

## 2021 New Jersey Psychological Association's Academic & Scientific Affairs Poster Guide

Link to [2021 Fall Conference Poster Hall](#) to View the Poster Presentations

Poster #1 (link to [Comment Box #1](#))

### Analyzing the Relationship between In-Person Sexual Grooming and Posttraumatic Stress Symptoms

First Author	Stine-Oksana Soomai	BA	Fairleigh Dickinson University	masters student
Co-author	Cecilia N Allan	MA	Fairleigh Dickinson University	doctoral student
Co-Sponsor	Georgia M Winters	PhD	Fairleigh Dickinson University	assistant professor

In-person sexual grooming is the precursor to child sex abuse (CSA), whereby an offender skillfully manipulates a potential victim into situations in which the abuse can be more readily committed (Bennett & O'Donohue, 2014, McAlinden, 2006). Few empirical studies have examined the sexual grooming process, with even less research exploring the impact it has on survivors of CSA. While it is well-established that CSA can cause posttraumatic stress symptoms, it is unclear whether the presence of sexual grooming may further increase the risk (Cohen & Scheeringa, 2010; Wolf et al., 2018). This study aims to examine the impact of in-person sexual grooming on symptoms of posttraumatic stress disorder (PTSD), using the content-validated Sexual Grooming Model (SGM; Winters et al., 2020) to conceptualize the grooming process. The SGM consists of five stages (i.e., selecting a vulnerable victim, gaining access and isolating the victim, trust development, desensitizing to sexual content and physical touch, and maintaining the relationship with the victim post-abuse) (Winters & Jeglic, 2020). It was hypothesized that the latter stages (trust development, desensitization, and post-abuse maintenance) would have more impact on PTSD symptoms than the first two stages. An online survey was administered to adult survivors of CSA (n = 44). Participants were asked to report their experiences of sexual grooming behaviors (n = 42) within each stage of the SGM (Winters & Jeglic, 2020). Additionally, the participants completed the PCL-5 checklist for PTSD symptoms (Weathers et. al, 2013). The endorsement of SGM items were summed to create a score for each stage, as well as total score summed across all stages. A series of Pearson correlations was conducted to examine the relationship between PTSD scores and each stage of the SGM, as well the total score. Results revealed a significant relationship between PTSD symptoms and three of the sexual grooming stages: victim selection ( $r(42) = .381, p = .012$ ), gaining access and isolation ( $r(42) = .449, p = .003, x = .449$ ), and post-abuse maintenance ( $r(42) = .411, p = .006$ ). Additionally, there was a significant relationship between PTSD symptoms and the overall sexual grooming behaviors experienced, ( $r(42) = .375, p = .014$ ). In sum, the findings show more PTSD symptoms were strongly associated with the first two stages, and the final stage. It may be that an already vulnerable victim (stage 1), who is then isolated from others (stage 2), are at higher risk for developing posttraumatic stress symptoms due to their existing vulnerabilities (e.g., poor family situation, low self-esteem). Moreover, it is likely that an offender who uses post-abuse maintenance behaviors is continuing the abuse over time or making it difficult for the victim to disclose, which may explain why victims who experienced these behaviors had more PTSD symptoms. Contrasting to our initial hypothesis, the results suggest trust development and desensitization stages were not significantly related to PTSD; further research is needed to explore this relationship. The findings suggest CSA

treatment should not be limited to the physical CSA, but should include efforts for treating the responses from sexual grooming. It is imperative to better recognize these behaviors as early in the sexual grooming process as possible, as the early stages may cause the victim distress and impairment.

---

**Poster #2** (link to [Comment Box #2](#))

**Childhood Food Insecurity: Is It Associated with Eating Behaviors in Adulthood?**

First Author	Nicole M DeSimone	MA	Montclair State University	masters student
Co-author	Shannon O'Connor	PhD	Montclair State University	assistant professor of psychology

Over 10% of households in the United States suffer from food insecurity. Food insecurity has been defined as the lack of nutritional resources necessary to fuel a healthy lifestyle. A small but consistent body of literature indicates positive associations between current food insecurity and eating pathology in adulthood, with more limited evidence for a connection between food insecurity and eating pathology in childhood/adolescence. Given past research indicating a link between eating behaviors observed during childhood/adolescence and adulthood eating attitudes and behaviors, the present study explores whether a childhood experience of food insecurity is associated with an increase in eating pathology during adulthood. A sample of 634 cis-gendered women ( $M=34.75$  years,  $SD=7.40$ ), recruited via Amazon Mechanical Turk (MTurk), retrospectively reported on their level of childhood food insecurity and current food insecurity via the USDA Food Security Survey. Participants also completed self-report measures of their current eating attitudes and behaviors, including dietary restraint, weight overvaluation, and body dissatisfaction via the Eating Disorder Examination Questionnaire and emotional over-eating, food responsiveness, and satiety responsiveness via the Adult Eating Behavior Questionnaire. Linear regression was used to analyze whether childhood food insecurity was predictive of adult eating attitudes and behaviors. When controlling for current food insecurity and BMI, childhood food insecurity was not found to be significantly associated with adult eating attitudes and behaviors. However, current food insecurity was found to be significantly associated with these eating attitudes and behaviors. The current findings suggest that when food insecurity does not persist into adulthood, childhood food insecurity is not associated with adult eating behaviors. These findings provide some support that interventions aimed at alleviating food insecurity would likely have beneficial long-term outcomes.

---

**Poster #3** (link to [Comment Box #3](#))

**College student access to care, telehealth, and service utilization during the COVID-19 pandemic in New Jersey**

First Author	Rachel Bomysoad	BS	Montclair State University	doctoral student
Co-author	Caitlin Wilson	BA	Montclair State University	masters student
Co-author	Sarah Hitchcock	BA	Montclair State University	masters student
Co-author	Jill Del Pozzo	MA	Montclair State University	doctoral student
Co-author	Christopher M King	PhD, JD	Montclair State University	professor

Telehealth has potential to expand access to healthcare, including mental healthcare, that is generally comparable to in-person services—and thereby reduce healthcare disparities (Baker et al., 2020; Batastini et al., 2020; Weinzimmer et al., 2021). This potential saw widespread uptake upon the onset of the COVID-19 pandemic (Pfefferbaum & North, 2020; Pierce et al., 2021; Shroeder et al., 2021), including in New Jersey (American Psychological Association, 2021), and such a shift will likely persist beyond the pandemic (Johnson, 2021). Many are currently examining telehealth utilization during COVID-19 in the general population (e.g., Jaffe et al., 2020), and telehealth utilization among populations especially vulnerable to mental health problems, such as college students, also warrants attention (Fruehwirth et al., 2021). For instance, research on the impact of the pandemic on the mental health of college students indicated that 71% experienced increased stress and anxiety and 44% experienced increased depressive thoughts (Son et al., 2020). Critically, only 10% sought treatment (Son et al., 2020) and more than 20% of students indicated they were unable to access mental health treatment (Lopez-Castro et al., 2021). Accordingly, the current study sought to examine college students' awareness and utilization of telehealth services, and mental health needs, in New Jersey during the pandemic.

**Method** Recruitment of students at a large public university in New Jersey (interim N = 925; age: M = 19.77, SD = 2.69; 75% women; 61% non-White) began in June 2020 and is ongoing. Participants completed an online survey examining psychosocial functioning during the COVID-19 pandemic. The present study examined variables about demographics, mental health diagnostic and treatment history, awareness of and receipt of mental healthcare, and perceived mental health stigma.

**Results** Most participants (86%) indicated awareness of mental health professionals' increased utilization of telehealth during the pandemic. However, a sizable minority of participants (34%) indicated that they had not received mental health services since the pandemic began despite feeling an increased need for such services. More than half of participants (59%) who reported decreased receipt of mental health services during the pandemic identified perceived stigma as a barrier to treatment. There were significant differences for awareness of telehealth for different racial/ethnic groups (less awareness for non-white participants), genders (less awareness for male participants), and whether one had a prior diagnosis (higher awareness). Greater awareness of telehealth was also significantly associated with lower level of perceived stigma. There were significantly higher rates of receipt of services among those who had a prior diagnosis and had previously received treatment. Detailed statistical and variable level results will be presented.

**Discussion** The results of this study have implications for telehealth policy in New Jersey during and after the COVID-19 pandemic, and especially for young adults

attending college. We recommend initiatives to further address differential awareness of telehealth and stigma concerning mental health services, especially among those who have never received such services despite a need. References Omitted for space; to be presented.

---

**Poster #4** (link to [Comment Box #4](#))

**College student financial- and COVID-19-related stress and anxiety during the pandemic in New Jersey**

First Author	Julia A Stratton	BA	Montclair State University	masters student
Co-author	Emily Dunn		Montclair State University	undergraduate Student
Co-author	Amanda Palardy	MA	Montclair State University	doctoral student
Co-author	Jill Del Pozzo	MA	Montclair State University	doctoral student
Co-author	Christopher M King	PhD, JD	Montclair State University	professor

The COVID-19 pandemic's effects on public mental health have been notable. Initial studies have reported increased anxiety and psychological distress among several different populations (Qiu et al., 2020; Wang, 2020; Cao et al., 2020) and research has found factors such as concern about the health of oneself, others, and the future to exacerbate an individual's reported stress and anxiety (Fiorillo & Gorwood, 2020; Li et al., 2020; Cullen et al., 2020). College student status was also found to be a significant predictor of increased anxiety during the pandemic (Wang, 2020). Accordingly, the current study set out to examine the specific stressors reported by college students in New Jersey during the pandemic and their subsequent ratings of stress and anxiety. Method Recruitment of students began in June 2020 at a large public university in New Jersey and is ongoing (interim N = 925; age: M = 19.77, SD = 2.69; 75% women; 61% non-White) Participants were asked to complete an online survey examining psychosocial functioning during the COVID-19 pandemic. The present study examined ad-hoc items about financial and COVID-related stressors throughout the pandemic, and current measures of stress (Perceived Stress Scale) and anxiety (General Anxiety Disorder-7). Results Most participants (87%) reported moderate to high levels of stress, and nearly 40% reported moderate to severe levels of anxiety. Half of participants reported experiencing personal or familial financial hardship throughout the pandemic, while approximately a third of the sample reported short-term or permanent job loss. Additionally, one-third of participants reported working in environments with increased risk for COVID-19 exposure. Fourteen percent of the sample reported contracting COVID-19 themselves, 63% reported a family member had tested positive for the disease, and 23% reported having a family member or friend who had died from COVID-19. The results of nonparametric analyses indicated that ratings of stress and anxiety were significantly higher among those who reported experiencing financial hardship, job loss, and work-related risk for COVID-19 exposure. Additionally, stress scores were higher among those who reported having a family member contract COVID-19. In multivariable models, only financial hardship was found to significantly predict stress ratings while financial hardship, job loss, and risky employment significantly predicted anxiety ratings. Detailed statistical results will be presented. Discussion The findings of this study have implications for interventions and the treatment of COVID-19-related stress and anxiety among college students. Treatment

providers and school officials ought to attend to stressors beyond those inherent to academic demands, such as financial insecurity. Data supports a particular need to ensure interventions and supportive policies reach working students and those experiencing personal or familial hardship. References Omitted for space; to be presented.

---

Poster #5 (link to [Comment Box #5](#))

### Dissemination of Best Practices in Social-Emotional and Character Development: Use of Digital Media Communications Strategies to Improve Engagement

First Author	Jennifer Keyt	BA	Rutgers, The State University of New Jersey	masters student
Co-author 2	Aysar Abdelgelil		Wellesley College	undergraduate student
Co-author 3	Zoe Schiff	BA	Rutgers, The State University of New Jersey	masters student
Co-author 4	Esther Kim		Rutgers, The State University of New Jersey	undergraduate student
Co-author 5	May Yuan	MS	Rutgers, The State University of New Jersey	masters student

Introduction: Social-emotional and character development (SECD) represents the convergence of evidence surrounding the best practices in cultivating social skills, emotions, and character virtues in students to promote better mental health and academic learning (Elias, 2009). An abundance of effective evidence-based practices exist for social-emotional interventions (Durlak et al., 2011); however, a gap often exists between scientific knowledge and its application in practice settings (McIntyre, 2005). Social media has been implicated as a cost-effective dissemination tool to reach practitioners and public outlets that may be otherwise missed in traditional audiences of research (Gatewood et al., 2020). The SECD Lab at Rutgers University formed a Digital Communications and Social Media (DCSM) Team to disseminate evidence-based strategies. The current project aims to evaluate the communications strategy and suggest guidelines moving forward. Methods: The DCSM team's strategy has focused on posting content, timed to maximize exposure, on four main social media platforms: Twitter, Instagram, Facebook, and Pinterest. In consultation with experts in community psychology and communications, the following priorities were developed: 1) Highlight the work of our team members/lab and partners. 2) Amplify resources, events, policies and tools regarding SEL. 3) Provide tools for youth and college students about SEL and SECD. 4) Promote Equity/Anti-racism in SEL. 5) Ensure an SEL component is embedded in virtual classrooms and in-person learning. 6) Connect organizations and individuals who are involved with the work of SEL/SECD. Hootsuite, a social media analytics tool, was used to track changes in engagement and following after specific posts and hashtags. Results: The DCSM team's Twitter account focuses on content that educators and administrators use in their professional life. It has more than 4,000 followers and with each post, it grows, on average, two followers. Each post has an average of one reshare and eleven likes. The DCSM Twitter has an amplification rate, or ratio of shares per post to the number of overall followers, of 0.025%. The DCSM team now reaches 170 of its 261 accounts as of last month on Instagram and has increased its engagement 30% by using an aggressive hashtag strategy. Content interactions have notably

increased by 83%. The SECD Lab reaches an audience of about 660 on Pinterest, with 1,500 monthly views. 75% of its followers are female, and almost 43% are ages 25-34. The DCSM supports Pinterest users by posting lesson ideas and supplemental information. On Facebook, the largest social media platform (Kim, 2021), the DCSM Lab posts on behalf of its virtual professional development Academy on a weekly basis, primarily amplifying messages from other SEL initiatives, and securing at least one new engagement per post. Discussion: Social media has aided the Lab's goals in sharing evidence-based information about SEL and the SECD Lab. Sharing articles, showcasing lesson plans, and inviting users to participate in webinars and conferences has allowed the SECD Lab to further its mission in improving preventative community-based interventions in schools. Looking ahead, the DCSM team plans to continue to explore new platforms, such as TikTok, as additional dissemination tools.

---

**Poster #6** (link to [Comment Box #6](#))

### **Diabetes type 2 treatment adherence barriers for the Latinx population**

Author Thalia Sanchez MA Felician University doctoral student

Perez-Escamilla and Putnik (2007) noted that "Latinx have become the largest ethnic minority group in the U.S. and will become 25% of the population by 2050." Research also indicates that Latinx is experiencing an elevated lifetime risk of type 2 diabetes and comorbid conditions (O'Brien et al. 2019). Diabetes is a prominent medical condition that increases other health risks in the Latinx community (O'Brien et al. 2019). The CDC (2011) highlighted the rapid growth of this condition in the United States and its prevalence of mortality. Diabetes type 2 is a slow, progressive condition that requires consistent adherence to medical treatment to reduce further health complications (ADA, 2018). However, treatment adherence is influenced by many factors such as quality of life, supportive systems, and satisfaction of medical care (Yazdi et al., 2016). Additionally, culture has provided further understanding of how it influences the Latinx diabetic patient and their adherence to treatment. This study explores the relationship between quality of life, social support, and patient satisfaction of care in non-adherence for Latinx patients. The study will determine the strongest predictor of non-adherence in this population to help providers increase adherence in this population. Research Questions1. Does poor quality of life result in non-adherence within the Latinx population? Which factor in quality of life (interference of life, self-care, well-being, worrying about the disease) predicts non-adherence?2. What role does social support play in treatment adherence? Does the type of social support (significant other, family, or friends) predict non-adherence?3. Is there a relationship between low patient satisfaction of care and non-adherence?

---

**Poster #7** (link to [Comment Box #7](#))

**Engagement with mental health care and reasons for its delayed receipt among veterans with chronic pain**

First Author	Jaineel R Doshi	BA	War Related Illness and Injury Study Center, Veterans Affairs New Jersey Health Care System	research assistant
Co-author	Nicole Sullivan	PhD	War Related Illness and Injury Study Center...	clinical psychologist
Co-author	Nicole Anastasides	MS	War Related Illness and Injury Study Center...	research coordinator
Co-author	Christina Gonzalez	MS	War Related Illness and Injury Study Center...	senior research assistant
Co-author	Fiona Graff	PsyD	War Related Illness and Injury Study Center...	clinical psychologist
Co-author	David Litke	PhD	War Related Illness and Injury Study Center... ; Department of Rehabilitation Medicine, New York University School of Medicine	clinical psychologist
Co-author	Lisa McAndrew	PhD	War Related Illness and Injury Study Center... ; Department of Educational and Counseling Psychology, University at Albany	research scientist

Background. Chronic pain impacts an estimated 20.4% of U.S. adults, with veterans facing significantly higher rates of chronic pain (26.0%) than nonveterans (19.0%; Dahlhamer et al., 2018). Research on nonpharmaceutical treatments, including cognitive-behavioral and acceptance-based interventions, suggests that chronic pain is amenable to mental health treatment (Veehof et al., 2016; Skelly et al., 2018). However, while healthcare utilization rates of general and specialty medical care are high for individuals with chronic pain (Deyo et al., 2009), uptake and adherence to mental health treatment in this population is relatively low (Glombiewski et al., 2010; Williams et al., 2020). Therefore, we examined rates of engagement with mental health professionals and reasons for delaying receipt of psychological services among veterans with chronic pain. Methods. Participants (N=40) were veterans with chronic pain enrolled into a pilot study examining the feasibility and acceptability of health coaching compared to treatment as usual. The current study analyzed a baseline self-report questionnaire related to healthcare access and receipt. Results. Approximately 40.5% of the sample (n=17) reported delaying mental health care for at least one reason. The majority of these participants reported multiple reasons for delaying mental health care (mean=1.96, SD = 1.43). The most common reason for delaying mental health care was believing that mental health professionals would not be able to help (28.6%). Other identified reasons included being concerned about other people knowing they went for care (21.4%), believing their health problem wasn't serious enough to require a visit (21.4%), not wanting to know if there was a mental health problem (11.9%), inability to get an appointment soon enough (11.9%), concerns about long wait times (9.5%), and being too busy (7.1%). When asked about the past year, 78.6% of the sample reported talking to a mental health professional at least once about their health, compared to 85.6% who spoke to a medical doctor specializing in their health condition, and 95.2% who spoke to a general medical provider. Of those who spoke to a mental health professional, 29% attended fewer than 4 sessions and

58% attended fewer than 10 sessions. Conclusion. Although chronic pain is amenable to mental health treatment, many veterans endorsed delaying mental health care. The most frequent reason for delaying care was believing that mental health treatment will be ineffective. This may be due to several reasons, including the presence of misperceptions surrounding the use of mental health treatments for chronic pain and ineffective communication regarding the benefits of these treatments. Furthermore, fear of others knowing they are going to mental health care and of discovering mental health issues has caused some veterans to delay seeking care, suggesting that stigma around mental health may be a barrier to care. Notably, mental health professionals are less frequently utilized for chronic pain than specialists and general medical providers. These findings support the need for future research to further examine reasons for under-engagement of mental health care among veterans with chronic pain, and more importantly, how this may be corrected.

---

**Poster #8** (link to [Comment Box #8](#))

#### **Family and intimate partner conflict and violence among college students during the COVID-19 pandemic in New Jersey**

First Author	Ivysmeralys Morales	MA	Montclair State University	masters student
Co-author	Loumarie Vasquez	BA	Montclair State University	masters student
Co-author	Shannon Burke		Montclair State University	undergraduate student
Co-author	Jill Del Pozzo	MA	Montclair State University	doctoral student
Co-author	Christopher M King	PhD, JD	Montclair State University	psychology professor

Family and intimate partner conflict and violence are global public health issues, with higher rates of victimization among youthful minority women (Capaldi, 2012; WHO, 2021). Prior research has found elevated rates of intimate partner violence (IPV) during and after public health emergencies, and the economic, psychological, and social impacts of the COVID-19 pandemic are anticipated to result in similar elevations (Kaukinen, 2020; Usher, 2020). College students are at elevated risk for mental health problems in general, and thus warrant particular attention during the current pandemic (Son et. al., 2020). Accordingly, the current study investigated the prevalence and risk factors for household conflict and violence among college students in New Jersey during the pandemic. Method Recruitment of students at a large public university in New Jersey (interim N = 925; age: M = 20, SD = 3; 75% women; 61% non-White) began in June 2020 and is ongoing. Participants completed an online survey examining psychosocial functioning during the COVID-19 pandemic. We examined demographic variables and ad-hoc items concerning intimate relationship status, household conflict and violence, household increases in substance use, and personal or familial financial hardship. We excluded from analyses participants who reported living alone (n = 13). Results Approximately a third of participants reported an increase in household conflict, and 6% reported an increase in household violence. Per group difference testing, we observed significantly higher rates of increased household conflict and violence among participants reporting increased household substance use or financial hardship. Rates of increased household conflict, but not violence, were also significantly higher among a collapsed non-man gender group. Rates of increased

household conflict and violence did not significantly differ across racial/ethnic groups nor for those in an intimate relationship or not. In multivariable models, gender, increased household substance use, and financial hardship significantly predicted household conflict, whereas only increased household substance use significantly predicted increased household violence. Detailed statistical results will be presented.

**Discussion** The results of this study have implications for policymaking and trauma-informed care among college students in New Jersey during and after the COVID-19 pandemic. Results were consistent with concerns that have been raised about the risk of the pandemic for increasing rates of financial insecurity, substance misuse, and family conflict. Treatment providers should be especially sensitive to the increased risk of non-men college students who are living at home experiencing stress in the form of increased family conflict, and related adjustment difficulties. It is also recommended that college administrators and public policymakers consider strategies for addressing financial stressors and substance use among persons with whom college students live.

---

**Poster #9** (link to [Comment Box #9](#))

**Increased Risk For Depression, Anxiety and Stress Among Veterans with High Transition Stress**

First Author	Chana R Silver			The Military Identity Life-Course Evaluation Studies (MILES) Lab, Mental Illness Research, Education, and Clinical Center (MIRECC) VISN 2, and James J. Peters Veteran Affairs Medical Center (Bronx VA) undergraduate student
Co-author	Chynna Levin	BA	MILES	masters student
Co-author	Wendy Cooper		MILES	undergraduate student
Co-author	Sarah Cole	BA	MILES	research coordinator
Co-author	Emily Knapic	BA	MILES	masters and doctoral student
Co-author	Ashley L Greene	PhD	MILES	advanced postdoctoral fellow
Co-author	Ariana Dichiaro	PsyD	MILES	advanced postdoctoral fellow
Co-author	Yosef Sokol	PhD	MILES	lab director

In this study, transitional stress was highly correlated with mood disorders among transitioning veterans within 10 years of military discharge and an even stronger relationship was identified among transitioning veterans in the post transition period (10+ years). One possible explanation for this finding is that the likelihood of prevalence of transition stress and subsequent mood disorders increases according to the duration of time since military discharge." Please replace the conclusion section with: "Veterans with higher levels of transitional stress, whether they are in the transition period or the post-transition period (10+ years) are more likely to suffer from anxiety, depression and/or stress. This study found that the relationship between transitional stress and prevalence of mood disorders was stronger after the first 10 years (10+ years) post military

discharge as compared to the within 10 years transition period. This data has important clinical implications, as many clinicians would not expect it would be useful to discuss transition related difficulties 10+ years after service. However, our research indicates that the psychological distress experienced by these veterans 10+ years later may well be related to transitional stress.

---

**Poster #10** (link to [Comment Box #10](#))

### **INTERGENERATIONAL TRANSMISSION OF DIRECT AND INDIRECT EATING, WEIGHT AND SHAPE COMMUNICATION**

First Author	Shannon Marhan	BA	Montclair State University	masters student
Co-author	Leora Haller	MS	Montclair State University	doctoral student
Co-author	Shannon M O'Connor	PhD	Montclair State University	assistant professor

Parental communication about the importance of one's body weight and shape can have a lasting impact on their offspring's eating behaviors and attitudes about their body. However, it is less known if parental communication about weight/shape is maintained across generations. Thus, the purpose of this study was to explore the intergenerational transmission of direct (i.e., direct comments to the child about their weight and encouragement to lose weight) and indirect (i.e., modeling of the importance of body weight and shape via parent's own dieting, comments about their own or others' weight) communication about weight, shape, and eating. Specifically, the present study aimed to explore whether retrospectively reported direct and indirect communication about weight/shape from parents during childhood predicted the offspring's own direct and indirect communication about weight/shape to their child. Participants were 634 adult females (M=34.75 years, SD=7.40) with at least one child age 6-11 recruited to complete an online survey via Amazon's Mechanical Turk (MTurk). Participants provided retrospective reports of their parents' direct (e.g., frequency of comments about the participant's weight, encouragement to diet) and indirect (e.g., parents' own dieting, comments about their own weight and other people's weight) communication about weight/shape and eating during childhood. Participants then self-reported their own direct and indirect communication about weight to their own child. Linear regression was used to explore whether childhood direct and indirect communication predicts their own weight/shape communication towards their child. Child's BMI percentile was included as a covariate to ensure that findings were not influenced by the child's body size. Communication about weight/shape in childhood significantly predicted current weight/shape communication to their own child. Stronger associations were observed between similar communication styles (e.g., direct communication during childhood was a stronger predictor of current direct communication to their child than indirect communication); however, significant associations were also found across communication styles. Taken together, the experience of direct or indirect communication about weight/shape in childhood was found to predict parents' own communication style about weight/shape, even when BMI was accounted for. These findings suggest that greater attention to the importance of families breaking the intergenerational cycle of dieting and weight commentary could protect future generations from unhealthy weight control behaviors and beliefs.

---

**Poster #11** (link to [Comment Box #11](#))

**My Body, My Post: Emerging Adult Women and Presentation of Body and Sexuality on Social Networking Sites**

First Author Pooja Aradhya MA Boston College masters student  
Co-author Jena Talbot MA Boston College doctoral student

Women receive many contradictory messages about what their bodies should look like and how they should behave. These messages necessarily impact how women are socialized to use social media and how they engage with online platforms. Little attention has been paid to the impact of these mixed messages on women's self-concept and social engagement online, or to the mental health and social consequences of these interactions. The present study, guided by Objectification Theory (Fredrickson & Roberts, 1997) and Relational Cultural Theory (Miller, 1976), intended to gain a deeper understanding of how emerging adult women understand the messages they receive about their bodies and what they should be used for and how these messages influence their relational behaviors online. Semi-structured interviews were conducted with 14 women (ages 19-25), focusing on messages concerning expectations of women's bodies and sexuality, performance of body and sexuality in social media spaces, social media activism, and social interactions online. Conventional content analysis was used to examine the interviews. Interview data revealed multiple themes, composing four broad domains: (1) expectations of women; (2) social media curation; (3) mental health and social effects of social media use; and (4) activism and advocacy. Notions about how women wanted to perform their identities online were shaped by several factors, including aspirational goals for self-love and body acceptance, an interest in portraying themselves authentically and in the best possible light, and a desire to be part of a movement of social change. The study underscores the impact of social media in individual functioning and wellbeing and reveals deep-seated conflict that women face in integrating messages about who they should be with performance of their own identities. This study highlights the need for situationally responsive clinical practice, intervention, and future research.

---

**Poster #12** (link to [Comment Box #12](#))

**PERCEIVED STRESS, COPING, AND GOAL ORIENTATION : AN EXPLORATORY ANALYSIS OF LEVELS OF CONTACT IN SPORTS**

Author Brendan Guarino MA Felician University doctoral student

The purpose of this study is to investigate the difference in perceived stress, goal orientation, coping skills, and gender between contact and low/no contact athletes. Ninety-seven (N=97; 61 contact athletes, 36 low/no contact athletes) collegiate athlete were used to assess whether physical contact in sports impacts perceived stress and their ability to cope. A two-way between subject's ANOVA was used to explore the

differences in coping strategies. Results indicated coping was similar in both contact and no/low contact athletes. Upon further analysis, a negative correlation between perceived stress across gender and levels of contact was found. The results may not imply an interaction affect but descriptive statistics show that the decrease in Cis-Males ability to cope are more closely related to a stress response, as compared to Cis-Female athlete’s coping abilities relative to the stress they perceive. Perceived stress was also negatively correlated with the level of physical contact and showed that contact athlete’s coping skills decreased when their perceived stress increased. This research has revealed a trend and pointed to a gender difference in the ability of Cis-Female athletes to cope with perceived stress when compared to Cis-Male athletes.

**Poster #13** (link to [Comment Box #13](#))

**School-Based Interventions for Child and Adolescent Anxiety**

First Author	Marcus Flax	BA	Montclair State University	masters student
Co-author	Taylor Walls	MA	Montclair State University	doctoral student
Co-author	Avi Kalver	BA	Montclair State University	doctoral student
Co-author	Jeremy K Fox	PhD	Montclair State University	associate professor of psychology
Co-author	Samantha Coyle	PhD	Montclair State University	assistant professor of psychology
Co-author	Aleta Angelosante	PhD	Department of Child and Adolescent Psychiatry, New York University Langone Health	clinical assistant professor
Co-author	Carrie Masia Warner	PhD	Montclair State University	professor of psychology

Anxiety disorders are among the most prevalent and impairing mental health problems affecting children and adolescents. Yet, approximately 80% of young people with anxiety disorders do not receive mental health services. Schools can play an important role in addressing the unmet mental health needs of youth with anxiety by increasing access to cost-effective, evidence-based services and facilitating early detection and intervention efforts. School-based interventions can also reduce barriers to care (e.g., cost, transportation, stigma) while providing a naturalistic setting to address common triggers of anxiety in students, such as taking tests and talking to unfamiliar peers. Trained school personnel may also be instrumental in the implementation of school-based interventions and ensuring that school interventions are adaptable, feasible, and sustainable without significant researcher involvement. This presentation will highlight the unique benefits of school-based interventions, as well as describe four school-based programs for anxiety disorders (FRIENDS, Cool Kids, Skills for Academic and Social Success, and STARS) and research evaluating their effectiveness. Among the school-based intervention literature, these four programs have shown the most feasibility across multiple studies and have significantly investigated the delivery of these programs by school personnel. We will also discuss issues and challenges related to the implementation of these efforts, including how to identify youth anxiety in schools, harness the support of school administration, and develop services that are culturally sensitive.

---

**Poster #14** (link to [Comment Box #14](#))

**The Influence of Multicultural Distress on the Role of Minority Serving Institutions as Protective Factors for Racial/Ethnic Minority Students**

First Author	Alexandra O Gil	PsyD	Kean University	adjunct professor
Co-author	Sara Rocha		Montclair State University	undergraduate student, Intern
Co-author	Aaron Gubi	PhD	Kean University	graduate school professor
Co-author	Franklin Turner	PhD	Kean University	undergraduate professor

This study explores the influence of multicultural distress on the role of minority-serving institutions (MSI) as protective factors for Racial/Ethnic Minority Students. The U.S. Census Bureau predicts that the United States will become a “majority-minority” nation by 2043, if not before (Maxwell, 2014). Overall, data from the National Center for Educational Statistics (NCES, 2018) confirms that the expansion of students from racial and ethnic minority backgrounds in post-secondary education is contributing to a growing number of universities designated as Minority Serving Institutions (Hoxworth, 2018). Increasing diversity is leading to demographic changes within higher education. Research suggests that MSIs support racial ethnic-minority student outcomes by making them feel comfortable on campus, minimizing discrimination, increase academic performance, and increase awareness. Minority-serving institutions enroll and graduate large numbers of ethnic-minority students (Espinoza, et al., 2018). Many contend that such institutions, similar to historically black colleges and universities (HBCU), hold a potentially influential role overall; in that they can support academic attainment of ethnic minority students. Such colleges are believed to promote social justice and raise racial awareness by placing an emphasis on minoritized cultures, ensuring that ethnic minority students do not feel othered or ashamed of their differences amongst their peers (Mobley, 2017), and by promoting connectedness with the college among students from racial and ethnic minority backgrounds (Densen & Chang, 2015; Jayakumar, 2015). Many contend that being in a diverse learning setting serves as a protective factor, shielding racial/ethnic minority students from some degree of distress and thereby promoting mental health and academic well-being. In contrast, other research findings suggest that multicultural distress threatens mental health and academic well-being even within diverse minority-serving institutions. Despite various studies indicating that MSIs mitigate against potential distress of racial/ethnic minority students (Turner, 2021), the present study suggests that minority students are not accruing the perceived benefits (e.g., decreased multicultural distress) from a MSI as has been theorized. To put it more succinctly, minority students appear to be impacted by multicultural distress despite being enrolled at an MSI. Turner (2021) posited that minority students are not likely to benefit from a diverse campus until a critical mass of ethnic minority students is reached. Furthermore, they posited that the faculty and staff must also resemble this diverse student body if students are to benefit. While more research is needed, it appears that colleges and universities must continue to strive to retain and recruit faculty and staff that resemble the students they mentor and teach in order to dissolve the influence of multicultural distress on student success (Milem, 2003).

---

Poster #15 (link to [Comment Box #15](#))

**Tunnel Vision: A Novel Investigation of the Effect of Depression on Field of View**

First Author	Lisa Bolshin	PhD	Fielding Graduate University	neuropsychologist in supervised practice; Community Head Injury Resource Services; Toronto Brain Health
Co-author	Nasreen Khatri	PhD	Rotman Research Institute	Clinical Associate, Rotman research institute; Clinical Psychologist
Co-author	Jennifer Ryan	PhD	Rotman Research Institute	Senior Scientist , Rotman Research Institute, Baycrest; Canada Research Chair in Cognitive Neuroscience of Memory; Professor, Departments of Psychology, Psychiatry, University of Toronto

This study examined the effects of depression on field of view and memory as it relates to cognitive remittance of depression. Depressed individuals possess a negativity bias producing a narrowed field of view, attentional bias, and enhanced memory for negative emotional information. The central conceptual question investigated whether formerly depressed (remitted) individuals are truly cognitively remitted and display the same emotional and attention inhibitions and memory as depressed individuals, specifically under a negatively mood induced state. None of these concepts have yet to be addressed together using eye tracking to study cognitive remittance. Female participants aged 39-85 were grouped into non-depressed (healthy) and previously depressed (remitted) categories via diagnostic interview and subjective questionnaires. The study followed a 3-day testing procedure which included the diagnostic verification on the first day, and eye-tracking methods on the second and third day. On the second day of testing participants saw a series of scenes and were asked to rate their emotional valence, and later recognize the scenes after a delay. After one week, participants returned for a third testing session which followed the same procedure with new stimuli. Neutral and negative mood inductions were randomized to either the second or third testing session. The study employed a 2 x 3 x 2 mixed model ANOVA with three dependent variables (field of view, encoding, and recognition) and two independent variables (participant group and day/mood induction). Results supported the first hypothesis that suggested that formerly depressed individuals possess a narrower field of view, especially when subjected to a negative mood induction. The second hypothesis was also supported suggesting that a negative mood induction would result in greater visual exploration (attention) to negatively valenced information for formerly depressed individuals. Results failed to support the third hypothesis regarding recognition accuracy, yet formerly depressed individuals continued to demonstrate significantly different viewing patterns (i.e., saccade amplitudes and number of fixations) to emotionally valenced information under a negative mood induction. Results from the current research illustrated that individuals who are remitted from depression do in fact process information in the environment differently than someone who has never been depressed. More specifically, they focus more on a narrow aspect of the environment, typically negative information, which negatively impacts their ability to efficiently encode information. Taken together, the results of the study support the idea that formerly depressed individuals experience a perceptual and cognitive tunnel vision that elaborates on their inhibited negative cognitive schemas and puts them at risk for relapse into further episodes of depression.