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# A NOTE FROM THE PRESIDENT

**ALFONSO MERCADO, PHD**  
McAllen, Texas  
TPA President 2022

Dear TPA Colleagues,

Approximately 13 years ago I joined TPA as a graduate student. I was eager to join the Student Division but quickly noticed that it was inactive and in need of a revival. My student peers and I began working on a newsletter, working to increase student programming at convention, and we formed a partnership with the Early Career Division. In my earliest days with TPA, I was very interested in culture and diversity in the field of psychology but noticed a lack of diversity within the TPA membership, especially at annual conventions.

I thus began attending Diversity Division meetings, which, at the time, consisted of only a handful of members. I recall my first Diversity Division meeting in which I waited by myself for about 15 minutes before asking TPA staff if I was in the wrong location. They indicated that I wasn't, so I decided to wait a bit longer. Finally, one person walked into the room with a big, welcoming smile and introduced himself. His name was Rick McGraw. Rick and I spoke for a while, and I learned that we shared an interest in working with culturally diverse groups, as well as a passion for serving the underserved. Soon after that, Lillie Haynes entered the room. Lillie also had a warm smile that lit up the room, and she was happy to see two people attending the meeting that day. Rick and Lillie became my TPA mentors, and I looked forward to seeing them every year at convention. With their support, I eventually assumed the Diversity Division chair position and collaborated with them on several TPA symposiums and diversity programs. I also began attending APA's Practice Leadership Conference in D.C. as the diversity delegate, where I listened to Rick's words of wisdom about navigating TPA and APA leadership roles, as we walked the halls of Capitol Hill tirelessly advocating for our profession. He always made sure we had our walking shoes on. Rick and Lillie both strongly supported me serving on Board of Trustees and running for TPA president one day.

That time has come, and I am excited to serve as your TPA president. As I gave my inaugural speech in Austin this past November, I was

hoping to see Rick and Lillie in the audience, as at past conventions. Although they were not physically there, I could still feel their presence and hear their voices and applause of support.

I dedicate my presidential theme—Psychology's Role in Serving the Underserved and Disadvantaged Populations—to Rick McGraw and Lillie Haynes, allies of social justice and advocacy in Texas. To honor and highlight this theme, I am launching a Texas Citizen Psychologist recognition and presidential citation for 2022. TPA Citizen Psychologists engage in their communities, in clinical and/or research settings addressing underserved and disadvantaged populations' needs and promote equity to mental health care and research. We are adopting the Citizen Psychologists program that Dr. Jessica Daniel implemented in 2018 at APA. I encourage you to nominate psychologists whose work should not go unnoticed, those who are making a difference in their communities and are engaging in research or clinical work to address the needs of vulnerable groups.

The work of psychologists is even more important now amid the multiple pandemics in which we are living. Pandemics that have highlighted the existing healthcare disparities in our country and state, and pandemics that have affected communities of color. It is important to use our unique position as leaders in psychology to help those particularly affected by the events of the past year and a half. Those populations comprise ethnic minorities, sexual minorities, the underserved, understudied, those with disabilities, and those from impoverished and war-torn countries seeking asylum. As psychologists, we have a duty and ability to aid in changing the conditions that negatively affect these individuals' lives. Through research, clinical work, and advocating for fair legislation, we can make real lasting impact in the lives of those who need it most.

As many of you know, I work and live in an underserved area in South Texas. The Texas-Mexico border lacks sufficient psychologists to meet national health standards. I've witnessed the direct effects of deep poverty in our region, anti-immigration policies on children and families, and poor health outcomes from

diabetes and obesity. Despite these shortcomings that have gained international attention, The Rio Grande Valley is a very resilient and culturally rich community of Texas. When I moved to South Texas and started in academia, my community inspired me to focus my research and clinical work on the underserved populations.

Being a member of the American Psychological Association Committee on Rural Health (CRH) has made me realize the importance of mental health in underserved and rural areas, not only in Texas, but across our country. This APA committee has dedicated resources to ensure that the behavioral health care needs of rural, underserved, and frontier areas are met. It is rewarding to see various innovative initiatives being used to reach communities that are underserved. Disadvantaged populations like immigrants, asylum seekers, ethnic minorities, sexual minorities, people with disabilities, and the homeless, are known to have poor outcomes, encounter discrimination and have significant barriers to care access. Psychology can make a difference with these populations in many ways.

I challenge you to get to know your communities, their needs, and their strengths. Whether helping the underserved through telehealth practices, applying for grants to reach those with no access to mental healthcare, or accepting a sliding fee scale—or even a pro bono case or two—you can make a difference. We can make a difference.

We also can celebrate this year, as it's TPA's 75th Anniversary! Founded in 1947, TPA's mission has always been to represent and enhance the profession of psychology in Texas, while promoting human health and welfare through education, science, and practice. The planning of TPA's 75th fiesta has begun with the hard work of our Convention Committee, spearheaded by Dr. Miguel Ybarra, and our 75th Anniversary Presidential Task Force will assist in highlighting TPA's history. I look forward to a memorable event and meeting you in San Antonio.



# TPA's Citizen Psychologist

Congratulations to Dr. Idia Binitie Thurston for being selected as the inaugural TPA Citizen Psychologist! Dr. Idia Binitie Thurston, PhD, (she/her) is a licensed psychologist and an associate professor of psychology and public health at Texas A&M University (TAMU). She is a core member of the Diversity Science Research Cluster at TAMU and serves on the APA Presidential Task Force on Psychology and Health Equity. Dr. Thurston serves on editorial boards for the Journal of Pediatric Psychology, Cultural Diversity and Ethnic Minority Psychology, and Body Image. She is also co-editing a special issue for the American Psychologist focused on Advancing Health Equity. She directs the CHANGE lab, where she trains and collaborates with scholars and community groups to conduct health equity research for adolescents, young adults, and their families.

As a pediatric psychologist, Dr. Thurston explores how identities of race, ethnicity, social class, gender, size, and sexuality



intersect and influence health and well-being within the context of multilevel risk and protective factors. Dr. Thurston partners with local organizations to develop and disseminate strengths-based, culturally-responsive tools that reduce stigma, enhance well-being, and promote resilience.

She is passionate about enhancing pathways to psychology for groups underrepresented in our field. She is committed to advancing anti-racism strategies and the structural changes needed to achieve a re-imagining of psychological science, practice, training, and advocacy, to achieve collective liberation. Dr. Thurston embodies the true definition of a TPA Citizen Psychologist. Her research, clinical work, and commitment for health equity and community engagement for the public good are commended! Please nominate the next TPA Citizen Psychologist in the next newsletter!



## 2022 ANNUAL CONVENTION

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# A NOTE FROM THE FOUNDATION

**KELLY G. ARNEMANN, PHD**

TPF President

Staff Psychologist, South Texas Veteran Health Care System  
San Antonio, Texas

The Texas Psychological Foundation (TPF) is a 501(c)3 charitable arm of TPA that directly gives monetary awards to students for their research and posters based upon appropriate submission criteria. It was created by TPA for charitable, educational and scientific purposes. A donation of any size is tax deductible. The complete list of the 2021 TPF Award Winners can be found in the Fall 2021 Texas Psychologist ([https://cdn.ymaws.com/www.texaspsyc.org/resource/collection/9189A1DD-28C9-48D4-9285-8AFC9F0DAE7A/TX\\_Psychologist\\_fall\\_2021.pdf](https://cdn.ymaws.com/www.texaspsyc.org/resource/collection/9189A1DD-28C9-48D4-9285-8AFC9F0DAE7A/TX_Psychologist_fall_2021.pdf)) TPF is honored to have contributed to the continued support of our current doctoral students and their research. I respectfully request that you join me in supporting the Foundation.

I would like to thank the outgoing TPF President, Dr. Michael Ditsky for his six years of service to TPF. His guidance

was greatly appreciated by me and the other Board members. I would also like to thank Mrs. Jessica McGee, former TPA Executive Director, for her support and guidance in her participation with the TPF Board meetings.

I know many of us were happy to meet once again in-person for the Austin Convention. I did not realize just how much I missed interacting with my colleagues until I was there. Nothing replaces catching up with and making new friends at Convention.

We look forward to working with Dr. Mercado and his Presidential Theme of “Psychology’s Role in Serving the Underserved and Disadvantaged Populations”. It is my hope that many of our 2022 research award and poster submissions reflect these underrepresented groups.

Our current Board members are: Drs. Kelly Arnemann, Courtney Banks, Glenn Sternes, Jo Vendl, Amanda Venta, and Mr. Patrick Stanford-Galloway. We are always looking for more Board members to join so please consider this opportunity to be a part of TPF. Beginning this year, the Board will meet on a quarterly basis.

Thank you to our Heroes, Friends and Donors <https://www.texaspsyc.org/mpage/TPFoundation>

I again request you to consider being a part of TPF’s legacy and it’s mission of supporting the future of Psychology. Please click the link to donate: <https://www.texaspsyc.org/donations/donate.asp?id=10393>



## Call for submissions



The *Texas Psychologist* is seeking submissions for upcoming issues.

We are seeking content in the following areas: Independent Practice; Ethics; Multicultural Diversity; Forensic Issues; and Student and Early Career.

Collaborations with students are encouraged. 1000–2000 word count; APA Style.

Send to [nicole.dorsey@cac.hctx.net](mailto:nicole.dorsey@cac.hctx.net) • rolling deadline.



# Law School Competition Has Psychologists as Judges

John Delatorre, PsyD  
TPA Board of Trustees Member

On February 11 and 12, 2022, St. Mary's University School of Law and Michigan State College of Law co-hosted an online "client counseling" competition. The competition is designed to give law students an opportunity to simulate a law office consultation. The students, working in teams of two, act as attorneys while an actor portrays a potential client. The teams are given a one sentence prompt of why the potential client has requested a meeting and the task is to uncover the details of the problem in an empathic way, while also providing quality legal consultation. With over 100 schools participating in several regional competitions and with a spot in a national competition on the line, six law schools sent teams to the St. Mary's and Michigan State virtual regional that showed off their skills across two days and several rounds. Schools sending teams included: University of Nebraska College of Law, Lincoln Memorial University – Duncan School of Law, Texas A&M University College of Law, Stetson University College of Law, Creighton University School of Law, and Louisiana State University – Paul M. Herbert Law Center. In the final round, two teams from Texas A&M University School of Law and one from the University of Nebraska School of Law competed. Ultimately, one of the Texas A&M teams placed first in the regional and will be moving on to Nationals.

What makes this competition unique is the inclusion of mental health practitioners as judges. "In a competition comprising of client

counseling, it's great to have counselors be able to give feedback to our teams," said A.J. Bellido de Luna, Assistant Dean of Advocacy

*Being able to show empathy is not only a skill for mental health practitioners, it is important for many different careers.*

Programs for St. Mary's University School of Law. Mr. Bellido de Luna stated last year was a difficult time because many of the counselors that committed to the competition suddenly dropped out. Not so this year as all four rounds of competition had at least one mental health practitioner as a judge, something no other regional is able to claim according to Mary Bedikian, Director of the Alternative Dispute Resolution Program at Michigan State University College of Law.

There were four judges from Texas, three from Arizona, two from California, and one from Florida. Dr. Ryan Cooper, a psychologist in North Texas who also attended law school, said of the competing teams, "seems that the trend, as is with any psych student, is to get nervous and dance around the hot-topic issue because it's scary, rather than gently going for the jugular." According to Dr. Cooper, one of the teams he judged "went for the jugular and did so gently and skillfully." Dr. Mollimichelle Cabeldue, a psychologist in Central Texas stated, "definitely an interesting and fun experience. I've never done anything like that before." Dr. Patricia Bach, a psychologist from California stated, "what an interesting and enjoyable experience. There were many lessons to be learned from this experience by everyone."

Being able to show empathy is not only a skill for mental health practitioners, it is important for many different careers. Those skills taught in psychology graduate programs are not necessarily available with other professional education programs. Interdisciplinary engagement such as these competitions gives an opportunity for psychologists to improve the listening, interviewing, and empathy skills of those students wanting careers outside of mental health practice. "This is a call for lawyers and counselors to train more together," said Mr. Bellido de Luna, and after the critical praise coming from both the psychologist judges and the lawyer co-hosts, more collaborations may occur in the future.



# Why the Cultural Value of Familismo may be Critical to Suicide-Risk Assessment in Latinx Young Adults

Jesse Walker, MA, and Amanda Venta, PhD

University of Houston, Department of Psychology

Over recent years, rates of suicide-related thoughts and behaviors (i.e., suicide-related ideations, communications, and behaviors) have dramatically increased among Latinx young adults (Center for Disease Control and Prevention, 2016). Shockingly, the rate of suicide among Latinx individuals ages 18-29 has been found to be nearly double that of their same-aged White peers (Eaton et al., 2012). This disparity is especially concerning given the Latinx population is one of the fastest growing subgroups in the U.S. and now represents the largest racial/ethnic minority group in multiple states (Pew Research Center, 2019), including our own state of Texas (Cheref et al., 2015). A notable risk factor to consider here is perceived discrimination (Cheng et al., 2010; Gomez et al., 2011; United States Customs and Border Patrol, 2017; Walker et al., 2008). In fact, Latinx people ages 18-29 are more likely to report having experienced discrimination or know someone who has compared with older Latinxs. Unsurprisingly, greater perceived discrimination has been positively associated with chronic hopelessness (Clark et al., 1999) and negative internalized self-evaluations (Williams & Williams-Morris, 2000), increasing risk for depression and suicide-related thoughts and behaviors (Beck et al., 1993; Robbins & Alessi, 1985).

But this isn't the case for all Latinx people. Cultural factors unique to Latinx groups may help to protect against the negative effects

of perceived discrimination. Specifically, the cultural value of familismo – defined as the high value of, respect for, and loyalty to the family system (Sue & Sue, 2012)– has been shown to protect against depressive symptoms (Taylor & Jones, 2020) and perceived discrimination (Ayón et al., 210) in

disparate experience with suicide-related thoughts and behaviors and the need to develop culturally sensitive intervention approaches that capitalize upon the unique sources of resilience.

This proposed model was tested using a sample collected from multiple Texas universities with high concentrations of Latinx college students in an empirical report (Venta et al., under review). Three separate moderated mediation models were run testing the protective effects of familismo on depressive symptoms and suicide-related thoughts and behaviors in the context of perceived discrimination. As anticipated, increased perceived discrimination and depressive symptoms were associated with higher likelihood of reporting suicide-related thoughts and behaviors. This finding further emphasizes perceived discrimination's potential role in the development of suicide-related thoughts and behaviors in Latinx people (Walker et al., 2008; Walker et al., 2011), positive associations between perceived discrimination

and depressive symptoms (Dion et al., 1992; Walker et al., 2017), as well as Latinx groups' growing disparate experiences with suicide-related thoughts and behaviors (Center for Disease Control and Prevention, 2016; Eaton et al., 2012; Contrada et al., 2001). Given reports of an increasingly divisive climate in the U.S., including discrimination towards Latinx individuals and immigrants (Morales et al., 2021), the importance of this finding cannot be understated.

*Considering familismo as a multifaceted construct, a buffering effect of the relation between perceived discrimination and suicide-related thoughts and behaviors was observed for familismo support.*

Latinx groups. Familismo is a multifaceted construct (Valdivieso-Mora et al., 2016) and includes emotional support attained from family (i.e., "Support"; Knight et al., 2010), a sense of obligation to family (i.e., "Obligation"; Knight et al., 2010), and reliance on family to define the self ("Referent"; Knight et al., 2010). Examining the protective role of each form of familismo on depressive symptoms and suicide-related thoughts and behaviors is imperative given growing evidence of Latinxs'



Considering familismo as a multifaceted construct, a buffering effect of the relation between perceived discrimination and suicide-related thoughts and behaviors was observed for familismo Support. Generally, higher family supportiveness in Latinx groups has been shown to protect against psychological distress (Umaña-Taylor et al., 2011) and etiological models of depression and suicide-related thoughts and behaviors often include limitations in family support (Fristad et al., 2003; Robbins & Alessi, 1985; Sheeber et al., 1997). This evidence suggests individuals with adequate family support may utilize such systems when struggling with suicide-related thoughts and behaviors to abstain from acting on them (Dunham, 2004; Valdivieso-Mora et al., 2016). Separately, familismo Obligation was just shy of buffering the relation between perceived discrimination and suicide-related thoughts and behaviors. Of course, replication is needed, but this suggests the potentially burdensome aspect of familismo, like a sense of obligation to older adults in the family system, may also mitigate risk for suicide-related thoughts and behaviors. This would align with Joiner's interpersonal model of suicide (2005), which suggests the desire for suicide-related thoughts and behaviors are driven by feelings of failed belongingness and perceived burdensomeness. And while familismo Referent did not demonstrate any buffering effects, this may suggest that familismo Referent values (e.g., "children should always do things to make their parents happy") do not serve to enhance social support or feelings of belongingness, like the other components of familismo, but rather increase potential for experiences of shame, a common correlate of suicide-related thoughts and behaviors and suicide in collectivist cultures (Carrera & Wei, 2017). Altogether, Latinx adults with lower subjective ratings of familismo may be at heightened risk for suicide-related thoughts and behaviors. Thus, familismo must be highly considered when working with Latinx clients to form a complete, culturally sensitive suicide-risk assessment.

In addition, depressive symptoms were shown statistically explain the relation between perceived discrimination and suicide-related thoughts and behaviors. Evidence from prior studies supports this finding in similarly identifying depressive symptoms as a mediator of the pathway between perceived discrimination, depressive symptoms, and

suicide-related thoughts and behaviors in racial/ethnic minority groups (Walker et al., 2017). Additionally, this expands our understanding of Latinx young adults disproportionate experience with suicide-related thoughts and behaviors as influenced by perceived discrimination, with depressive symptoms serving as a potential underlying mechanism. As such, it is imperative that careful clinical attention be paid not only to depressive symptoms but also the context of intersecting client identities—gender, age, race/ethnicity, and experiences of perceived discrimination—in the assessment and treatment of suicide-related thoughts and behaviors.

Research continues to endeavor to address Latinx young adults' disproportionate experience of suicide-related thoughts and behaviors as influenced by perceived discrimination and depressive symptoms. It appears that both can increase suicidal behavior, which may be attenuated in students higher in familismo, such that discrimination may not necessarily translate to suicide-related thoughts and behaviors. It is without question that cultural factors must be included in research on suicide risk in Latinx groups moving forward. And while future work is needed to better identify the extent to which perceived discrimination and depressive symptoms interact in the pathogenesis of suicide-related thoughts and behaviors, this is an important step in further conceptualizing a prominent health disparity affecting Latinx young adults.

Questions regarding the original study should be directed to the author.

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# Quitting in Quarantine: Insights from a Smoking Cessation Research for Latinx Adults during the COVID-19 Pandemic

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Individuals with behavioral health disorders are more than twice as likely to smoke cigarettes compared to their counterparts without a behavioral health condition; additionally, they are more likely to die from smoking-related illness than from their behavioral health challenges (CDC, 2013; Prochaska, 2017). Given the existing comorbidity between smoking and behavioral health issues, there is a significant opportunity for behavioral health professionals to address smoking cessation in their clinical practices. Unfortunately, scant research indicates that psychologists do not record their patients' smoking behavior (Akpanudo, et al., 2009), deny their responsibility in assisting their clients with smoking cessation and believed they did not possess sufficient skills to address smoking behavior (Hjalmarsen & Saloojee, 2004). Thus, there is an evident lack of cessation intervention for comorbid smoking and behavioral health challenges despite professionals' training in mental health.

Latinx individuals experience tobacco-related disparities due to the health consequences of tobacco use, inequities in healthcare support, and cultural and language barriers, among others. For instance, Latinxs persons are less likely than non-Hispanic Whites to receive advice from their health care provider during a quit attempt or have access to pharmacotherapy (CDC, 2011; Trinidad, et al., 2011; Levinson, et al., 2004). Latinx adults who formerly smoked and currently smoke are at an increased risk for anxiety compared to Latinx adults who have never smoked (Wilkinson, et al., 2014). Taken together, research points to the need to

address tobacco-related disparities among Latinxs by increasing access to behavioral and pharmacological cessation treatment. This has been particularly relevant during

**ACT (Acceptance and Commitment Therapy) is a third generation cognitive-behavioral therapy that promotes value-driven self-regulation by developing and practicing skills to better manage uncomfortable internal experiences**

this pandemic, as Latinx individuals are one of the racial/ethnic groups disproportionately affected by COVID-19 (i.e., they are at least twice as likely to become infected by the disease, become hospitalized and to die from the disease in comparison to Whites) (CDC, 2021). Potential reasons for the inequities include their increased likelihood to live and work in environments that make social distancing difficult. Emerging research has documented that some of these structural factors place Latinx groups at higher risk for COVID-19 acquisition (Rodriguez-Diaz, et al., 2020). Hence, it is reasonable to argue that the

pandemic has magnified previously existent tobacco-related disparities among Latinx populations.

At the beginning of the pandemic, in-person behavioral health services were either eliminated or significantly reduced. Provision of tobacco cessation treatments were considered non-essential services, thereby increasing the aforementioned disparities. Through a feasibility intervention research, authors offered smoking cessation treatment to Latinx adults who smoked and had clinically significant anxiety and/or depression symptoms. This project aimed to narrow the gap between research and clinical practice for the co-occurrence of smoking and mood-related challenges among Latinx via the development and implementation of a wellness program. The insights herein emerged from the authors' experiences with the first cohort of individuals who participated in the project.

## WELLNESS PROGRAM DESCRIPTION

The wellness program utilized in the study included health counseling and the provision of nicotine replacement therapy (NRT) in the form of patches. The intervention was based on Acceptance and Commitment Therapy (ACT) (Hayes, 2019; Gifford et al., 2004). ACT is a third generation cognitive-behavioral therapy that promotes value-driven self-regulation by developing and practicing skills to better manage uncomfortable internal experiences (e.g., mood, thoughts, and sensations [such as nicotine cravings]). A clinicians' treatment manual and a participants' booklet were developed to guide the intervention.

The counseling intervention entailed eight sessions delivered across four months. One session was used for a contextual interview and orientation about NRT, six sessions were used to address each of the ACT main components (i.e., values, committed action, acceptance, present moment, defusion, self-as context), and the last session focused on an integration of the program's experience and participants' preparation for their next steps. The original protocol included one in-person session and seven telephone-based sessions. Due to the pandemic and resulting quarantine conditions, the in-person session was delivered via videoconference.

This article focuses on the authors' observations of the first cohort (N=10) of English-speaking Latinx participants' experiences quitting smoking in quarantine as well as their insights as ACT-based smoking cessation clinicians during the pandemic. Data was retrospectively extracted from the clinicians' report of sessions as well as their answers to specific questions posed by principal investigator.

## PARTICIPANTS' EXPERIENCES

To provide context, the majority of the participants were female, ranging from young adult to mid-age, living with a partner, and working at least part-time at the beginning of the pandemic. The majority contributed financially to support their family. As a direct result of the pandemic, some participants were required to relocate or accommodate their homes to house a family member (e.g., adult children). Participants' access to resources was notably impacted due to the initial widespread shortages of essential household products, which exacerbated their daily stressors. Additional contributing factors to their heightened anxiety and depressive symptoms were their role as primary caretakers (including home schooling their children), adjustments and additional responsibilities at work or while "working from home," as well as personal and family illnesses, including COVID-19 infections.

Following an ACT approach, identified common values that were utilized to guide the quitting smoking goals were health, family, and caring for others (e.g., wanting to be healthy and being role models for their children). Some participants shared that their

drive to quit was influenced by their desire to capitalize on the slowdown associated with quarantine conditions to improve their health and take an active role in their well-being. They acknowledged that quarantine conditions offered an opportunity to pause a busy schedule and make time to reflect on values and goals, which included quitting smoking.

Clinicians noted a mixed impact of the COVID-19 pandemic among participants as they approached their quitting process. For some individuals, quarantine was a stressor and prompted triggers because it altered their routines as well as increased isolation and financial hardship. Some participants struggled with establishments' closures (e.g., libraries, gyms) and cancellation of events (e.g., recovery groups), given they provided a venue to practice hobbies and connect with others without smoking. A few participants increased the number of daily cigarettes smoked as they sometimes felt overwhelmed and irritable while being quarantined with family members. According to participants, quarantine conditions exacerbated their fragile psychological health, which in turn, prompted their cigarette use. Meanwhile, the pandemic positively strengthened some participants' reasons to quit smoking. For one individual, homeschooling her child precluded her opportunities to smoke "secretly," as she had previously done while her child was in school. Further, participants whose usual smoking triggers were social outings (bars, concerts, etc.), were not easily exposed to those triggers while in quarantine.

Most participants completed the majority of the sessions and half of them utilized nicotine patches. The majority of participants either quit smoking or significantly reduced the amount of cigarettes consumed. Consistent with the ACT approach, reports from participants indicated their intentional efforts to adjust to new roles and responsibilities and be more flexible when approaching new challenges. Thus, it seems that the overall pandemic and quarantine conditions functioned as a motivator to attempt cessation but had mixed effects in individuals' abilities to successfully quit.

## CLINICIANS' EXPERIENCES

Two themes became apparent to clinicians while providing the intervention: vulnerability and flexibility. Clinicians noticed that the pandemic removed several

of the coping mechanisms that were once available (e.g. getting out of the house to work, socialize, exercise, bonding with family members). Because of this barrier to coping, participants became more vulnerable to their internal stressors and stressful contexts. For many, irritability, sadness, and angst increased. As a result, changes in smoking behavior and new patterns emerged (e.g. smoking at different times, rates, or places). Of course, clinicians were also impacted by the hardships brought on by COVID-19; thus, they capitalized on this shared human experience to further empathize and relate with participants. By experiencing empathy from the clinicians, participants felt less alone in their struggles, which allowed for impactful therapeutic moments and unique relationships.

Another theme made apparent by the pandemic was the opportunity to be flexible. For example, many working participants were required to conform to the virtual world of work., Several of them had to navigate working from home while also caring for family members. Although these requirements did not automatically imply immediate adaptation, they offered an opportunity for adapting to new demands and unique contexts. Also, participants spoke of new thoughts and feelings that emerged as a result of facing uncertainty as well as learning how to navigate the challenges created by the pandemic. Responding as a clinician entailed modeling. Clinicians demonstrated flexibility with participants in regard to available days/times for sessions, the completion of practice exercises, changes in quit smoking dates, apprehension to experimenting with new thoughts and behaviors, as well as fear of change. Such opportunities to be flexible are aligned with the ACT model, which maintains that increases in psychological flexibility portray participant growth (Hayes, 2019).

Ultimately, clinicians were able to take perspective of the vital role smoking has in a persons' livelihood including health, mood, social and financial burdens. Participants presented with depression or anxiety symptomatology, sometimes in addition to other substance use or physical health issues. This degree of comorbidity between general health and behavioral health highlighted the need for integrated treatment and the importance to strategize the intervention and cessation techniques in a tailored manner.



Relatedly, clinicians found it rewarding to be able to contribute to improving participants' overall quality of life and felt empowered to include smoking cessation interventions with clients beyond the research project endeavors.

## SUMMARY AND LESSONS LEARNED

Although several changes were necessary to successfully transition this feasibility intervention research to a virtual modality, the clinicians did not discover ways in which the COVID-19 pandemic negatively impacted the actual provision of services. All except one participant were capable of completing the initial session via video and all were compliant with telephone-based sessions. A vital component of providing cessation counseling during the pandemic, however, was making space for the inevitable uncertainty that exists; from re-scheduling a session due to the participant no longer having availability of a private space to adjusting the treatment plan or strategies to accommodate the frequently changing realities for the participants. This level of flexibility is not only ACT consistent but also helped individuals to feel validated, cared for, and connected. Clinicians had the privilege to hear firsthand the challenges that this pandemic has brought on, or even exacerbated, for members of the Latinx underserved community in Texas.

Unfortunately, the COVID-19 pandemic has sustained and is projected to have a detrimental impact in the nation's behavioral health (American Psychological Association, 2020; Wirkner, et al., 2021). Given the increased demand for behavioral health services and the "window of opportunity" to do behavioral changes that this point in time may represent, our intervention research experience suggests implications for smoking cessation treatment among Latinx groups (and potentially other underserved populations) via the utilization of telehealth platforms with audio and/or video functions. The elimination of barriers to telehealth coverage continues to be a challenge (American Psychological Association, 2020). There is an imperative need to revisit state specific regulations to ensure accessible and

affordable care for individuals experiencing tobacco dependence and co-occurring psychological distress.

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framework that helps navigate the inherent uncertainty and uncontrollability experienced during a pandemic. Opportunity exists for clinicians to experience and model ACT principles to clients by being flexible themselves when unexpected circumstances arise. Regardless of intervention modality, we urge psychologists to integrate tobacco cessation interventions into their services portfolio (Correa-Fernández & Castro, 2016; Fiore, et al., 2008). In essence, cessation support is needed today more than ever.

Learning from the intervention, cigarette smoking appears to be a response and coping mechanism to the stress inherent in the daily, busy lifestyles many Latinx individuals experience. This observation is consistent with research indicating that stress is a determinant of cessation failure (Twyman et al. 2014). Second, the global slowdown prompted by the COVID-19 pandemic has allowed time and space for some individuals to reflect on their lifestyles and the actualization of values/goals, which for many starts with addressing smoking

behavior. Others have been urged to quit by family members or partners, as smoking negatively impacts their relationships. Although speculative at this point, the threat of COVID-19 may have prompted non-smoker relatives to encourage quitting among the family member who smokes. This encouragement is seen as a means to reduce their own exposure to secondhand smoke and to decrease the smokers' negative outcomes should they become infected with COVID-19. Third, although the quarantine circumstances have motivated many individuals to quit smoking, it has had mixed effects in their ability to do so, mostly contingent on how the quarantine exacerbated previously existent challenging psychosocial conditions (e.g., untreated mental health concerns, financial strain). This report highlights the role of stress as a barrier to quit smoking among Latinxs and reiterates the importance of contextual factors in the quitting process. Fourth, the ACT approach seems particularly relevant for health counseling during a pandemic given its focus on value-driven behavior and adaptability. Fifth, although this smoking cessation treatment was provided as part of a feasibility study, it deemed useful for participants, most of whom had not engaged in cessation treatment before and would have not done it otherwise. Lastly, telehealth seems to be a feasible and appropriate venue to connect English-speaking Latinx individuals to cessation treatment. Future efforts are needed to reach Spanish-preferred Latinx, who are at a particular high risk of COVID-19 infection (Rodríguez-Díaz, et al., 2020). Future research is warranted to empirically examine the predictors of cessation success during a public health emergency.

## ROLE OF PSYCHOLOGISTS IN SMOKING CESSATION SERVICES

Counselors and psychologists can have a positive impact on clients' smoking history and cessation efforts. Given the proportion of individuals seeking behavioral health services during and after the pandemic and the intensity of these services compared with other health-related visits, mental health



professionals are in a unique position to integrate smoking cessation treatment into their clinical encounters. As a minimum, clinicians should query all their clients about their smoking history and their intentions to quit/reduce smoking. By doing so, clinicians would be conveying a holistic message of care to their clients as well as motivating a behavior change that will positively impact both their physical and mental health.

Still today, many graduate programs in psychology do not include information about tobacco dependence and smoking cessation as part of their curriculum. This is a missed opportunity of training future professionals in addressing a health behavior that affects the health and quality of life of a considerable number of individuals. Graduate programs can incorporate education about tobacco dependence and cessation interventions in stand-alone courses as well as sections in courses like psychopathology, health behavior, and clinical practices. Learning the evidence-based clinical practices in the treatment of tobacco-dependence (i.e., pharmacotherapy, counseling, etc.) is a step in the right direction for graduate programs in psychology. Enhanced training would further include culturally and context-relevant interventions for various diverse and vulnerable populations.

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# The Mediation Intervention for Sensitizing Caregivers: Building Resilience and Preventing Mental Health Problems

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## THEORETICAL BACKGROUND

What is the difference between a child learning alone and a child learning together with an adult who mediates the environment for them? Imagine a child drawing a picture alone compared to a child drawing a picture with an adult who slows down to meet the child's cognitive and emotional level and focuses and guides them, perhaps asking about how the colors remind them of nature. Similarly, what is the difference between an adolescent crying alone and an adolescent crying while their parent responds and scaffolds them through their experience of distress? These questions illustrate the guiding concept behind the Mediation Intervention for Sensitizing Caregivers (MISC; Klein, 1996), a caregiving intervention that focuses on enhancing the serve and return between caregivers and children. The theoretical model behind MISC assumes that almost all caregivers have the same "deep objective" – they want the best for their child emotionally, socially, and cognitively. However, families may face a myriad of factors and experiences that impede their ability to form secure attachments with children and foster optimal development – separation, trauma, poverty, occupational stress, mental health problems, personality differences, and more. While genetics, trauma, and life circumstances may be immutable, MISC focuses on the immediate caregiving environment – the here and now – to strengthen the attachment relationship and enhance child development.

MISC was originally developed by Dr. Pnina Klein (1996) for low-resource and high-risk environments in which attachment disruption

has occurred. "MISC" is a dual acronym describing both the process (Mediation Intervention for Sensitizing Caregivers) and the objective (More Intelligent and Sensitive – or Socially competent – Children). The

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theoretical underpinnings of the intervention are drawn from attachment theory (Bowlby, 1973) and Feuerstein's (1979) theory of cognitive modifiability and mediated learning experiences (MLEs). The intervention aims to "sensitize" caregivers to the "literacy of interaction" – to be able to "read" and respond to the child's emotional and learning needs. This is done by promoting a set of components or criteria within parent-child interactions that create learning moments (i.e., mediated learning experiences) and enhance the child's cognitive, social, and emotional development. By engaging in these

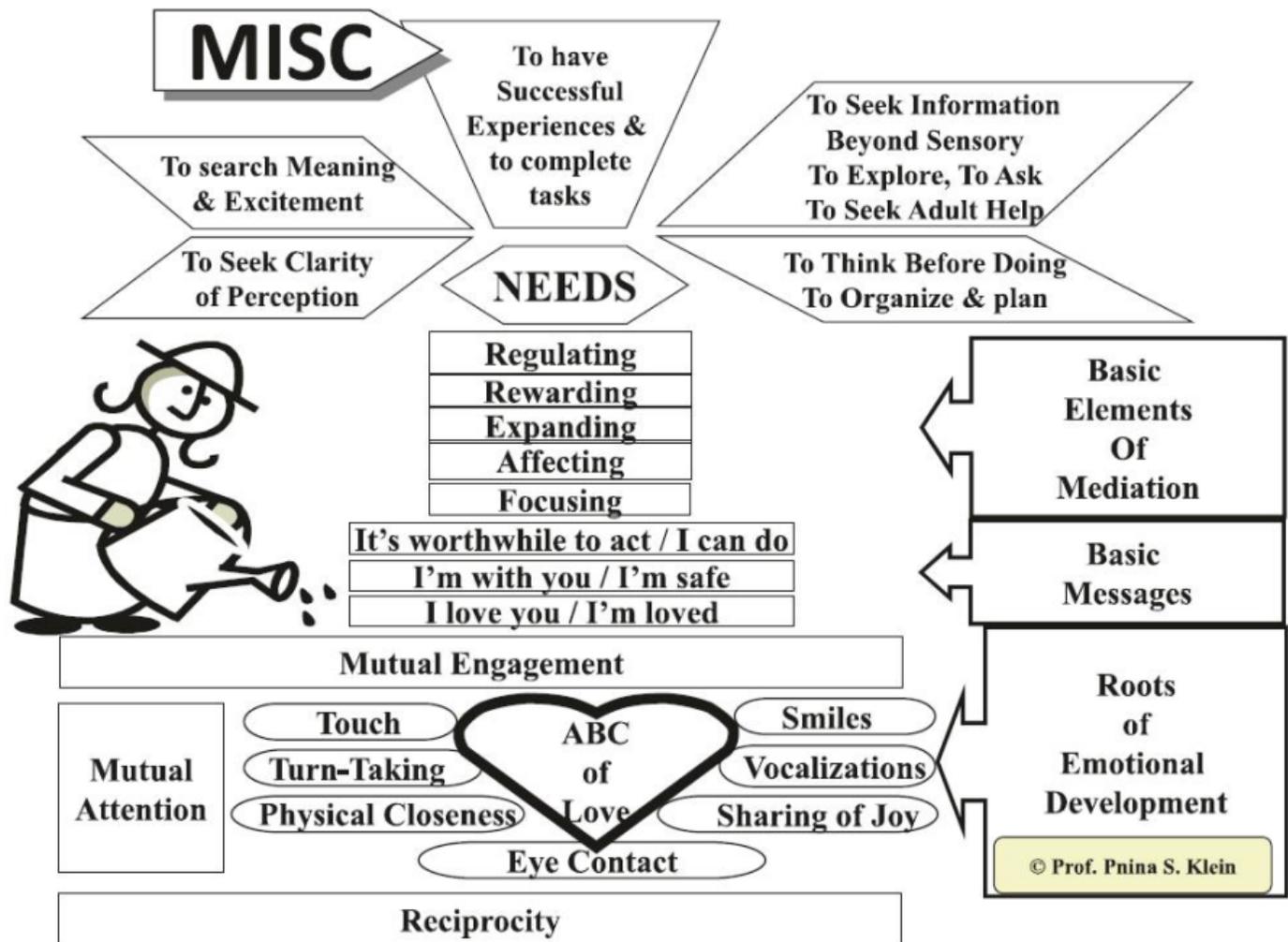
components, the caregiver slows down the interaction so that the child feels understood and supported and begins to learn to learn.

The conceptual model underlying MISC (the MISC "tree") is shown in Figure 1. The "roots" of the tree are attachment-based emotional components (e.g., touch, smiles, eye contact) that communicate messages of "it's worthwhile to act," "I'm with you," and "I love you" to the child. However, Klein argues that "attachment is not enough" for learning to take place; "the affectionate bond between a child and caregiver opens the gate to the child's mental development, but does not, in itself, determine what will pass through the gate" (Klein, 1995, p. 5). Thus, MISC also defines behaviorally anchored mediational components (the tree's trunk): focusing (i.e., gaining the child's attention and directing them to the learning), affecting (i.e., communicating meaning or excitement), expanding (i.e., extending the child's awareness beyond the present situation), rewarding (i.e., expressing satisfaction with the child's behavior), and regulating (i.e., helping the child to shape cognitive and behavioral steps toward goals). Together, the emotional and mediational components affect the child's need system and approach to future experiences (tree's leaves), building trust, mental flexibility, resilience, and a capacity for learning from adults.

## STRUCTURE OF MISC

MISC is a semi-structured, manualized video feedback intervention. Work with the caregiver is referred to as "training," as it does not use an instructional, explicit teaching format. Training occurs in three

Figure 1. The MISC Model



basic modes. The first mode is individual video feedback sessions, during which the MISC “trainer” and caregiver reflect together on a video recording of an interaction between the caregiver and child, emphasizing behaviors and concepts related to the MISC components. The second mode is “in-service training,” for which the trainer is present during interactions between the caregiver and child and helps the caregiver implement MISC concepts in real time. The final mode consists of group meetings during which caregivers share their experiences with each other, fostering support as well as consolidation and expansion of caregiving skills. The standard structure is a yearlong with biweekly individual training sessions (24 sessions total). The intervention is lengthy because the aim is for the parent to internalize and generalize the core principles of caregiving. Additionally, MISC trainers do not require an advanced degree and no special

tools or materials are required beyond the video clips, balancing the cost-effectiveness of the intervention.

### EVIDENCE BASE

The MISC components were defined based on theoretical and empirical support suggesting that specific characteristics of interactions between adults and children contribute to secure attachment relationships or affect children’s predisposition to learn. Specifically, the emotional components of MISC were defined to capture the fundamental affective and behavioral elements of a secure attachment relationship that are used in a variety of other psychodynamic and attachment-based interventions (Sharp, et al., 2020). In the 1980’s, the presence of mediational caregiver behaviors were found to predict cognitive outcomes in children better than the children’s own initial test scores and other relevant variables such as maternal education level (Klein et al., 1987). Other studies also demonstrated support for the importance of mediational behavior in

the quality of both children’s cognitive (Klein, 1984; Klein et al., 1987) and socio-emotional development (Shuper Engelhard, Klein, & Yablon, 2013). The caregiver behaviors investigated by Klein and colleagues (1984, 1987) were later formally defined as the MISC mediational components.

Research on MISC utilizes the Observing Mediational Interaction (OMI; Klein, 2014) coding scheme to quantify both the emotional and mediational components. The mediational components are coded and tallied as they occur throughout video-recorded interactions, aligning with the video-feedback nature of the intervention itself. The OMI can be used to track changes in caregiving behaviors during and following MISC, providing a useful measure of both intervention processes and outcomes. While the OMI mediational components have demonstrated reliability and validity (e.g., Klein & Alony, 1993; Boivin et al., 2013a; Boivin et al., 2013b; Sharp et al., 2021), there is ongoing work to further validate the



emotional components and to expand the measure for novel contexts, settings, and populations (Kerr et al., under review).

Since the development and introduction of MISC, several studies have been conducted that support its effectiveness. The first found that MISC led to increased maternal use of the MISC components and improved child outcomes, including scores on tasks of receptive vocabulary and verbal abstract reasoning, in 48 mother-infant dyads compared to 20 control dyads in a low-SES community in Israel (Klein & Alony, 1993). Similar results were found in randomized controlled trials (RCTs) in rural Uganda with 120 dyads with preschool-aged children with HIV/AIDS (Boivin et al., 2013a) and 119 dyads with uninfected HIV-exposed preschool-aged children (Boivin et al., 2013b). These results were then replicated in larger RCTs in Uganda with 221 HIV-exposed but uninfected 2 – 3-year-old children (Boivin, et al., 2017) and 120 HIV/AIDS-affected 2 – 5-year-old children (Bass, et al., 2017). Recently, a quasi-experimental feasibility trial conducted MISC with community-based organization careworkers, and orphans and vulnerable children ages 7-11, in South Africa and found that MISC increased the careworker's use of emotional and mediational components, as well as improved youth mental health (Sharp et al., 2021).

## POTENTIAL AND FUTURE DIRECTIONS

The semi-structured nature of MISC allows for cultural adaptability and developmental transportability, carrying diverse potential beyond the limitations of setting, context, or dyad. MISC does not impose cultural values or a certain parenting style; instead, the video-feedback method works within the caregiver's social and cultural context (Sharp, 2020). Therefore, MISC is likely to be experienced as more respectful and less intrusive than highly structured, instructional interventions, making it particularly well-suited for

marginalized communities. Additionally, unlike some existing attachment-based and cognitive-behavioral parenting interventions,

MISC is not restricted to a developmental stage.

This is because MISC instills a set of basic principles that can be applied across ages, relationships, and settings.

In research studies, the “caregiver” role has included parents, educators, and older siblings, and the “child” role has included infants (Klein, 1988; Klein &

Feldman, 2007), preschool children (Boivin et al., 2013a, 2013b), school-aged children (Klein et al., 2000, 2002; Korat & Or, 2010; Korat & Segal-Drori, 2016; Shany & Yablon, 2021; Tzuriel & Caspi, 2017), and adults with developmental disabilities (Lifshitz et al., 2010). Additionally, caregivers can extend the MISC principles to their other relationships, including romantic relationships, other family relations, or friends. Another strength of MISC is that it is highly scalable. While MISC is a relatively lengthy intervention (one year), it remains resource-efficient: MISC “trainers” do not require an advanced degree, and the intervention does not require specialized tools or materials (Klein, 1996).

Compared to other existing parenting interventions, MISC is unique in how it simultaneously addresses the attachment relationship and promotes empirically defined positive parenting behaviors. There is clear overlap between the concepts of mediation in MISC and mentalizing in Mentalization-Based Therapy (MBT), but MISC extends the concepts in MBT by describing behaviorally operationalized components (i.e., the mediational components) that help the caregiver to “read” or mentalize the child (Sharp et al., 2020). Additionally, while the emotional components in MISC can be found in other attachment-based interventions, the mediational components offer concrete behaviors that help rebuild the attachment relationship in mothers who may struggle to engage in the emotional components due to

their experiences or circumstances. For these mothers, MISC offers a behavioral pathway toward the emotional components and the attachment relationship over time.

The potential for MISC has been recognized by researchers around the world, with ongoing studies adapting MISC for a variety of settings and populations (see the recently published book on the empirical basis for MISC and ongoing studies - Sharp & Marais, 2021). Given that MISC is theoretically grounded in education, some ongoing studies focus on educators (e.g., early childhood education settings; Kraft, 2021) and educational outcomes (e.g., MISC with parents during book reading to support child literacy; Segal-Drori & Korat, 2021). Additionally, researchers have begun to adapt and apply MISC to families with psychopathology or related risk factors, including mothers with depression (Familiar, 2021), mothers of toddlers with sensory processing and self-regulation disorders (Jaegermann & Freudenstein, 2021), mothers with borderline personality disorder (Wall et al., 2021), families who experienced migration-related separation (Venta et al., 2021), mothers and children exposed to intimate partner violence (Brashear et al., 2021), and mothers who have been incarcerated. It is also important to note that MISC principles and methodology can be applied beyond using the full, standard intervention. The MISC components can be integrated and employed in psychotherapy contexts, as illustrated by a recent case report (Sharp, 2021). Relatedly, Sharp (2020) argues that the MISC components could be incorporated into existing mentalization-based therapies to offer a pragmatic framework for building mentalizing capacities. Additionally, researchers suggest that MISC can be used in therapist training and supervision, both to help the supervisor enhance learning in the therapist supervisee, and to model how the therapist supervisee can mentalize or “read” their clients (Sharp et al., 2020). While traditionally a “caregiver” intervention, MISC distills the basic ingredients that enhance closeness and learning and therefore could be translated into a variety of future contexts and settings – caregivers, romantic relationships, educators, peer-based programs, mental health professionals or other service providers, organizations, and more.

Researchers suggest that MISC can be used in therapist training and supervision, both to help the supervisor enhance learning in the therapist supervisee, and to model how the therapist supervisee can mentalize or “read” their clients.



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# Let Them Sleep: Prioritizing Sleep Health Among Children in Foster Care

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More than 400,000 children in the U.S. spent time in foster care (FC) in 2020, and Texas placed the second largest number of children across all 50 states (The AFCARS Report, 2021). Physical and mental health disparities among children in FC are well-known, impairing, and span virtually every aspect of functioning (Barth, 1990; Halfon, 1995; Pecora et al., 2009; Taussig et al., 2001; Villodas et al., 2016). Accordingly, the American Academy of Pediatrics classifies children in FC as a population with special health care needs. Unfortunately, these disparities often worsen over time (Barth, 1990; Courtney et al., 2001), creating substantial burden for individuals, families and society as a whole. At the same time, this group of vulnerable children is starkly under-represented in all forms of prevention and intervention research. Fewer than a dozen behavioral interventions have been found efficacious for children in FC, and even among treated children, a large number do not derive benefit (Hambrick et al., 2016). This article draws specific attention to the one behavior that all children spend a significant proportion of their lives doing: sleeping. Healthy sleep is essential for early development, growth, learning and well-being, but represents a profoundly under-recognized aspect of care for children and youth residing in FC settings. Our clinical research team at the University of Houston is conducting several projects aimed at addressing this critical gap in care. These efforts include educating practitioners, families and child welfare agencies about the fundamental role of healthy sleep for all children, but especially for children exposed to early adversity and trauma. Below we

describe one current sleep health intervention study being conducted among foster families across Texas.

The Role of Sleep in Healthy Development. Sleep is a universal, biologically-based behavior that serves to maintain virtually

and mid-childhood increase the likelihood of later anxiety and depression, alcohol/substance use, and suicidal thoughts and behaviors (Bernert et al., 2015; Gregory et al., 2005; Haynie et al., 2017). Our research has shown even mild amounts of sleep restriction to interfere with children's and adolescents' ability to experience positive feelings and regulate their emotional responses (Alfano et al., 2020). Conversely, other research has shown that extending children's sleep by as little as 30 minutes, even in the absence of sleep-related complaints, produces significant improvements in mood and behavior (Gruber et al., 2012). Particularly critical for foster families, poor sleep health in children also adversely impacts the family as a whole, and parents of children who sleep poorly experience high levels of exhaustion, concentration problems, and moodiness (Meltzer & Mindell, 2007; Smith et al., 2019).

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every aspect of human functioning (Benington, 2000; Buysse, 2014). During childhood, when sleep need is greatest, sleep promotes brain plasticity, organizes neural connections, and creates long-term memories (Dang-Vu et al., 2006; Kurth et al., 2013; Ringli & Huber, 2011). Inadequate sleep also undermines children's overall physical health. Adverse child health outcomes associated with insufficient sleep include, but are not limited to, greater body mass index, calorie consumption and obesity risk; cardiometabolic dysfunction; and greater cellular aging (Matricciani et al., 2019). Effects on mental health are equally profound. Persistent sleep problems during infancy, early

Reciprocal Effects of Sleep Disruption and Trauma. All children in FC have suffered some form of trauma and prior to protective services involvement, traumatic stress may be a way of life (John et al., 2019). Effects of early trauma are severe and enduring, impacting brain development and stress response systems [e.g., hypothalamic-pituitary-adrenocortical (HPA) axis] that govern biobehavioral functioning including sleep-wake regulation (De Bellis, 2001; Nemeroff, 2016). Maltreated children, including children in FC, commonly exhibit abnormal cortisol patterns (the primary stress hormone released by the adrenal glands) reflective of HPA hyperactivation and directly linked with sleep disturbance and psychopathology



(Bruce et al., 2009; Graham et al., 2012). Children in FC experience a range of other risk factors that contribute to disrupted sleep patterns, including pre and perinatal risks, unstable early home environments, insecure attachments, and physical and emotional abuse. In fact, because sleep and vigilance represent opposing processes in a larger system of arousal regulation, sleep is highly vulnerable to the effects of adversity and trauma (Dahl, 1996; Sadeh, 1996). Although insomnia is a well-recognized feature of posttraumatic stress disorder (PTSD), 'trauma-induced insomnia' is now regarded as a distinct nosological entity (Hall Brown & Garcia, 2020; Sinha, 2016), resulting from persistent activation of stress response systems following one-time or repeated trauma exposure.

**Sleep Health Among Children in Foster Care:** Although limited overall, available findings unequivocally show the sleep health of children in FC to be poor. Findings based on both subjective and objective measures of sleep confirm the frequent presence of insomnia, nighttime awakenings, parasomnias and nightmares (Alfano, 2020; Dubois-Comtois et al., 2016; Lehmann et al., 2021; Tininenko et al., 2010a). One study using actigraphy (an objective measure of daily sleep patterns) found children in FC were five times more likely to display inattentive/hyperactive behaviors after a night of short sleep compared to community children (Tininenko et al., 2010b), suggesting a potential heightened sensitivity to the adverse effects of sleep loss in this already vulnerable group. Sleep problems are, in turn, associated with greater emotional and behavioral disturbances, poor integration into new foster homes, a greater number of placements, more time spent in FC, and higher levels of caregiver distress (Alfano, 2020; Dubois-Comtois et al., 2016; Fusco & Kulkarni, 2018; Hambrick et al., 2018; Lehmann et al., 2021). Overall, it is clear that poor sleep among children in FC holds potential to undermine all three goals of the U.S. child welfare system – safety, permanency, and wellbeing (Adoption and Safe Families Act of 1997).

In a recent study conducted by our research group, we surveyed almost 500 foster caregivers from across the U.S. about the

sleep of one child in their care. Nearly 55% of parents reported seeking professional advice or services for their child's sleep (Alfano et al., 2022). The most frequently recommended strategy offered by healthcare professionals for managing sleep problems was melatonin, followed by prescription medication. These findings are concerning for multiple reasons. Melatonin, which is categorized by the US Food and Drug Administration (FDA) as a dietary supplement, is an endogenous neurohormone produced by

2022) nonetheless suggest that children in FC as young as age four are prescribed off-label medications for sleep, most commonly alpha-2 adrenergic agonists (i.e., clonidine) and anti-depressants (e.g., trazadone and mirtazapine). Rates of polypharmacy among youth in FC are exceedingly high and continue to grow (Davis et al., 2021) despite the unknown effects of these drugs on the developing brain. In fact, concerns about the overutilization of psychotropic medications among youth in FC recently resulted in greater oversight at both the federal and state level (Mackie et al., 2017). With regard to sleep however, behavioral sleep interventions are considered the first-line treatment for most pediatric sleep problems and are recommended for combined use even when medication is prescribed (Owens et al., 2010). There is tremendous need therefore to provide practitioners who serve children in FC with education about the central importance of sleep for overall child development and well-being, along with the established efficacy of behavioral sleep interventions (Blake et al., 2017).

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the pineal gland. Its primary role in humans is to regulate circadian rhythms including the sleep-wake cycle. Available data suggest melatonin to be efficacious in reducing sleep onset time and increasing total sleep time (Wei et al., 2020), but controlled trials among maltreated or trauma-exposed children are unavailable, rendering both its efficacy and safety in this population unknown. Further, a recent analysis of 31 different supplements found actual melatonin content to range from -83% to +478% of the labelled melatonin dosage and more than a quarter were found to contain serotonin (Erland & Saxena, 2017). It also remains unknown whether foster caregivers are provided with accurate information about timing of administration, which directly impacts melatonin's sleep-inducing effects.

With regard to prescription drugs, there are no FDA-approved sleep medications for children at this time. Our data (Alfano et al.,

Sleep and Adjustment in Foster Environments (SAFE): With the support of research grants from the University of Houston and the National Institute of Mental Health, our team is currently testing the initial efficacy of a brief, trauma-informed behavioral sleep intervention for younger (2 to 5 year) and older (6 to 11 years) children in FC, called Sleep and Adjustment in Foster Environments (SAFE). From an evolutionary perspective, sleep is the most vulnerable behavior in which humans engage by virtue of a loss of vigilance and diminished capacity for self-protection. In infancy and early childhood, when sleep need is greatest, regulation of sleep and wake states is directly facilitated by nurturing caregivers, predictable routines, and stable environments, which support a child's developing sense of safety, attachment security, and self-regulatory skills. Unfortunately, children placed in FC have experienced caregivers and/or



family environments that are fundamentally unsafe and often chaotic, undermining these developments. Standard behavioral sleep interventions are effective for many children, but do not adequately account for the detrimental effects of these early adverse experiences on sleep-wake regulation. Building on existing evidence-based behavioral interventions as well as findings from our prior research among foster care workers and families, SAFE targets sleep health via three essential elements of care for children exposed to relational trauma (Bath, 2008); coping (i.e., helping children manage negative internal emotions and fears around sleep), felt-safety (i.e., creating sleep-based schedules and environments that allow children to feel safe and in control), and connection (i.e., teaching caregivers to use physical and emotional closeness during sleep routines to build trust and attachment).

Strategically, SAFE is designed to be implemented during the initial months a child is placed in a new foster home. Research suggests the early weeks and months of a foster placement are pivotal for child adjustment and directly influence risk of placement disruption, one of the most robust predictors of poor long-term outcomes among children in FC (Oosterman et al., 2007). Because sleep health directly influences daytime emotions and behaviors, efforts to improve sleep quality soon after a child arrives in a new foster environment may help to reduce risk of placement failure. Finally, SAFE is designed to be delivered in the home or remotely via video teleconference in order to increase access for all types of families and avoid commonly cited logistical barriers that undermine treatment enrollment and engagement for foster families, such as transportation and childcare costs, treatment location/convenience, and negative prior service experiences (Dorsey et al., 2014).

Conclusion: Rates of behavioral, emotional, learning and physical problems among children in FC are even higher than those found among the poorest children in the U.S. (Hansen et al., 2004). However, in contrast to a voluminous body of literature documenting high rates of other types of problems, research and clinical practices prioritizing sleep in this vulnerable child population are lacking. Emerging research nonetheless indicates the presence of severe, unaddressed sleep

problems, which are linked with more severe emotional and behavioral problems, placement instability, and longer periods spent in FC. Currently, only 1% of U.S. social service policies impacting children include material on healthy sleep education and promotion (Pandey et al., 2019). This omission is particularly problematic since disturbances of sleep are among the most prevalent symptoms of maltreatment and trauma, and do not necessarily remit with time. Together with a group of pediatric sleep and child welfare experts, we recently published a Call-to-Action paper (Hash et al., 2021) urging greater attention to the sleep health of children in FC from researchers, clinicians, foster care organizations, and child welfare agencies alike. But this call is merely a starting point. Long-term, sustained efforts in the form of multi-disciplinary collaborations, research-community partnerships, investment from state agencies, and allotment of substantive federal, state, and foundation funding are critical for developing of educational, training and intervention programs, and ultimately public policies that prioritize sleep. Our hope is that the development and testing of SAFE among foster families in Texas will serve to motivate such efforts.

For more information about the SAFE intervention or research taking place in our lab at the University of Houston, please contact us as fostersleepintervention@gmail.com.

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## Kevin Stewart, JD

February 15, 2022

It's primary season, and your elected officials are certainly busy in their districts! Early voting has begun, and legislators want to hear from you. For many races across the state, the primaries are the only true competitive race, as the district will lean heavily democratic or republican. In other words, there has never been a better time to have your voice heard by your state representative or senator. The primaries were fairly quiet up until last week, as there had not been any major surprises or unexpected attacks. On Tuesday though, the Defend Texas Liberty PAC, run by former Rep. Jonathan Stickland, sent mailers attacking candidates for House seats. The PAC targeted

a list of about a dozen incumbent republicans. Mail pieces blasting Calendars Committee Chairman Dustin Burrows, for example, asked why he's "voting to give Democrats power." These last-minute attacks are not a total shock though—similar strategies have been employed for the last few sessions. With the primaries in full swing, there is not a lot going on at the capitol. Most observers expect that the interim charges will not be released until after primaries. Interim charges are instructions from chamber leadership to committees on what issues they would like the committees to examine before session starts. COVID prevented the legislature from

considering interim charges during the last interim, but it sounds like this interim will go according to plan. We will certainly keep membership in the loop as we know more. That about covers it as far as updates go. Definitely keep your eye on primary results as they start coming out, as I suspect many districts will have new representation during the 88th Legislative Session. Also, as noted above, this is a great time to get to know those new candidates, so please do not hesitate to reach out if there is anything TPA can do to support you in those meetings.



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