilities (NVD). Nonvisible disabilities may include heart conditions, diabetes, mental health and learning disorders, and hearing loss or visual impairments for which noticeable corrective devices might not be used. Disabilities that are hidden affect approximately 10% of Americans nationwide (Disabled World, 2022).

Even though there is a sizeable community of individuals who have limiting conditions, many professionals—mental health and otherwise—do not undergo training specific to working with clients with disabilities. To promote inclusivity in the workplace, it is essential to adopt a client-first approach and ensure individuals with physical, psychological, and cognitive impairments are being served in a manner that is both respectful and effective. Some foundational guidelines that can help professionals better support clients with disabilities in their practice are outlined below.

**Show Kindness**

Compassion is critical. Individuals with mild, moderate, and severe disabilities may struggle silently. There was a long period in my life when I did not readily disclose my hearing loss to coworkers, as the thought of it ignited feelings of not being good enough. This experience is not
unique to me; shame and poor mental health can present among others with disabilities as well (Marriott et al., 2019). I would also worry that sharing my hearing loss would cause others to become uncomfortable like it had in the past. Years ago, one of my coworkers noticed my hearing aids for the first time. He laughed awkwardly, stated his observation, and fell quiet. I froze in embarrassment; I simply did not know what to say in that moment. However, there were individuals who responded kindly upon discovering my disability and thanked me for letting them know. They empathized with my hardships and remained curious but polite. Most importantly, they treated me with the same respect as they did prior to finding out about my hearing loss. Such support can have significant implications for those with impairments, as research shows that social relationships are associated with the mental health and well-being among those with disabilities (Honey et al., 2011; Tough et al., 2017).

**Be Considerate of Language**

**Language matters.** As someone who has a disability and considers herself able-bodied across an array of contexts, it does not feel accurate to call myself disabled. I do not get offended when people refer to me in this way, as they are technically correct; however, I feel that describing myself as someone with an impairment is more fitting. For example, I like to say, “I have a disability” rather than “I am disabled.” My hearing loss also places me in the hard of hearing category, as I have a moderate impairment in functioning; this is different from experiencing deafness, which is a more profound and severe hearing loss. Using people-first (CDC, 2022a) language and accurate terminology can help individuals with disabilities feel understood and preserve their dignity. It can show that others see them for more than just their limitations and allow them to maintain a felt sense of worthiness in society. Of course, preferences may vary, so a good rule of thumb is to follow the individual’s lead.

**Gather Information and Resources**

**Do research and be inquisitive.** Understanding a disability will help empower both the individual and their support network. Although a person may wish to share information about their condition, this may not necessarily be the case. Some may feel empowered educating those around them whereas others may feel that doing so is a burden. Luckily, there are plenty of online and printed resources available. One website that has a wealth of general information about different disabilities is [https://www.disabled-world.com](https://www.disabled-world.com). Other ways of engaging in research includes reading books and consulting with medical professionals. Newfound knowledge may not only foster a better understanding of one’s condition, but it can also direct those with disabilities to useful resources. It was not until my second year of graduate studies that I found out about student loan grants...
that were available in my region specifically for those with disabilities. Further, I only recently discovered that my local movie theatres provide personal closed caption viewing systems for those who are deaf and hard of hearing so that they can enjoy watching films without the stress of missing important details. I was surprised that I did not know about these resources sooner and so grateful to have stumbled upon them.

**Accommodate**
Adapt and work together to fulfill unmet needs. I dislike wearing my hearing aids at home when I am relaxing because I find that my ears enjoy a break from amplified sounds and feeling the devices in my ears. One day, when my husband and I were watching one of our favorite shows, he suggested we activate the subtitle feature. Initially, I was worried that this modification would come to annoy him; unexpectedly, however, he became quite appreciative, for it allowed him to better catch quick and subtle utterances. I am also thankful for other accommodations. When speaking to others, they will sometimes repeat phrases, talk more slowly, move closer to me, or use alternative words and descriptions. During the COVID-19 pandemic, I quickly discovered just how challenging it was to communicate with face masks; covered mouths meant speech had become more muffled and I was no longer able to lip read when needed. Indeed, research shows that others with hearing loss have similar challenges (Homans & Vroegop, 2022). Although my hearing aids tend to be tremendously helpful in many situations, there are some exceptional circumstances in which they are less effective (e.g., during one-to-one conversations in large crowds or noisy settings). Thus, while I prefer in-person meetings, there were times during the pandemic when Zoom calls with groups felt like a relief.

Other individuals with disabilities may also encounter similar obstacles that impede their participation in everyday activities. As a result, it is possible they may require accommodations unique to their impairment. A wonderful website with a wealth of ideas about how to create a more accessible environment for people with disabilities is https://askjan.org. Additionally, it could be helpful to ask, “What do you need from me?” There have been times in my life when people have assumed the answer and they would proceed to raise their voice to the point of yelling (startling, to say the least), or try to communicate with me in sign language—a skill I wish I possessed. Letting individuals know that you want to support them and inviting them to express their needs are powerful ways to demonstrate allyship and customize services and support.

**Focus on Strengths**
Highlight what is done well. As an individual with hearing loss, I am very aware of my condition and shortcomings. Although I have grown over time and my impairment no longer affects my self-esteem, others may hold a negative view of themselves because of their disabilities. Interestingly, data suggests that some individuals with minor physical disabilities experience lower self-worth compared to those with more severe physical disabilities (Miyahara & Piek, 2006). It can therefore be helpful to identify and emphasize assets and skills (CDC, 2022a). Consider the ways in which the individual keeps or can maintain their independence. Understand how they foster joy and meaning in their life. Identify their contributions to their loved ones and community. Explore what they value and who they are aside from their disability.

**Persons with disabilities may even be unaware of their strengths.** I remember the moment I realized, to my surprise, that my impairment could help me create deeper connections with others. I arrived at my practicum one day to see a new mother in our family program with her baby who was only five months old at the time. As I greeted her and introduced myself, I could tell that she was troubled. I also noticed that her daughter was wearing hearing aids. Growing up with a hearing impairment, I had to rely heavily on my vision to navigate the world and paid great attention to social cues and my environment—something I have come to greatly appreciate in my work as a clinical counsellor. After debating for a moment whether to self-disclose, I decided to share with her that I, too, have a hearing loss. I am so glad I did. I will never forget the way her face lit up; it was almost as if I could see the stress dissipating from her body. She was shocked, stating in amazement the fact that I could speak so well and was pursuing higher education. It was clear that she had been worrying about what her daughter’s future would look like given her disability. I left that conversation feeling a warmth surge through my body as I thought about how my story may have given her hope.

**Concluding Remarks**
Although we might not always know how to support an individual who has a disability, we can certainly learn. Being patient and making the effort to empathize, communicate respectfully, and offer assistance are integral. Of course, one person’s preferences and requirements may differ from another’s. It is important to tailor your approach to meet the unique needs of the individual and ensure they are treated with the kindness and courtesy that they deserve.

**References**

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Why Don’t Psychologists Talk About Their Own Mental Health?

Andrew R. Devendorf
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Clinical psychology has a giant elephant in the room. Despite being a field responsible for understanding, treating, and destigmatizing mental illness, almost nothing is known about the mental well-being of psychologists, themselves, or how psychologists should navigate disclosure of their own lived experiences with mental illness.

In this article, I describe how the lack of research and dialogue surrounding lived experience of psychopathology among clinical psychologists is harmful to the well-being of faculty and students in the field.

A Personal Disclosure

In the spirit of transparency, I open with a brief personal story to share my positionality on this topic.

I am a (holds breath) sixth year PhD student in clinical psychology. I entered graduate school wanting to understand recovery from depression, but very quickly my interests expanded to wanting to understand and reduce mental illness stigma.

What changed? Well, just one week after I was admitted into my graduate program, I lost my older brother, Matt, to suicide. Matt was my best friend and my primary support system—losing him remains the most significant event in my life.

Within this context, I hope it is no surprise when I share that I experienced some combination of depression, grief, and posttraumatic stress disorder for the next two years. I would be lying if I said these mental health experiences didn’t interfere with my functioning. But from a graduate training standpoint, I was still able to operate as a young psychologist by meeting or exceeding all my milestones.

This is where the elephant comes in.

While coping with my trauma, I found it unsettling and ironic that I felt afraid to talk openly about my mental health to colleagues in my clinical psychology program—a training ground for therapists. Rather than inform anyone of my struggling, I concealed my experiences from mentors and supervisors, alike, and gave the illusion that nothing was awry. I defaulted to silence about my own mental health because silence was (and remains) the precedent.

My silence was only reinforced after I learned that I was disqualified from a graduate scholarship because I referenced my brother’s suicide in my application—albeit after I was asked to “discuss the development of [my] interest in psychology.” I was informed by an empathic professor that the scholarship committee stated, “He has the awards, publications, and research experience, why would he feel the need to share this?” When I learned that my disclosure was the reason for my rejection, and not my qualifications, I felt defeated. This response implied that I would need to continue hiding a core part of my identity as a researcher to be successful in psychology, including all my lived and family-relevant experiences with mental illness.

My story does not represent every person’s experience, but it raises important climate questions about mental illness among clinical psychologists. How common are mental health difficulties among clinical psychologists? How are the perceptions of psychologists with lived experience different from those who have not had a mental illness? How can mental health stigma among clinical psychologists be reduced?

How Common Is Lived Experience of Mental Health Difficulties?

To confront the elephant in the room, my colleagues and I collected data on the prevalence mental health difficulties among clinical psychologists and trainees. We surveyed a representative sample of faculty members and trainees in North American graduate programs in clinical, counseling, and school psychology (Victor et al., 2022a). Our survey asked respondents two separate questions: whether they had ever experienced “mental health difficulties” and if they had ever been diagnosed with a mental illness by a professional. This method ensured that we captured mental health difficulties that are not captured by a formal diagnosis (e.g., suicidal thoughts, nonsuicidal self-injury), while also ensuring that we could identify respondents who had no access to a mental health provider who could make a formal diagnosis.

From a sample of almost 1,700 participants, we found that 80% of all respondents reported having mental health difficulties at some point, and 48% reported having a diagnosed mental illness (Victor et al., 2022a). These lifetime rates are similar to those found in studies of mental health difficulties in the general population (Caspi et al., 2020). In other words, like the clients they treat, clinical psychologists are not exempt from experiencing a mental health difficulty.

Depression, generalized anxiety disorder, and suicidal thoughts or behaviors were the three most common difficulties among clinical psychologists and trainees, whereas bipolar and psychotic disorders were among the least common (Victor et al., 2022a). This distribution of specific difficulties was similar to a previous study of mental health difficulties among psychologists in the United Kingdom (Tay et al., 2018).

Our study also investigated the extent that psychologists experience impairment due to their mental health difficulty. When asked to rate their level of impairment on a 4-point scale, 95% of respondents with mental health difficulties—and 80% of...
those with diagnosed mental illness—reported having “no” or “mild” professional problems related to these experiences. These findings indicate that mental illness does not preclude one’s ability to be a capable and effective psychologist. However, these findings do not reveal how psychologists cope with their mental illness to retain high levels of functioning, nor do they shed light on barriers that may impede one’s ability to cope (Victor et al., 2022b).

Do Psychologists Stigmatize Lived Experience Among Their Own?

If mental illness is common among psychologists, then why is it so rare that psychologists talk openly about their own experiences? One obvious culprit harkens back to my own story; psychologists fear that they will be perceived negatively by their colleagues (Tay et al., 2018). But how do psychologists view their colleagues with lived experience?

Unfortunately, few studies have systematically documented psychologists’ perceptions of lived experience. Most of what can be inferred on this topic is drawn from anecdotal experiences (e.g., Hinshaw, 2008), commentaries (e.g., Kimhy et al., 2022), and advice guides (e.g., Prinstein, 2022). Although these sources do not provide definitive answers about how the field views lived experience, they suggest that psychologists and trainees have conflicting attitudes about lived experience and its disclosure.

In one sense, there is evidence that lived experience is associated with negative stereotypes. Many professional advice guides explicitly advise graduate applicants against disclosing their own mental health history (see for examples, Devendorf, 2022, or they may be perceived as being unable to function in graduate school. As a result, personal disclosures of lived experience with mental illness may diminish one’s chances of getting admitted—even for strong applicants (Salzer, 2022).

The stigma against mental health disclosure is not limited to clinical psychology trainees (Victor et al., 2022b). The few faculty members who have publicly disclosed their lived experience, including Marsha Linehan, Kay Redfield Jamison, and Stephen Hinshaw, have described the stigma surrounding disclosure within academic psychology (Hinshaw, 2008; Linehan, 2020). Kay Redfield Jamison, for instance, feared “being labeled by [her] academic and medical colleagues as a manic-depressive psychologist rather than being seen as a psychologist who merely had manic-depressive illness” (Salamon, 2019, np).

Although stigma toward lived experience does exist, there is also evidence that lived experience is viewed in a positive light (Devendorf et al., 2022; Kimhy et al., 2022; Victor et al., 2022b). For instance, some psychologists have commented recently on the value of lived experience, including that it can empower a psychologist with insight, passion, and empathy in research and clinical practice (e.g., Victor et al., 2022b).

There is also evidence to suggest that not all mental health disclosures are met with negative reactions. In a study of clinical psychologists with lived experience from the United Kingdom, participants were asked about whether they had disclosed their mental health difficulty and to rate the quality of the experience from 0 (very negative) to 10 (very positive). Of 425 clinical psychologists with lived experience, 44.5% had disclosed within a work setting, and the average rating was a 6.65 (SD = 2.55), implying that there is variability of positive and negative professional reactions. Kay Redfield-Jamison’s story seems to support this narrative of mixed reactions, commenting on her disclosure, “Most people were kind in ways I could not have imagined. Acts of cruelty and criticism have been far outweighed by innumerable acts of generosity” (Salamon, 2019, np).

In acknowledging the mixture of positive and negative reactions to lived experience, I want to emphasize one point: at this time, there is not enough research to make definitive conclusions about the climate surrounding lived experience and disclosure. I say this because I do not want to inadvertently discourage disclosure by perpetuating fears about lived experience. That said, I also do not want to invalidate the legitimate fears about disclosure. Stigma certainly exists, but the picture is likely more complicated. The pervasiveness and extent of stigma likely varies by contextual factors. How and when a disclosure occurs may impact perceptions of severity, which may affect others’ perceptions about one’s ability to function in graduate school, clinical work, and research. Ultimately, more systematic research is needed to document psychologists’ attitudes about lived experience and disclosure.

Shifting the Culture: Acknowledging the Elephant in the Room

So where does this leave us?

We know most psychologists and trainees have experienced mental health difficulties. We know that most psychologists and trainees are understandably reluctant to talk openly about their own mental health history. And we know that much of this reluctance stems from the uncertainty about reactions to disclosure—uncertainty, which itself, stems from the lack of dialogue and research on this topic. Put otherwise, by avoiding the elephant in the room, clinical psychologists have inadvertently trapped
themselves into a cycle of uncertainty, fear, and silence when it comes to talking openly about lived experience of mental health difficulties. The harm caused by this silence goes beyond discussions about climate in psychology training programs.

By avoiding these conversations, clinical psychologists set a dangerous precedent that interferes with their ability to fulfill the missions of clinical psychology: to understand, treat, and destigmatize mental illness. Silencing psychologists with lived experience inherently undermines the possibility that lived experience can provide unique strengths, assets, and perspectives. Many advances in psychology have developed from researchers’ leveraging of their own mental health experiences, including some evidence-based therapies like Dialectical Behavior Therapy for borderline personality disorder (Linehan, 2020) and Seeking Safety for trauma and substance use disorders (Najavits, 2002).

Avoiding discussions about lived experience also undercuts the field’s credibility in reducing mental illness stigma and increasing help-seeking behavior. Clinical psychologists have devoted decades of efforts to reduce stigma in other professions—including the military, law enforcement, and medicine—yet clinical psychology has yet to reckon with its own workplace stigma.

The good news is that there is hope. Clinical psychology can shift its culture to acknowledge the elephant in the room. It is beyond this piece to describe all future directions for more research in this area (as noted by Kimhy et al., 2022; Victor et al., 2022), so I will outline three actionable recommendations regarding disclosure.

1. Validate disclosure of lived experience.

Psychologists can take an immediate step to improving the climate by improving their reactions to someone’s mental health disclosure. Drawing on strategies developed from psychological science, recipients of disclosure can take the following steps: (a) identify their own emotional reactions to the disclosure, (b) acknowledge the potential difficulty inherent in the disclosure for the individual disclosing, (c) create a nonjudgmental and empathic space, (d) assess the goal of the disclosure, and (e) work collaboratively with the person disclosing to identify next steps (Barth & Wessel, 2021; Victor et al., 2021).

2. Alleviate uncertainty on disclosure.

Psychologists must improve transparency in contexts where people with lived experience of mental illness may feel pressured to disclose (or not to disclose) their experiences. A common example regards the instructions for personal statements on graduate, internship, and job applications, in which applicants are routinely asked about how they became interested in a clinical psychology career. Given that many clinical psychologists conduct self-relevant research (Devendorf et al., 2021), they may be conflicted about whether they should talk honestly about their personal experiences with mental illness. To remedy these issues and reduce ambiguity, application instructions should note whether lived experience with mental illness is acceptable to include in a personal or research statement—among other contexts (Victor et al., 2022b).

3. Gather data to inform decisions about disclosure.

A natural next step is for psychologists to simply conduct more research on lived experience and disclosure. Most advice on disclosure of mental illness is drawn from anecdotal experiences and advice guides. However, the generalizability of this advice is unclear and may be outdated, given the shifting nature of attitudes about mental illness. As noted above, attitudes about disclosure are likely mixed and vary by context (e.g., disclosure on a graduate application vs. disclosure in a meeting with a trusted mentor). Thus, guidance on disclosure would ideally be informed by research, such as survey and experimental data on the predictors of positive, negative, and mixed reactions to disclosure.

A decade from now, I hope that clinical psychologists will look back and laugh at the time when our field used to categorically ignore discussion of our own mental well-being. Until then, we have work to do.

References


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Do you feel exhausted, under-appreciated, and overworked? Everyone, worldwide, has been impacted to a greater or lesser extent by the changes in our lives due to the COVID-19 pandemic. Faculty at every level are feeling burned out. In a survey of faculty at colleges and universities in October 2020, The Chronicle of Higher Education (Mahoney, 2021) found that 69% reported feeling extremely or very stressed. The same survey found that 74% of the female respondents and 60% of the male respondents believed their work–life balance had deteriorated, and 50% of respondents revealed that their enjoyment of teaching had declined (Mahoney, 2021). Women and people of color in higher education all had higher emotional exhaustion scores, and men had higher depersonalization scores than they did prepandemic (vanGolen, 2022). Stress, anger, and fatigue are all higher than ever in the population in general, and of course, this applies to us as psychology faculty.

Some of the factors contributing to our stress levels are related to broader issues affecting our institutions. For instance, policies are constantly changing related to teaching (in-person versus online or masks), and many institutions are also dealing with the effects of budget issues that were only compounded by the pandemic. In fact, over 50 colleges have closed in the last 5 years, and the financial impact of COVID-19 has been a major factor in some of these closings (Drozdowski, 2022). The students we are serving have changed as a result of the pandemic: they are experiencing increased mental health issues, changing expectations due to disruptions in their own schooling, and disengagement.

Other factors in burnout are from the organizational level, where there is now an increased service expectation by our institutions, as well as increased workloads. Many institutions are off-loading new duties onto faculty and even changing teaching loads to help with financial issues. Some universities have attempted to combat this burnout by offering mental health support on campus or through telemedicine, or increasing small perks, but these alone are not a cure for burnout. In addition, faculty perceive decreased control and lack of fairness at an institutional level. As is true of other professions, we need realistic workloads, assistance with child- and older-adult-care, and improved pay. Some faculty believe that administrators have assumed more control while teaching was remote and faculty were less visible on campus, leading to less shared governance (Silvernail et al., 2021) and thus decreased control over our professional lives.

The mistrust that has become so prevalent in American society between individuals and institutions extends to faculty and their universities. Will tenure be demolished? Is the over-reliance on graduate students and adjuncts going to continue (and with it, the increased supervision workload for full-time faculty)? With fewer traditional age students, will majors and programs be cut back? We are uneasy about our future. Some faculty believe that there is more of a mismatch than ever in the alignment between the values that led them into academic careers and their institutions’ goals. Again, research on higher education faculty has found disenchantment, with 82% of female faculty reporting an increased workload, 35% of all faculty revealing they have considered changing careers or leaving higher education, and an additional 38% contemplating retirement (Mahoney, 2021). Through both our discipline and as higher education faculty, we must work together to address the issues of unrealistic workloads, ensuring both physical and mental safety for us in our workplaces, as well as fair pay and access to the tools and resources we need to do our work.

Psychology faculty may be feeling more of the brunt of this burnout due to the emotional labor we take on in our teaching, especially due to the topics in our field (Taxer & Frenzel, 2015). Even before the pandemic, this emotional labor was disproportionately affecting minority faculty (June, 2015). Our students are experiencing unprecedented levels of mental health issues exacerbated by the pandemic. These symptoms can affect their ability to learn and sometimes...
to engage in our curriculum in a meaningful way. Although there can be a range in issues affecting students, administration expects faculty to make accommodations for students regardless of the burden and extra work it puts on faculty and the compromise we must make to our standards. In addition, as psychology professors especially, students may approach us with their problems and issues, and due to being in the field, administrators may implicitly or explicitly expect us to help. Meanwhile, psychology faculty just like everyone else in the world are dealing with our own issues like daily stressors (commuting, inflation, concerns about health), mental health issues, personal situations (coping with children or older adults who may still be reeling from COVID-19 related changes in their lives) as well as professional demands and institutional issues.

The emotional labor felt by faculty in our field as well as the macro issues affecting all faculty are important but not likely to change at any point soon. While we must continue to work towards systematic changes at our respective institutions, it is more important that we prioritize our own self-care. Let’s look at some of the strategies that we know intellectually, but don’t always apply to our own daily lives.

Values
What gives your life meaning? What is important to you? And, most importantly, are you doing these things? These are questions that perhaps we all have been considering more over the last few years. Understanding what is important in terms of different areas of your life—whether it is family, work, community, health, or wellness—can help you take the first step in living a life consistent with your values, which can lead to feelings of well-being and contentment.

• The first step is to understand your own values. Take a look at the various areas of your life and rate the importance of each area on a scale of 0 (no importance) to 10 (very important). https://stevenchayes.com/how-to-find-your-life-purpose/

• Next, you want to understand how you use your time. Are you engaging in consistent actions in line with the important value areas? Rate your consistency areas using the same scale from 0 (not at all) and 10 (very high).

• Lastly, you want to evaluate the work you have done specifically in areas that are rated as high importance but have low levels of consistency. You may want to take a few minutes to think about or write down “What you care about in this area?” or “What would I like to be doing in this area that involves caring?” and “How this might manifest in my life more?”

• The final step is to take action to make your life reflect your values. Are you spending the majority of your time dealing with work and education, but an important area of physical self-care is lacking? Are you finding it increasingly difficult to find time to spend with important people in your life due to work or other commitments? What are some short-term strategies or goals that you can set to make more time for these activities? Remember we only have so much time on this earth, it’s important that we start now doing the things that are most important to us.

Feeling and Accepting Our Emotions
We must give ourselves permission to feel our emotions rather than denying or suppressing them. Just naming the emotions we are feeling may reduce the activation of the amygdala (Lieberman et al., 2007; Memarian et al., 2017).

• This is where journaling can be helpful. Even taking 10 or 20 minutes each day to write about incidents that are stressful may decrease the intensity of negative emotions and help get them off your mind before its time to go to sleep (Tal et al., 2019).

• Use social accountability to help in the process by partnering up with someone and holding each other accountable for journaling each night. This would also
help with anxiety and depressive symptoms (Cheung & Lau, 2021; Iancu et al., 2018).

- Start your day with a mindful moment. It sets the tone for the rest of your day. It could be a formal mindfulness breathing exercise or body scan as you find on the Insight Timer app or it could be just being present (without a device) and savoring your morning beverage, taking a walk outside focusing on the cool air or the smells around you. Focus on being present and not doing or striving to accomplish anything.

- Be in the present moment: Instead of checking your email in those five minutes before class starts, look at your students and appreciate them; take a long deep breath; take time when you arrive home to be present with your pets. Put your phone (and other family members’ phones) in the other room during dinner time and spend time with loved ones. Truly show up and be present.

- Try tapping into your beginner’s mind which is the practice or experience of seeing your situation, environment, or others like you have never seen them before. Be present and show up with a blank slate being aware of expectations we might have that affect how we see our world and others (Kabat-Zinn & Hanh, 2009).

### The Positive Effects of Nature

In a review of the literature, Berto (2014) found strong evidence between exposure to natural environments and recovery from physiological stress and mental fatigue. Natural environments have a protective effect against stress. Neuroscience has taught us that connecting with nature has tremendous benefits; walking in nature activates the parasympathetic nervous system and “tones down” the sympathetic nervous system (Sudimac et al., 2022). Here is where our workplaces, which often feature abundant green space, can be an incredible asset. Natural environments have a protective effect against stress. Neuroscience has taught us that connecting with nature has tremendous benefits; walking in nature activates the parasympathetic nervous system and “tones down” the sympathetic nervous system (Sudimac et al., 2022). Here is where our workplaces, which often feature abundant green space, can be an incredible asset.

- If you live in an urban environment (or a place where the winters keep you from being able to spend time outdoors), are there places with nature you can go that are indoors? Aquariums, museums of natural history, enclosed botanical gardens, and other amenities of urban life can fill the need for natural spaces for people in cities.

### Gratitude

The work of Emmons (c.f., 2009) reminds us that there are sources of goodness outside of us. Expressing gratitude toward others has the benefit of making both the giver and receiver feeling good. How can we make gratitude part of our everyday life and even our workplace culture?

- Are you spiritual? Thanking a deity for the blessings we have or engaging in prayer on a daily basis is a great way of increasing awareness of those things in our life we can be grateful for. If not, start a gratitude journal to write down three positive things that happened to you each day.

- Do you share a meal with family members or friends on a regular basis? Beginning that meal with everyone sharing something they are grateful for can put us in a better state of mind.

- Be sure to acknowledge and thank colleagues (including staff) for the work they are doing and their help on projects.

- Start a department meeting with a moment of gratitude or even sharing positive things that have happened to members. End the meeting by asking what needs people have and how we can help each other.

- Cultivate the practice of “beholding” (The Center for Contemplative Mind in Society, 2021) and look at a piece of art or an object in nature and really appreciate it.

### Cognitive Distortions

There are also times when our own thoughts cause us distress. In fact, Aaron Beck talked about the role of cognitions, specifically cognitive distortions (or maladaptive ways of seeing situations), in amplifying negative mood states (Beck, 1979). Just because you think something doesn’t mean it’s true and you can work on modifying the way you think about things.

- First, being able to identify some of
these cognitive distortions in your own thinking is important. Some common ones that come up are: all or nothing thinking, catastrophizing (or fortune telling), mind reading, and should/must statements. You can find some helpful resources at The Beck Institute website including a comprehensive list of cognitive distortions with examples. Can you think of a time when you had a cognitive distortion related to work or your personal life that affected your mood greatly?

- Next, after identifying a situation in which this has occurred, you can use a thought record to work through the emotion that you experienced and cognitive distortion tied to that thought and think about a more balanced way of looking at the situation. This is the cognitive restructuring piece. Is there a way to change the way you think about it?

- Last, you would work on reevaluating your mood after changing that thought. How do you feel after using the new thought to interpret similar situations? Is your mood less intense and more moderate?

### Time Pressure

Time pressure is one of the strongest predictors of exhaustion and burnout (de Simoni & Dias, 2021). Boundaries between our work and personal life, already blurred for academics, became even more so during remote work because of the pandemic. Who has the time and energy to do what we know will help us?

- Make self-care a priority. Clinical psychologists often tell their clients that they must care for themselves in order to care for others. Let’s put that into practice in our own lives.

- Are your expectations grounded in reality? What will happen if you don’t get student assignments graded and returned in a specific time period? We are being encouraged, as faculty, to give students more leeway in deadlines due to the multiple demands on them. It’s okay to give ourselves the same compassion!

- Learn when to say no. Some committees, some service activities require large time commitments without returning commensurate benefits.

- Be kind to yourself. We all have so many demands placed on us. We each wear many different hats and it’s not always easy to meet the demands of each of these roles. Ask yourself if anyone will die or will the world end if you don’t get XX done by tomorrow morning? Perhaps, instead of meeting the deadline for the morning, it is more important to take a time-out from life or just indulge in a hobby and get a good night sleep. Give yourself permission to do this. Ask yourself what you would say in this situation to a friend or colleague? Extend the compassion you would give that person to yourself.

The effects of the pandemic continue to drag on. We continue to grapple with uncertainty about our lives and the future. How will our universities change? What expectations will become part of our lives in academia? While change can be scary, it doesn’t have to be all bad. Perhaps, the pandemic has taught us that work-life balance is more important than ever and that we must make ourselves a priority. As faculty members, we have to work together to make sure universities have fair and equitable policies, reasonable workloads, appropriate compensation, and give us access to resources that allow us to provide quality education to our students. However, we will only be effective at this work if we ourselves stay healthy. We must put our own health and well-being at the top of our lists if we are to fulfill the potential of our discipline to change lives, both our students’ and our own.

### References


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A school district is experiencing unprecedented numbers of students with depression and anxiety showing up at campus health centers (Vander Stoep et al, 2005).

A juvenile justice facility has been overwhelmed by teens on suicide watch (Trupin et al., 2002).

A healthcare system has to respond to the increasing numbers of patients with co-occurring mental health and substance use disorders waiting for treatment (Felleman et al., 2013).

A country has a refugee population fleeing from war and experiencing mass trauma (Amone-P’Olak, et al., 2016; Bentley et al., 2012).

Each of these are manifestations of a mental health crisis, something we all hear about daily. A mental health crisis is not just a matter of large numbers of cases, that is individuals experiencing mental health symptoms in the face of stressors such as pandemic, war, drugs, and economic uncertainty; a mental health crisis exists when systems of care lack the capacity to provide effective treatment in the face of need.

Mental health professionals such as clinical psychologists and clinical social workers often find themselves in positions to influence the response to not only individual clients seeking their help, but to institutions who turn to them for professional expertise in evidence-based response. In each of the cases above, I was a clinical psychologist in the room with decision makers desperate to respond. In some cases, I had been called in as a consultant or offered my help as a professor and researcher, but in other cases, I was a clinician on staff, and in one case, a psychology intern.

For me, one of the most exciting and fulfilling parts of my role is to be part of the implementation of assessment and intervention projects that will transform systems of care to meet mental health needs. As a clinical psychologist, I was
trained in the broad principles of science and practice. As I progressed in my research and training, I became an expert in a narrower set of evidence-based interventions in my subfield of child and adolescent clinical psychology and my specialty of adolescent substance use and co-occurring disorders. Although I was well-prepared for implementing my training in my own practice and research, I quickly realized that when all eyes in a room turned to “Dr. Stewart” for answers on how to respond to a systemic mental health crisis, I needed to understand more about the science of implementation. As you see in each of the examples cited, I was a clinical psychologist working on a larger team of scientists and practitioners who were helping to solve the problem at hand.

A practitioner who is successfully engaging their clients in treatment and achieving positive outcomes may notice a desire to extend their work, find ways to reach more people beyond the hours that they are able to provide service. Even if practitioners do not develop this desire, they are very likely to be noticed by their employer, their community, or even their government as someone who is highly effective and be asked to help with a system-wide solution. I believe that most mental health professionals working or consulting in systems of care would benefit from understanding more about the science of how evidence-based interventions are disseminated to other clinicians and implemented in systems of care.

Implementation science goes well beyond the clinical science questions of if or how an intervention works. Many clinicians are well-trained in either conducting or utilizing this type of research. In the examples I cited at the beginning, I wasn’t setting out to demonstrate that Dialectical Behavior Therapy (DBT; Linehan, 2014) was an effective treatment for suicidal adolescents or that Screening Brief Intervention and Referral to Treatment (SBIRT; https://www.samhsa.gov/sbirt/resources) was an evidence-based strategy for a healthcare system responding to substance use disorders. But rather, I was tasked with figuring out how to train clinicians to conduct these interventions with adherence and fidelity, convince managers and decision makers to make these interventions the policy of the agency and to continuously monitor the quality of the intervention to ensure that it met the needs of the population.

Eccles and Mittman defined implementation science as “the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services” (2006, pg. 1). Implementation science draws on principles from business, education, social work, public health, epidemiology, and even agricultural science for its methods. Although it is beyond the scope of this article to provide a full orientation to the principles of implementation science, there are many quality reviews of the field (Bauer et al., 2015). At least one organization, the Society for Implementation Research Collaborative (SIRC, https://societyforimplementationresearchcollaboration.org/) recognizes the critical role of collaboration among scientists, organizations, and providers in fulfilling the goals of implementation science. SIRC holds biannual meetings where not only researchers get together to review their findings, but practitioners who are part of these implementation projects and agency managers who have invested in implementing practices join to share their experiences in the clinical settings.

The client voice is also incredibly important in the process of building effective implementation as their experiences will guide future attempts. For example, in an implementation project cited above of implementing DBT in a juvenile justice facility (Trupin et al., 2002), the graduates of the program told us that when they returned home, they were faced with a lack of services to continue their treatment, parents or family members had no idea about what treatment they had received and how to support them, and they continued to need substance abuse treatment services since they had left a drug free environment of the facility. As part of an implementation science team, we jumped into action based on that feedback and our own research findings to create an evidence-based Family Integrated Transitions program (Trupin et al., 2011) to implement a suite of interventions for youth leaving confinement in a juvenile justice facility to return to their family and community.

This intervention is now available in jurisdictions around the United States and around the world.

Until recently, I was still a day-to-day practitioner of evidence-based psychological intervention and very fulfilled by seeing one adolescent at a time in my school-based office, hearing their story, and helping them find a path to health and recovery. With every teen that I saw, I also knew that because of implementation science, teens around the corner and around the world were also accessing a clinician like me who had been trained and empowered to deliver a similar high quality intervention. Although our ancestors’ wisdom about “it takes a village” and “teach a man to fish” might have become cliché, the implementation scientists are on to something I call the “teach the village to fish” approach: bringing effective practices to scale so that the best of what we do in the therapy hour and what we find in the research laboratory are available when and where they are needed.

References


David G. Stewart, PhD, is a board certified child and adolescent clinical psychologist and the Dean of the California School of Professional Psychology at Alliant International University.
Submission Guidelines

With more than 1,180 chapters, Psi Chi members can make a significant impact in their communities. Reviewing Chapter Activities in *Eye on Psi Chi* is a great way to find inspirational ideas for your chapter and keep in touch with your chapter after you graduate.

Activities are listed in the following categories:

- COMMUNITY SERVICE
- CONVENTION/CONFERENCE
- FUND-RAISING
- INDUCTION CEREMONY
- MEETING/SPEAKER EVENT
- RECRUITMENT
- SOCIAL EVENT

Share your chapter’s accomplishments with others in the next issue of *Eye on Psi Chi*! Chapter officers and advisors are encouraged to visit https://www.psichi.org/page/eye_activity

Submission deadlines*  
Fall: June 30  
Winter: September 30  
Spring: December 15  
Summer: February 28

*Reports received (postmarked) after the deadline will appear in the next issue of *Eye on Psi Chi*.

**EAST**

*Fordham University–Lincoln Center (NY)*

**SOCIAL EVENT:** On June 9, 2022, the campus hosted its first in-person alumni reunion since 2019, with over 1,200 alumni from five of its schools. Remarkably, the joyous Psi Chi alumni gathering included five officers who appeared in a yearbook photo of the cofounders of the Fordham University–Lincoln Center Psychology Association in 1978, 42 years ago: Clotilde Ibarra, Dore A. Sheppard, Maritza Martinez, Joseph Dash, and Harold Takoooshian.

**INDUCTION CEREMONY:** A highlight of the chapter’s spring induction was hearing messages by two recipients of the chapter’s annual Outstanding Achievement medals for 2022 from Maria Vannoni (president): (a) Professor John C. Hollwitz has served as a beloved provost and professor of psychology and rhetoric at Fordham since 2000. (b) Alumnus Leonard Davidman received his PhD from Fordham in 1982, and was saluted in 2022 by New York City government for his 50 years of effective leadership in public service psychology.

**MIDWEST**

*Fort Hays State University (KS)*

**COMMUNITY SERVICE:** The chapter handed out mental health goody-bags to students for World Mental Health Day to provide them with resources such as campus services, activities to get involved in, and mental health trinkets such as fidgets, sensory stickers, stress balls, first-aid kits, and much more! The service project helped bring awareness to the importance of mental health and helped students access resources that they might not be aware of to help them thrive while they are going through school. The chapter worked with their campus health and wellness, student engagement, writing/tutoring, fitness, and food and hunger centers to gather resources for the students.

*Holy Cross College (IN)*

**SOCIAL EVENT:** On November 18, 2021, the chapter showed the movie, *I Am Sam*, which portrays the psychological implications of intellectual disability. Nearly all chapter members attended the event, and the few members who could not make it participated in organizing the event. Many students outside of the chapter attended as well. The night ended with trivia questions about the movie, and members gave out prizes to those with the most correct responses. It was a great night for fellowship with those outside the chapter as well as a valuable opportunity to learn about the struggles faced by those with an intellectual disability. Snacks and refreshments were provided at this event. This event was funded by a Halloween Candy-Gram fundraiser the chapter held on campus a few weeks prior.

(Above) Fordham University–Lincoln Center’s (NY) induction ceremony salutes Professor John C. Hollwitz and alumnus Leonard Davidman.

(Right) In 2022, five Fordham University–Lincoln Center (NY) alumni point at their yearbook photos from 42 years ago, in 1980.
MEETING/SPEAKER EVENT: On February 9, 2022, the chapter held a Psi Chi webinar, titled "Why Your Interest, Abilities, and Personality Matter for Career Success." Many chapter members were able to learn about how different career paths connect to personality types. This was a fantastic opportunity, as most chapter members were eager to get assistance on which career paths to consider. A few non-Psi Chi members from the Personality Psychology course attended also because the webinar topic related to the course material.

INDUCTION CEREMONY: The chapter hosted its annual Psi Chi Induction ceremony on February 18, 2022, during Parents Weekend on campus. The chapter met prior to the event to rehearse the Psi Chi Formal Induction Ritual. The whole event was run by the officers, and six new members were inducted. The induction was well-attended by parents of the inductees, faculty members, the Provost, the Dean of the College, and the Dean of Students. The keynote speaker at the event, Francesca McCarthy, is an alumnus of Holy Cross College and is finishing her PhD in forensic psychology. Her talk on using psychology to help incarcerated individuals was very inspirational to inductees and the rest of the audience.

ROCKY MOUNTAIN

Western Colorado University

SOCIAL EVENT: This year, members and Psychology Club officers hosted a table at the University's "Taste of Western" club fair. Among the other tables, the club received a surplus of attention due to their energy and optimism! From this event, the newly elected officers and current members recruited a handful of new psychology majors and minors, doubling the club's participation in comparison to the previous year. Members are elated to start this new chapter strong as they engage in new opportunities they encounter in Gunnison, CO.

COMMUNITY SERVICE: Who says volunteering can't be fun! On September 15, 2022, the Western Psychology Club, led by the chapter, volunteered with a local organization known as Project Hope, which supports victims of domestic violence, sexual assault, and human trafficking. The event these members partook in was the first annual "Stand With Me" Luncheon that supported survivors of the above circumstances. In volunteering, they helped serve and set tables for the day. At Western Colorado University, members strive to participate in service opportunities like this one.

SOUTHEAST

University of Mary Washington (VA)

MEETING/SPEAKER EVENT: Every year the chapter sponsors a graduate school forum. At this event, students have the opportunity to ask psychology faculty about their experience in graduate school and about the best ways to apply to and choose a graduate school. There were four panelists: two relatively recent graduates and two senior staff members with more experience mentoring students.

RECRUITMENT: In preparation for the chapter's induction ceremony,
officers “tapped” students who had met the requirement to be inducted into Psi Chi. Officers put together mugs filled with candy and then assembled envelopes with a personalized letter, scholarship application, and the official Psi Chi seal. After developing a schedule for tapping, starting with classes with the most potential inductees, officers went into classes, explained the eligibility requirements, and congratulated students who had met those requirements. Presenting eligible students with their letters along with mugs and candy creates an air of pride and elation for Psi Chi members, both old and new.

**West Virginia University**

**MEETING/SPEAKER EVENT:** Dr. Hiroto Okouchi presented a summary of his research to members. Dr. Okouchi is a professor of psychology at Osaka Kyoiku University, Japan, and a visiting scholar at West Virginia University. Dr. Okouchi spoke on his work in the experimental analysis of human behavior.

**SOCIAL EVENT:** Members of Psi Chi and the Psychology Club took an evening to destress by showing their creativity through painting and enjoying grape juice. So many members attended that officers had to bring tables and chairs from other floors to accommodate everyone.
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