

Official Newsletter of the American Psychological Association,
Division 38

The Health Psychologist

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President's Column

As I write this column on 9/17/07 I have not yet been in office for a full month. My predecessor, Bob Kerns, accomplished much for Division 38 during his tenure as president. He was a terrific mentor and taught me the "V.A. way" of frequent conference calls for planning purposes. Bob insists that the weekly president's telephone call was not instituted by him, but rather by a predecessor (Frank Keefe or Jim Blumenthal) but I know those guys are not that sadistic! Seriously, although I was at first appalled at how much time we spent on the phone (not to mention email), I've become a believer in the efficiency and productivity of the conference call. Thus, I will continue in the Bob Kerns tradition, hold-

ing weekly President's calls with Karina Davidson (President-Elect) and Barbara Keeton (Administrative Officer), with various board members and committee chairs joining us as the need arises. Bob is yucking it up in the accompanying picture because he knows how much time I'll be spending on the phone again this year (without him)!

I am struck by the level of activity in this division, on a public and easily-recognized level, as well as on a less publicized plane. The annual APA meeting

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Beverly Thorn, Ph.D., ABPP

From the Editor's Desk

An Award Winning Issue



It may sound a bit presumptuous for the editor to declare an issue of his own publication "award winning"; in this case it is not. This edition of *the Health Psychologist* contains our yearly recognition of those who were honored by the division during the annual APA Convention in San Francisco. What a distinguished group it is. I was surprised to see that Janice Kiecolt-Glaser was recipient of the Outstanding Contributions, Senior Award. Not, of course, because she didn't deserve it, I just couldn't believe she hadn't won it many times over already! What excellent work she has done through the years. And can you believe what Robert Edwards is up to? Could someone

Kevin S. Masters, Ph.D.

please explain how he has time for all of this? Surely his day has many more than 24 hours in it. He's just too successful too young; I don't think I like him very much.

How fitting it was to honor both Cynthia Belar and Suzanne Bennett Johnson with the Career Service Award. Not only are they both accomplished scholars, but they truly have served the field in many capacities and we are better for it. Our Timothy Jeffrey Award is bestowed on a member of our division who performs with excellence and exception in the clinical trenches. Anne Eshelman has blazed a path in her work at Henry Ford that has opened doors for students and colleagues to follow. I can say from my own experience that it is not easy to convince doubting

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President's Column

was packed with terrific Division 38 programming put in place by Julie Wagner and Tu Ngo. Of specific interest to me was several very high quality sessions devoted to health disparities and research being used to tackle the problem of inequality of health care access and treatment. The student council representatives, Diana Higgins and John Sellinger, contributed greatly to our successful APA programming and we can be proud that we offered a lot to our professionals in training. A particular stand-out was a packed room of internship and post-doc directors with students interested in advanced research and practice training in health psychology.

I am pleased and relieved to announce that my friend and colleague, Liz Klonoff, will be the program chair for Division 38 next year. Liz and I have worked together on several initiatives for the Council of University Directors of Clinical Psychology, and I am confident that she will put together a stellar scientific and clinically relevant program for APA 2008. Our 2008 APA program theme is: "Lifelong Training in Health Psychology: Bridging Science and Practice." We are particularly interested in addressing health issues that are common in public health but often ignored in psychology --- SES, racism, discrimination (both generally and in health care.) Our first confirmed invited address will be given by Nancy Krieger of Harvard University, who will deliver a talk on a topic related to health disparities. We are highly invested in making the program of interest to our membership. In that vein, we ask: What topics or issues would you like to see the Division 38 program address at the 2008 annual meeting in Boston, MA? Also, are there topics you think would be better served in a smaller venue (i.e., not a huge room in the convention center)? We have set up a special email address for D38 APA program activities, so please respond to our query using the following email address: division38program@gmail.com. Incidentally, 2008 will mark Division 38's 30th birthday, so plan on a special celebration.

At the 2007 APA program, we also held our 4th Annual Clinical Health Psychology Institute (pre-conference workshop), entitled "Helping Patients Manage Chronic Medical Conditions: Treatments That Work" and for the first time (at least in my memory), we held a 2nd pre-conference workshop, "Mindfulness-Based Therapy for Psychological and Medical Conditions." In these workshops, we strive to provide information on the biological substrate of the disorders being covered, the evidence-base for the treatments discussed, and translation of the research into clinical practice. Incidentally, the most frequent question I was asked throughout the APA meeting was "where can a psychologist get further high-quality training in health psychology?" We are presently exploring ways to expand our training efforts for the profession. Dan Bruns, our new chair of the Health Services Council, Regan Gurung, chair of our Education and Training Council, and Tu Ngo, our new chair of the Continuing Education committee, are developing some plans to provide web-based intensive evidence-based education ex-

periences for continuing education in Health Psychology.

At least as interesting as the highly publicized APA-2007 program activities was what was happening behind the scenes at the APA Council of Representatives meeting. The Council of Representatives, as the governing body of APA, was being asked to consider a model licensing law for Prescribing Psychologists. The APA Practice Directorate has been working long and hard to secure prescriptive authority for psychologists with specialty training at the post-doctoral level. At present, one U.S. territory (Guam) and two states (New Mexico and Louisiana) have prescribing authority, with approximately 30 civilian psychologists now prescribing psychotropic medications. An additional 20 military psychologists who went through the Department of Defense demonstration training project are prescribing psychotropic medications. The model licensing law fashioned by APA would be something that other states could use as they pursue prescriptive authority through their state legislative process. **The glitch, for Division 38, came when we read the particulars of the proposed title for psychologists who prescribe psychotropic medications, i.e. "Medical Psychologist."** It turns out that Louisiana law actually uses the term "Medical Psychologist" to refer to psychologists who are licensed to prescribe in their state. Division 38 opined that the use of the term "Medical Psychologist" as synonymous with "Prescribing Psychologist" could cause considerable confusion within the psychology training community, the broader health care community, and with the public. The use of the term medical psychology has a long history; one that has not been associated with medication prescriptions by psychologists. Medical psychology has been defined as: "the study of psychological factors related to any and all aspects of physical health, illness, and its treatment at the individual, groups, and systems level" (Asken, M. (1979) *Medical psychology: Toward a definition. Professional Psychology: Research and Practice, 10*, 66-73). Additionally, there are numerous doctoral training programs (including APA accredited programs), departments, and clinics using this term; in none of these cases does the term refer to prescribing psychologists. I am relieved to report that a number of divisions publicly supported Division 38 in its concern, and in the end, a reasonable compromise was reached wherein the term "medical psychology" was not suggested as a label for prescribing psychologists. Furthermore, we are now working closely with Division 55 (Psychopharmacology) to avoid further misunderstandings such as this, and to collaborate where possible on issues of common concern.

(As a side note: A recent nasty surprise came with the publication of the September/October National Psychologist (an independent newspaper for practitioners). In an article summarizing Council action, the reporter, James Bradshaw noted the following regarding Division 38's objections to the use of the term "Medical Psychologist" for Prescribing Psy-

President's Column

chologists: "Members of Division 38, who work in clinic and hospital settings, have long coveted the title of medical psychologists in hope it would help them stand on par with M.D.'s in their work setting." I have since sent a letter to the editor expressing our displeasure with the dismissive and condescending reference to Division 38. I am hoping it will be published in the January issue of that Newspaper.)

During the APA Council of Representatives debates, it became clear to me just how important our Council representatives are. And this is a bit scary, too, because last year we came dangerously close to losing one of our two Council seats. Did you know that **if all of our Division 38 members would simply fill out and return the division allocation forms that come to them in the mail in October (and allocate their votes to Div 38), we could possibly have as many as four council seats?** Please fill your allocation form out and return it this year! Speaking of Council reps, in an unusual turn of events, Suzanne Bennett Johnson served two of her three year term and was then elected to the APA Board of Directors, which necessitated a one-year replacement to complete her term. The D38 Executive Board has affirmed Chris France as Suzanne's replacement. Meanwhile, our more junior Council Rep, Sharon Manne, has been so successful of late in NIH funding (four R0-1's!) that she also needed to step down leaving a two-year vacancy. The Executive Board has affirmed Larry James as Sharon's replacement. Our reasoning behind these replacements included the fact that both Larry and Chris have been involved in service to the division and both were on the most recent election ballot (Larry for Division 38 President, Chris for Division 38 Member at Large).

A relevant taxonomy issue has recently emerged with the National Provider Identifiers (NPI) numbers that practicing psychologists must have in order to use electronic billing as part of the requirements of the Health Insurance Portability and Accountability Act (HIPAA). When applying for an NPI, psycholo-

gists are asked to list a taxonomy code describing their specific type of health-care practice. Surprisingly, the National Uniform Claims Committee (NUCC) had removed the "Health" code from the list in their "updating" of the taxonomy codes for specific type of health care practice. Fortunately, the Practice Directorate successfully argued to put the "Health" code back on the list. APA asked Division 38 to provide a succinct definition similar in format to other NPI definitions. First, we suggested the label "Clinical Health Psychology" rather than "health psychology" to distinguish the health psychology scientists from those who are trained as health care providers. Next, using the Commission on Recognition of Specialties and Proficiencies in Psychology (CRSPP) definition of Clinical Health Psychology as our guide, we have suggested the following definition of **Clinical Health Psychology** for the NPI taxonomy codes:

A psychologist with special expertise and training in health psychology (also known as behavioral medicine, medical psychology, and psychosomatic medicine), including the application of psychological, social and behavioral science to the promotion and maintenance of health as well as the prevention, treatment and rehabilitation of illness and disability. Patient care is often provided in a multi-disciplinary setting.

In the year ahead, I look forward to numerous science, practice, education, and public interest initiatives to broaden our outreach and offer our expertise where needed. I'm in awe of the amount of talent we have in this division! If you have an idea, a gripe, a need, or a suggestion, let me hear from you. I won't pretend that I can solve all problems, but I will take heed of your particular issue. Email me directly at Bthorn@as.ua.edu. And if you aren't on the D38 list-serv, consider joining by contacting our Administrative Officer, Barbara Keeton at APAdiv38@verizon.net.

2007 Student Research Awards presented by Division 38

Danielle L. Beatty, M.A.
The Graduate Center, CUNY

Edward D. Huntley, M.S.
American University

Rae Littlewood, M.S.
Syracuse University

Carissa Low, M.A.
University of California, Los Angeles

Kate Murray, M.A.
Arizona State University

2007 Outstanding Student Poster Awards presented by Division 38

Alison America, M.A.
University of Hartford

Stephanie Diamond
University of Miami

Mendy Gallian
Tennessee State University

2007 Outstanding Contribution to Health Psychology “Senior” Award

Janice Kiecolt-Glaser, Ph.D.

Ohio State University College of Medicine

Introduction by

Beverly E. Thorn, Ph.D., ABPP



Dr. Kiecolt-Glaser is Professor of Psychiatry and Psychology at The Ohio State University, and in 2004 she was appointed as S. Robert Davis Chair of Medicine. She has been at Ohio State since beginning her academic career in 1978, having received her graduate training at The University of Miami in Clinical Psychology (Health Psychology concentration), followed by a post-doctoral fellowship at the University of Rochester School of Medicine.

Dr. Kiecolt-Glaser has established herself as someone who has made innumerable important empirical contributions to the field of psychoneuroimmunology. In the field of health psychology, she has been on the cutting edge of research on the biological and psychological impact of stress on humans. In some cases, her research has also involved investigations using non-human animals. What makes Dr. Kiecolt-Glaser unique in our field is how successfully she has integrated biological markers into her research on stress, while at the same time, measuring and manipulating psychosocial aspects of stress. One often sees successful researchers who focus on the psychosocial without measuring the biological (e.g., clinical), or those who focus on the biological (e.g., neurosciences) to the exclusion of the psychosocial. Dr. Kiecolt-Glaser has her feet well planted in both worlds and her methodological techniques have been innovative and continuing to evolve as time goes on.

Dr. Kiecolt-Glaser has almost 200 refereed publications, many of which are in very high-quality journals such as *Lancet*, *American Psychologist*, *JAMA*, *Journal of Consulting and Clinical Psychology*, *Proceedings of the National Academy of Sciences*, *Health Psychology*, *Psychosomatic Medicine*, and *Psychological Bulletin*, to name only a few. Her publications cover the gamut from investigation of basic biological/neurological mechanisms to applied psychosocial research, but much of her research integrates the two. In addition to being highly published, another indicator of her scientific impact is that she is listed in the Institute for Scientific Information as among the world's most highly cited authors, a group comprising less than one half of one percent of all publishing researchers. Also as testament to her high quality research, Dr. Kiecolt-Glaser has achieved an extraordinary record of continuous NIH funding from multiple institutes since 1988. Her CV indicates that she is funded by NIH through 2012, with several active applications pending. To say that she has had a remarkably consistent research record is an understatement, indeed.

Dr. Kiecolt-Glaser's previous scientific awards are too numerous to list in this short time. She has been a fellow of APA since 1988, and has won a variety of APA awards, including Outstanding Contributions to Health Psychology (1988), and the Developmental Health Psychology Award (1999). She served as President of the APA Division of Health Psychology (38) in 1999-2000. In 2001, Dr. Kiecolt-Glaser was elected to membership of the very prestigious Institute of Medicine of the National Academy of Sciences.

Call for Nominations

Division 38 invites nominations for the offices of President-Elect, Treasurer, two Members-at-Large (a one-year term and a three-year term), and APA Council Representative.

Elected members will take office immediately after the APA convention in Boston, in August, 2008. For questions or more information, contact the Division 38 office at apadiv38@verizon.net, or Dr. Patrice Saab, Chair, Nominations Committee at psaab@miami.edu.

Please send your recommendations by Friday, December 28, 2007 to apadiv38@verizon.net. Self-nominations are welcome.

2007 Outstanding Contribution to Health Psychology “Junior” Award

Robert R. Edwards, Ph.D.

John Hopkins University School of Medicine

Introduction by

Jennifer A. Haythornthwaite, Ph.D



Dr. Robert Edwards began his research career investigating sensory changes associated with aging, but his interests quickly expanded beyond aging to include the effects of ethnicity and sex on pain sensitivity. Since completing his PhD in psychology, Dr. Edwards has established a broad and integrated line of research investigating individual differences in pain responses. He has demonstrated that the central modulation of pain varies with age and sex, adding to our knowledge of the inter-dependent biological and psychological processes that contribute to the experience of pain. His work has documented the clinical utility of pain psychophysics in facilitating our understanding of the clinical pain experience through widely cited empirical papers on the clinical applications of quantitative sensory testing and the clinical significance of individual differences in sensitivity to pain.

While much of his research has used sophisticated laboratory methods to study individual differences in pain sensitivity, he is not one to shy away from the complexities of clinical pain which continue to puzzle and engage clinical pain researchers across the world. He has published on a wide range of important clinical issues, including predictors of treatment response, individual differences in outcome, longitudinal factors associated with chronicity of pain and suicidal ideation. His recent work has focused on clarifying our understanding of catastrophizing, a complex cognitive-emotional response to pain that is highly predictive of many important clinical outcomes. In the next few years he will be identifying the central nervous system correlates of pain-related catastrophizing and developing novel interventions that normalize dysfunctional central nervous system pain processing.

Just a few facts about Dr. Edwards' many accomplishments:

He completed his PhD in 2002 and just 5 years later has 50 papers published in peer-reviewed journals, of which more than 50% are first-authored.

He publishes his work in journals which have the highest impact ratings for clinical pain researchers, including *Pain* and *Neurology*. His work has been recognized by the highly competitive NIH peer review system and he received a K23 career development award on the first try and a R21 developmental award on the second try. He has also received grants from the American College of Rheumatology, the Arthritis Foundation, and the American Pain Society.

He currently actively collaborates with faculty from 9 different departments at Johns Hopkins on a wide variety of laboratory and clinical studies. And these active collaborations involve more than 9 individual projects!

He teaches regularly to post-doctoral fellows, undergraduate, and graduate students, as well as being an invited lecturer both nationally and internationally.

He is married and has two young children for whom he is an active and engaged parent.

In addition to his intelligence, creativity, and engaging interpersonal style, he excites people about pain research and his good humor engages even the most skeptical colleague. In sum, Dr. Edwards exemplifies the type of junior investigator we need to grow, develop, encourage, and recognize through this award for Outstanding Contributions to Health Psychology.

An Award Winning Issue

(Continued from page 1)

psychiatrists that psychologists are indeed, educable. (So who is it that is not educable? – Sorry). Well done Anne. With this year's Developmental Health Psychology Award we recognized a true giant in the field, Ilene Siegler. Her longitudinal work is foundational to our discipline. We also welcome new Fellows to the division: Raymond Hanbury, Kathleen Lawler-Row, Mark Litt, Eduardo Morales, and some guy named Masters.

Finally, we look toward the future as we honor the work of our talented students. Student Research Awards were claimed by Danielle Beatty, Edward Huntley, Rae Littlewood, Carissa Low, and Kate Murray and Outstanding Student Poster Awards went to Alison America, Stephanie Diamond, and Mendy Gallian. It will come as no surprise to any of us to see their pictures next to the senior awards in a few years.

So congratulations to all. You represent the best of our field and we are pleased to have you as colleagues.

2007 Timothy B. Jeffery Memorial Award for Outstanding Contributions to Clinical Health Psychology

Anne K. Eshelman, Ph.D., ABPP
Henry Ford Hospital

Introduction by
Mark W. Ketterer, Ph.D., ABPP



It has been my pleasure and honor to know Dr. Anne Eshelman for almost twenty years. In that time she has served as my supervisor for licensure, my mentor in acclimating to the Henry Ford Hospital, my collaborator in training students and my sounding board in dealing with professional crises. We are thinly enough staffed at HFH that I must miss the ceremony celebrating her accomplishments. But Anne's absence means the rest of us here must try to cover her patients, hopefully well enough to not lower the excellent standards of care she has set.

Anne was the first intern to rotate on the Consultation/Liaison Service at HFH. Her arrival was met with skepticism by her psychiatric colleagues, but within a year she had convinced the Chief that "psychologists are educable" and could help fill roles that were neglected for lack of manpower. The result has been the development of one of the largest C/L Services in the U.S., with psychology interns and postdocs carrying much of the clinical load. This presence has permitted and encouraged a deep immersion of students in medical issues as they relate to problematic behavior.

Anne's steady, principled practice at HFH has made her someone that all our senior staff trust when dealing with confusing, disturbing and dangerous cases. So trusted is she that she was made Chair of our Ethics Committee. She is one of the most experienced Behavioral Transplant Medicine practitioners in the country. Her postdocs have filled significant roles in Fertility Medicine, Bariatric Surgery, Fibromyalgia Care and the Headache Clinic. If there is one regret we all have, it is that there is only one of her. We have pondered cloning the original but have yet to obtain her permission.

I thank Division 38 and the Foundation for their excellent judgment in conferring the Jeffrey Award on Dr. Eshelman. It is well deserved.

2007 Outstanding Contributions to Developmental Health Psychology

Presented by Division 38, Health Psychology and Division 20, Adult Development and Aging

Ilene Siegler, Ph.D., M.P.H.
Duke University



Dr. Ilene Siegler is the recipient of the 2007 Developmental Health Award. This award, co-sponsored by Divisions 20 and 38 of the APA, is given in recognition of outstanding contributions in the fields of health and aging. Dr. Siegler's pioneering work with the Duke Longitudinal Studies and her ongoing work with the UNC Alumni Heart Study has been influential in shaping the field of Developmental Health Psychology. Dr. Siegler was one of the first scholars to bring a lifespan perspective to behavioral medicine and her decades of research on risk factors for disease has allowed scientists and practitioners to understand and ask questions about developmental pathways that lead to disease outcomes. Our knowledge of relationships between personality, gender, health behaviors, well-being, and how these interact with age over the lifespan, has been shaped by Dr. Siegler's research, which has been continuously funded by several NIH institutes (e.g., NIA, NHLBI, NCI). Dr. Siegler is currently Professor of Medical Psychology in the Department of Psychiatry and Behavioral Sciences at the Duke University School of Medicine. She is also a professor of Psychology in the Social and Health Sciences at Duke University and holds an adjunct professorship in Epidemiology at the University of North Carolina School of Public Health. Dr. Siegler has published 14 books, over 150 journal articles, and 60 book chapters.

Career Service to Health Psychology

Cynthia D. Belar, Ph.D., ABPP
American Psychological Association
and

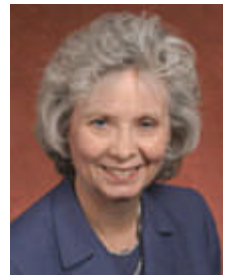
Suzanne Bennett Johnson, Ph.D., ABPP
Florida State University College of Medicine

Introduction by
Nathan W. Perry, Ph.D.



Cynthia D. Belar

I was honored and pleased to be asked to present the 2007 award to Cynthia D. Belar, Ph.D. ABPP, and Suzanne Bennett Johnson, Ph.D., ABPP for their career contribution to Health Psychology. It is difficult to give full credit to a single winner of this award in a few minutes. Their different career paths overlapped enough to make this a little easier. Both have: served as President of Division 38; co-chaired the Division's successful petition to APA for Clinical Health Psychology to be recognized as a specialty in Psychology; both were founding members of the Board of Clinical Health Psychology and of the Academy of Clinical Health Psychology; both have major texts in the field; both have received awards from the Association of Psychologists in Academic Health Science Centers (Cynthia for education and Suzanne for research); and both were founding members of Division 38.



Suzanne Bennett
Johnson

Cynthia has received the Division 38 Timothy Jeffery Memorial Award for Outstanding Contributions to Clinical Health Psychology and chaired the division's Education and Training Committee. Suzanne has served as Division 38 Representative on the APA Council of Representatives and the Interdivisional Health Council, which she also organized.

Cynthia has received the APA Education and Training award, was a founding member of the Society of Behavioral Medicine, and was on the organizing committee of the Arden House Conference – which was the first major conference on education and training in Health Psychology. She has been recognized as Alumni of the Year by Ohio University. Cynthia has held many positions with major impact on the field. She has been Director of Intern Training and Director of Clinical Training at the University of Florida, Chief Psychologist and Clinical Director of Behavioral Medicine at Kaiser-Permanente. She currently serves as Director of the Education and Training Directorate at APA.

Suzanne has held the titles of Distinguished Professor and Director of the Center for Pediatric Psychology and Family Studies at the University of Florida and as a Robert Wood Johnson Health Policy Fellow in the office of Senator Clinton. She is currently the Chair of the Department of Medical Humanities and Social Sciences at Florida State University. She has also served APA as Chair of the Boards of Scientific Affairs and Professional Affairs. She has had continuous RO1 funding since 1980. She has been awarded the Behavioral Science Award from the American Diabetes Association and both the Mentorship and the Research Awards from Division 54.

I have followed the careers of Cynthia and Suzanne from the beginning of their academic careers in 1974 in the Department of Clinical Health Psychology at the University of Florida. I would like to claim credit for introducing them to Health Psychology, but in many ways the opposite is true. I vividly remember Cynthia very early trying to convince me that I was a Health Psychologist because I did research with Ophthalmologists. I would also like to make some kind of mentoring claim since I became Chair of their department early in their careers but instead I had to work very hard just trying to keep up with their abilities and commitment. One reason that our long relationship has been so positive is that both have been so successful in pretending to take my advice seriously. It has been with pleasure and never surprise that I have watched their careers blossom.

Invited address by 2006 Timothy Jeffrey Memorial Award Winner Mary Casey Jacob, Ph.D.

This is a summary of the remarks I made in San Francisco in August, when I spoke as a result of receiving the Timothy Jeffrey Memorial award. It was a very great honor to be nominated for this award by my colleague, Howard Tennen, and to receive the support of others for the nomination.

As you know, this award goes to someone in the trenches each year, someone who spends most of his or her time as a service provider. I have been asked to tell you a bit about the nature of the service I provide.

Before I can talk about the work I do, though, I must acknowledge the training I received. First, I received excellent general training in the counseling psychology program at the University of North Carolina at Chapel Hill. Knowing I wanted to be a health psychologist, it made sense to me to enter a counseling psychology program, where, in addition to learning to diagnose and treat psychopathology, I would also receive extensive training in normal development, and the responses of psychologically healthy people to abnormal life circumstances.

This was in the late 70s, when the terms “health psychology” and “behavioral medicine” were just coming into use. My program director generously allowed me to arrange a number of clinical health psychology practicum experiences for myself, since none were formally offered in my program. After that, I had the great privilege of training under Bob Kerns during my internship at the West Haven, CT VA. In that year I received excellent training, especially in the health psychology of chronic pain, cardiac rehabilitation, stress management and smoking cessation. I was fortunate to be able to stay and spend four more years working with Bob, and getting extensive experience working with veterans with chronic pain.

From there, it was just a hop, skip, and jump to working with people with infertility. Prior to making that transition, I had never thought about it before, but the experience of having chronic pain is almost identical to the experiences of infertility and pregnancy loss. Think about it: both are generally invisible ailments that are devastating but not life threatening. Others who have not been through it or who have not learned about it are unlikely to understand the extent of the devastation, fear of the future, and hopelessness that can accompany those diagnoses. Both diagnoses can bring extensive experiences of loss. It isn't just that your body is not functioning properly, but you may lose track of the timeline you planned for your life, you may hesitate to make plans, because the pain or the fertility treatments may interfere, you may begin to avoid friends who are healthy or fertile, or who don't “get it,” and you suffer all the losses that we know come when social supports diminish. Your relationship may suffer, because your partner doesn't “get it”, or copes with it differently, or because you don't want to have sex much anymore – because it hurts, or because you are depressed, or in heterosexual couples, because there isn't any point if one of you isn't ovulating.

So the transition was easy from that perspective. I just needed to learn the medicine – learn about reproductive medicine, its tests and its treatments.

I entered an Obstetrics and Gynecology department that welcomed me and asked for my participation in many ways: my primary role was to work with the reproductive endocrinology division. At that time, in the early 1990s, infertility was one part of the practice, but we also worked with many women with chronic pelvic pain, premenstrual disorders, difficult peri-menopausal and menopausal symptoms, and uterine and ovarian cancer.

These days, my clinical work is almost entirely at the Center for Advanced Reproductive Services at the University of Connecticut Health Center. I am blessed to work in a large interdisciplinary program where we truly function as a team – exactly what any health psychologist would wish for. Our current clinical practice is almost entirely infertility, fertility, and pregnancy loss. It's a big program – we did about 1200 IVF cycles last year. We have active donor egg and sperm programs, and do quite a bit of preimplantation genetic diagnosis – where embryos are actually biopsied and genetically tested for anomalies before a few healthy embryos are transferred to the recipient's uterus. I work right at the intersection of psychology, medicine, law, ethics, social consensus building, and legal activism.

In addition to my routine clinical work, I teach residents and fellows in both Obstetrics and Gynecology and Psychiatry, and advise the residency directors on handling behavior and professionalism issues with resident, fellows, or faculty. We have a psychology internship and I have been able to bring interns into these areas of women's reproductive health. I have served a five year stint as the psychology site training director.

I have also been involved in medical and dental education. I have interviewed candidates for medical school and served on the admissions committee. I am a course director in a unique consolidated curriculum – we have only five courses in the first two years of our medical school and the basic science courses are also taken by the dental students. Since 1998 I have directed a 132 hour course that covers how the health care system works (or doesn't!), cognitive and emotional development and health be-

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Student Column

Laura B. Pence, M.A.

Amber M. Davis, B.A.

We're excited to introduce ourselves as the new student representatives for Division 38. We are both graduate students in the Clinical Health Psychology program at The University of Alabama where we study pain under Dr. Beverly Thorn, the current Division 38 president. So far some goals we have identified include increasing membership, and retaining students as members of the division (and of APA) after they have completed their graduate study. We also hope to increase awareness and students' voice about current issues in psychology that will have an impact on our future careers, such as the role that APA plays in advocating for the science and practice of health psychology, the dynamic nature of federal funding opportunities for student and young professional research, and issues surrounding prescription authority and what this might mean for the practice of clinical health psychology. We believe that by creating a dialogue about these issues we can increase the student role in developing the division's positions on these issues.

Fortunately, we are able to build on the successes of the division's prior student representatives Diana Higgins, Ph.D. and John Sellinger, Ph.D. We plan to continue the activities they implemented such as convention programs and monthly forum discussions among student members about relevant topics. In an effort to attain our identified goals, we are considering continuing the monthly forum discussions, with a particular emphasis

on professional issues. We are also considering developing a mentorship program and increasing collaboration with other professional societies.

We would like to solicit feedback and participation from our membership. Specifically we want your feedback regarding the benefits you've received as a student member of Divisions 38, as well as your feedback about our specific plans. We would also like to hear from students about what they want to get out of their Division 38 memberships, and to hear their ideas about possible convention programs, networking opportunities, or other possible student membership benefits.

In addition to providing your feedback, you are invited to become a more involved member by joining our student council. Student council members will have the opportunity to help us implement these goals and plans and to learn more about the role of Division 38 in the field of psychology.

Contact us at div38studentreps@gmail.com. Just a reminder: The address to post on the list serv is div38stu@lists.apa.org. To subscribe to the student list serv send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name). We are looking forward to hearing from you and serving as your student representatives.

Take this Psychological Test!

Do you respond more to:

the promise of benefits from action . . . as in:

“If I return my annual **APA Apportionment Ballot** with ten points for Division 38, I can help earn greater representation on the Council of Representatives and enhanced opportunities for advancing health issues!

OR

the threat of negative consequences from inaction . . . as in:

“If I fail to return my annual **APA Apportionment Ballot**, I could contribute to losing a Division 38 seat on the Council of Representatives and seriously diminish our ability to protect health psychology in research, practice, education, and policy.”

Either way – please *look for* your annual **APA Apportionment Ballot** (on or about November 1) and *return it* with ten points for Division 38! Your actions *matter*!

Welcome to New Division 38 Fellows

The Division 38 Fellows Committee successfully nominated three members as new APA Fellows, and elected two existing APA Fellows as Fellows of Division 38.

Raymond Hanbury

Dr. Raymond Hanbury is a current Fellow of 3 APA divisions (18, 42, and 50), and is one of four founding members of Division 50. He holds faculty appointments at the Mount Sinai School of Medicine, UMDNJ, and Seton Hall University, and is currently in full time private practice. Dr. Hanbury is actively involved in a number of professional associations including the New Jersey Academy of Psychology (where he was President in 1996), the New Jersey Psychological Association (President, 2000), and Division 50 of APA (President and co-founder). He also is the liaison for the New Jersey Psychological Association with the Board of Psychological Examiners, and actively participates in other organizations.

Dr. Hanbury has published in many high quality journals in the area of substance abuse, addictive behaviors and pain management, and speaks widely in his areas of expertise. He has received numerous awards for his clinical service, including a Presidential Citation from the American Psychological Association in 2005. He is substantially involved at the state level in issues of professional practice. Dr. Hanbury's practice specialties include many areas that are health related: adjustment and rehabilitation from chronic illness and physical disabilities; addictive behaviors (alcohol and other drugs), PTSD, and pain management. For example, Dr. Hanbury conducts workshops for crisis management personnel, including for the United States Postal Service, the Army, Air Force and Air Marshals, and other groups, providing significant contributions in the dissemination of information concerning the practice and policy implications of health psychology. He provides pro bono services to victims of disasters, in conjunction with the APA Disaster Response Network. He has developed a project, funded by SAMHSA, to provide psychological services to first responder emergency personnel. Finally, Dr. Hanbury provides significant and important leadership to the field, as evidenced by his involvement with the New Jersey Academy of Psychology, the New Jersey Psychological Association, Division 50 of APA, and as liaison with other professional organizations.

Kathleen Lawler-Row

Dr. Kathleen Lawler-Row is Professor and Chair of the Department of Psychology at East Carolina University. Prior to her appointment at East Carolina University in 2006, Dr. Lawler-Row was Professor in the Department of Psychology at the University of Tennessee. Dr. Lawler-Row has made unusual and outstanding contributions to psychology primarily through her research in cardiovascular reactivity. Dr. Lawler-Row was a pioneer in this area. Her initial work explored cardiovascular reactivity as a mechanism that might predispose individuals to higher rates of illness. Her work, in both children and adults, suggested that Type A behavior, stress, desire for control, and powerlessness were associated with hyper-responsivity to stress. These findings were replicated in studies focusing on women. She also found that hardiness, and particularly feelings of control, were predictive of better health in women. This latter finding was based on the outcome of a five-year follow-up study. Later work added the role of anger, both as a component of Type A behavior and as a factor in its own right, to the prediction of health. Her work differentiated between the expression of hostility and the experience of hostility and their differential effects in men and women. Her most recent research focuses on forgiveness as a predictor of health and as a way of responding to anger. These studies showed that forgiveness is linked to lower levels of physical symptoms and to lower levels of stress and depression. Taken as a whole, this body of work has documented the mind-body effects of emotional attitudes on the cardiovascular system. Her work has elegantly combined two disparate fields, emotional states (e.g., anger, forgiveness) and physiological functioning, and shown their interrelationships and their importance to health.

Dr. Lawler-Row is regarded by her peers as "truly innovative and ground-breaking." She helped build the field of health psychology and kept it grounded in physiological measures and health outcomes. Her work also showed how men and women differ in their responses to stresses. Through her work with students, she has influenced a generation of psychologists who have continued to explore issues related to cardiovascular reactivity and health. Nearly every issue of *Health Psychology* contains at least one article using cardiovascular reactivity as a major outcome variable, and it is Dr. Lawler-Row's work that laid the groundwork for these subsequent investigations.

Mark D. Litt

Dr. Mark D. Litt is Professor, Department of Behavioral Sciences and Community Health, University of Connecticut School of Dental Health. His publications have appeared in influential journals in several areas, most notably clinical psychology (e.g., *Journal of Consulting and Clinical Psychology*, *Journal of Abnormal Psychology*), general health psychology (*Health Psychology*, *Journal of Behavioral Medicine*, *Psychosomatic Medicine*), addictions (*Addictive Behaviors*, *Journal of Studies on Alcohol*), and dentistry

New Fellows

(*Journal of Dental Research, Pediatric Dentistry*). In addition, he has delivered over 100 presentations at regional, national, and international conferences. Dr. Litt's unusual and outstanding contributions to psychology cross several areas, including our understanding of alcohol use and abuse, the role of self-efficacy and coping with cravings associated with addictions and adaptation to chronic illnesses, and research on facial pain, and the potential for matching treatments to unique characteristics of subgroups of substance abusers. The research conducted by Dr. Litt and his colleagues in these different areas has been supported by the National Institutes of Health (NIH), and he has served as the principal investigator on a number of the grants.

Dr. Litt's research on matching treatment to patients with unique sets of characteristics was a major inspiration for the randomized controlled multi-site trial called Project MATCH, which is the largest psychotherapy trial conducted to date. His research on craving has also resulted in national attention. Dr. Litt was the first to study "cue reactivity" in treated alcohol-dependent persons, leading to insights into the role of craving in relapse. He also has contributed a highly significant methodological article documenting problems associated with daily reports of alcohol use among alcohol-dependent persons. Dr. Litt is currently conducting a cutting edge study, funded by NIH, using experience sampling methods to capture the mechanism through which treatment affects pain outcomes. His work has demonstrated that treatment-based changes in pain coping are associated with changes in cytokine levels. Dr. Litt's work is exceptional methodologically, theoretically, and analytically. It is widely cited and has influenced the work of other investigators. Dr. Litt's activities have led to the recognition of his peers, as evidenced by numerous invitations that he has received to give invited addresses at national and international meetings, as well as at medical schools and medical centers.

Kevin S. Masters

Dr. Kevin S. Masters is Associate Professor and Director of Clinical Training in the Department of Psychology at Syracuse University. Dr. Masters has made unusual and outstanding contributions to psychology through his research, his service, and his training. His peer reviewed publications on his original research and his published reviews of the literature have demonstrated that religiosity is a multidimensional, heterogeneous construct and that earlier interpretations were overly simplistic. His research has helped to promote and mature the field of spirituality and health, and has been considered to have an enormous impact even by those who had disagreed with his initial research in this area. His research on the psychological aspects of endurance exercise has also been exemplary. He developed a novel scale, the Motivations of Marathoners Scale (MOMS) and published a review on associative and dissociative cognitive strategies and running. This research added considerable empirical rigor and has important implications for the promotion of exercise in both elite athletes and in the general population. The MOMS has been used around the world and his work in this area is internationally cited. His research on psychology and back pain has demonstrated that psychological and social aspects of low back surgeries are as important as biological factors in terms of predicting surgical outcomes.

Dr. Masters has made significant research contributions in three major areas of research, including work on the development of religious orientation and health, sports psychology, and psychological factors in relations to chronic back pain. Further, the development of a research agenda and measurement scale involving the motivational influences on long-distance endurance runners has had both national and international impact. The publication of the book, *Assessing Outcome in Clinical Practice*, made an important contribution regarding psychotherapy outcomes research. He has also provided considerable service to Division 38 through his role as Editor of the Division's newsletter and service to its Board of Directors. He also is an Associate Editor of the *Journal of Behavioral Medicine*. Dr. Masters has received awards for his work, including a grant from the National Institute on Aging at NIH. Dr. Masters' activities have led to the recognition of his peers, as evidenced by his appointment as co-chair of President's Task Force on Education and Training in Clinical Health Psychology. He has been recognized as conducting "...cutting edge research...that other investigators should follow." Dr. Masters recently edited a special issue of the *Journal of Behavioral Medicine* on spirituality and behavioral medicine. He is frequently asked to write book chapters and provide keynote presentations.

Eduardo Morales

Dr. Eduardo Morales is a current Fellow of 4 APA divisions (9, 44, 45, 51). He is Professor at the California School of Professional Psychology (CSPP). He is president and a founding member of Division 45, the Society for the Psychological Study of Ethnic Minority Issues, and is Director of Clinical Training at CSPP-SF. He was the first director of the UCSF AIDS Health Program in San Francisco, and was a founder of the UCSF Center for AIDS Prevention Studies.

Dr. Morales' primary area of specialization is in the area of HIV/AIDS prevention and treatment. He has conducted research, program evaluation, and provided clinical services in this area, and is well-published. Dr. Morales has been a PI or investigator on a large number of grants from various state and local agencies, in addition to several grants from ADAMHA and SAMHSA.

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New Fellows

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In addition to the scholarly contributions to health psychology outlined above, Dr. Morales has also contributed outstanding clinical contributions to the field of health psychology. He has been exceptionally active and at the forefront of developing community programs among underserved populations, particularly those diagnosed with HIV/AIDS. He is actively involved in community outreach programs, such as the National Latino Coalition for Community Prevention, Treatment and Recovery of the Center for Substance Abuse Treatment and the UCSF Center for AIDS Prevention Studies. These activities also underscore the significant contributions made by Dr. Morales to health psychology practice among underserved and understudied populations. Moreover, Dr. Morales has provided outstanding leadership to the field, which is illustrated by his multiple leadership awards from Divisions 45 and 44 of the APA, and AGUILAS, a community-based Latino organization in San Francisco.

The Division 38 Fellows Committee:

Jared Jobe, Chair, National Heart, Lung, & Blood Institute (2006-2008)

Alan Glaros, Kansas City University of Medicine and Bioscience (2005-2007)

Catherine Stoney, National Center for Complementary & Alternative Medicine (2006-2008)

Dennis Turk, University of Washington (2006-2007)

2007 Treasurer's Update

David A. Williams, Ph.D., Treasurer

At the Annual Board Meeting this year (2007), financial data for Division 38 were reported through the closing of Q2 June 2007. Century Business Services of Bethesda, Maryland provided the financial data for the report.

2007 Budget Versus Actual as of June 2007. For 2007, the Division projected revenues to be \$294,537 and expenses to be \$297,425, yielding a planned deficit of \$2,888. As of June 2007, the actual revenues were \$211,544 (yielding 72% of expected income at mid year) and expenses were \$77,267 (26% of expected expenses). Income percentages were ahead of 2006 for the same time period. Low levels of expenditures were expected in the first half of the year as most budgeted expenses pertain to the Annual meeting held in August of each year.

Q2-2007 Net Assets. The financial assets of the Division reflect the following categories: Interest earning checking account, short-term investments, and long-term investments. As of Q2-2007 total assets were \$520,692. To put the Division's position in perspective, this time last year (June 2006) net assets were \$391,848. Gains were mostly tied to investment earnings.

Summary

In summary, the Division's resources are substantial and growing. Despite projecting a \$2000 deficit for 2007, mid financial year projections now suggest that we may realize a \$ 25,000 profit. Much of this gain is due to the success of our new contract for *Health Psychology*, the Division's Journal, and unanticipated short-term earnings on investments. The Division has had success in increasing its revenue while maintaining costs within reasonable limits. The long-range planning process is proving to be an effective instrument for financial planning and management of Divisional resources and needs to continue.

Ethics Report

by Mariam Kelty, Ph.D.

The APA Ethics Office co-hosts a program with the local state psychological association at the Annual Convention. Division and state association representatives are invited to discuss issues of current concern. The state association identifies the issues to be discussed.

At the 2007 convention, two issues were addressed: The first concerns well-meaning psychologists who arrive at a disaster site to provide disaster relief service as "spontaneous volunteers." Discussion centered on how to deal with psychologists who operate outside of the existing system. For example, it was pointed out the Red Cross was designated by Congress as the primary organization for disaster relief and that a number of organizations, including APA, have memoranda of understanding with the Red Cross on how to coordinate and collaborate with them. It was agreed that psychologists should work in coordination with assistance organizations rather than rush to disaster sites where they may unwittingly interfere with ongoing/planned relief activities and, at the least, contribute to confusion and disorganization of services delivery efforts.

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Mary Casey Jacob, Ph.D.

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haviors across the lifespan, health law and ethics, the techniques of clinical epidemiology, and the biopsychosocial approach to complex medical problems. I have about 75 faculty who work with me in this course, some lecturing, and most, facilitating small group work. And I also serve as a career counselor to medical students – we have a core group of six faculty who do regular workshops with the students to help them consider their own values, aptitudes and life goals, and evaluate their clinical training experiences, so they can make decisions about residency training.

The icing on the cake is being able to do research as well. I am currently co-investigator on a 5 year NICHD grant with colleagues in sociology at Penn State and the University of Nebraska. Our study involves detailed phone interviews of a national sample of women of reproductive age – more than 4700 of them– and some of their partners - asking about family building experiences, fertility barriers, and infertility. This is an exciting study, since the health psychology of infertility is like the health psychology of many other medical areas—we mostly know about the experiences of people who ask for medical or psychological help. We know little about folks who cope on their own or turn to resources other than allopathic medicine. And, since we are over-sampling for women of color, we can learn more about a population that is underrepresented as patients in reproductive medicine.

In recent years, academic medicine has become more challenging for clinicians of all stripes – not just psychologists. In many medical schools, few clinicians are in tenure track positions and the faculty members may be expected to cover the bulk of their salaries with clinical income. For psychologists, as for physicians in primary care and the intellectual specialties (versus the procedural specialties), this is next to impossible, given current reimbursement rates. And, even if one can cover one's salary with clinical income, how is one to do enough of an academic nature to achieve promotion or even tenure? One of the benefits of being a health psychologist is that one has the opportunity to work alongside physicians who come to value what we add to the care their patients receive—often to the degree that they are willing to partially underwrite our services.

In more recent times I have assumed other leadership roles within the health center- and this is a great example of how our training as health psychologists allows us great career flexibility. For example, when the medical school prepared for our last accreditation review, I chaired the portion of the self-study that looked at faculty governance. My committee identified so many problems in this area that the LCME gave us several citations. Since no good deed goes unpunished, I was then assigned the task of fixing the problems, and that led to chairing a committee of faculty that wrote entirely new bylaws for the School of Medicine. That experience in turn led to the creation of the Office of Faculty Affairs, and I was named Associate Dean for Faculty Affairs. In this capacity, I am the ombudsman for the faculty, approve all new faculty appointments, and I oversee the faculty governance operations, the appointments, promotions and tenure processes and the faculty grievance procedures. I am working with a group of faculty now to develop a leadership academy so that we may begin to focus on leadership succession. And so, I have come full circle, back to making use of much of the training in career counseling I received in my graduate program.

When I began to prepare to give a talk at APA on this subject, I read up on Timothy Jeffrey. He was an accomplished clinical psychologist. He graduated from West Point and saw combat service in Vietnam. He spent years serving as a leader in psychology within the military and then at the University of Nebraska Medical Center in Omaha. He provided clinical services, he taught, he did research, but he especially served to train the next generations of psychologists, both as a training director and as a clinical supervisor. I have been thinking of his impact as a mentor, and mine.

My advice to those of you still in training or junior in your careers is to stay open and flexible about how your work lives will evolve. As psychologists, we can offer service in many ways. Although I am now an administrator for a significant portion of my time, in my mind, most of my administrative activities are still clinical service; I just don't have to fill out a billing voucher after each encounter!

Finally, if I could make one recommendation to those of you involved in training our next generation, it would be to ensure that all psychologists who offer clinical service are able to work with patients who struggle with medical issues. I have lost count of the number of patients who have come to me for help with chronic pain or some sort of reproductive issue who are currently in therapy with a psychologist who has told them they have to get help for their somatic concerns elsewhere. Sometimes of course, specialized care from a health psychologist is needed, but many times it is not. All of our graduates should be able to help a person grieve for a loss of function or a lost pregnancy, and to handle fear of the future when one's body is not cooperating. All psychologists should know what kinds of psychological reactions are normal in the circumstances, and which are not. Please join with me in making this a goal of the training we offer to others.

Call for Nominations for Division 38 Awards: Recognizing Excellence in Research, Practice, and Service

Outstanding Contributions to Health Psychology. Typically, the Division gives two awards each year for outstanding scientific contributions to the field. One goes to a "senior" member (i.e., someone who received her or his terminal degree > 10 years ago); the other goes to a "junior" member (i.e., someone who earned his/her terminal degree within the past 10 years). The individual does not need to be a member of APA or of the Division.

To nominate someone for the Senior Award, please send a 1-2 page letter describing the individual's work and why that person is worthy of recognition. For the Junior Award, please send a 1-2 page letter describing the individual's work and why that person is worthy of recognition, a copy of the individual's CV, and a few (2-3) key publications. Although students and post-doctoral fellows may nominate candidates for these awards, there needs to be an additional letter of support from a more senior and well-known scholar in the field, who may be able to talk about the candidate's contributions from a broader vantage point.

The Timothy B. Jeffrey Memorial Award is given by Division 38 in conjunction with the American Psychological Foundation. The award of \$1,000 is intended to recognize an outstanding commitment to *clinical* health psychology by a full-time provider of direct clinical services. Nominees should typically spend a minimum of fifteen to twenty hours weekly in direct, face-to-face patient care, in assessment or therapy, in individual or group settings. Additional time may be spent in professional activities such as consultation, teaching, supervision, or research.

Nominees for the Jeffrey Award must be members of Division 38, APA, and hold a full and unrestricted license to practice psychology. Nominations must be accompanied by a CV, at least one letter of support from a non-psychologist professional colleague, and one letter from a psychologist colleague. Nomination letters should describe the nominee's practice, other professional activities, and commitment to the field as a whole. A description of a clinical case in which the nominee's work has had a particular impact on an individual, family, or group is encouraged. Self-nominations are welcome. Nominations or letters of support from current students or supervisees are not applicable for this award.

Career Service Award. This award honors individuals who have made significant contributions to Division 38 and/or the advancement of health psychology as a field, nationally or internationally. To nominate someone for the Career Service Award, please send a 1-2 page letter describing the individual's contributions and achievements as they pertain to the above guidelines.

Nominations for all Division 38 Awards (Outstanding Contributions to Health Psychology awards, The Timothy B. Jeffrey Memorial Award, and the Career Service Award) should be sent as e-mail attachments to the Division's Administrative Officer, Barbara Keeton (apadiv38@verizon.net) by **March 15, 2008**.

These awards, as well as the Student Research Awards, the Career Service Award, and any special service awards directed by the Awards Committee, are presented at the Division's Annual Business Meeting.

Ethics Report

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The second issue discussed was that of psychologists who are themselves impaired as a consequence of a disaster or for another reason. Scenarios were presented in which psychologists suffered trauma from recent earthquakes and hurricanes. These psychologists may be contacted by patients who request psychological services. However, the psychologist may find him/herself irritable, unable to concentrate, angry, distracted and unable to work effectively. One question raised is: What considerations are relevant to the decision of whether a psychologist should suspend some or all of his/her practice if the availability of other practitioners is very limited because of a disaster? Participants brought up the fact that many psychologists practice in isolation and do not know where to turn when they themselves need help and that psychologists rarely discuss in training or in continuing education the sensitive topic of intervening with a colleague who appears impaired or to need mental health services. In addition, many state licensing boards require reporting an impaired psychologist who may, as a consequence be at risk of losing his/her license. A few states have set up colleague assistance programs. Some have established agreements with the state attorney general that specify conditions under which mental health assistance for a psychologist can remain confidential and not be reported to the licensing board. It was recommended that more states explore such provisions and that psychologists be trained in how to approach and assist troubled colleagues.

The meeting was well organized and focused. I think most who were present found it informative.

Call for Nominations for Division 38 Fellows

Applications for 2008 will be accepted until December 15, 2007.

To apply, you will need:

1. an APA Uniform Fellow Application
2. a Qualification Checklist for Prospective Applicants for Fellow Status,
3. Fellow Status Evaluation Form and Fellow Status Evaluation Worksheet (three of each needed), and
4. a list of Division 38 Fellows.

All forms and instructions are available through the Division 38 website (under Membership):

www.health-psych.org

The deadline for receipt of all materials by the Division 38 Administrative Office is **December 15, 2007**. Because of the rigid timetable for reviewing and processing applications, there will be no extensions to this deadline. Nominees whose applications are incomplete as of the deadline will not be considered further this year, but will have the opportunity to reactivate their applications next year. The Division 38 Fellows Committee forwards their recommendations to the APA Membership Committee, whose recommendations are confirmed by the APA Council of Representatives at the APA Convention. Thus, the final outcome of applications for Fellows will not be known until after the 2008 APA Convention.

All nominees should complete the Uniform Fellow Application (please indicate whether you are applying as an "initial Fellow" or "current Fellow"). It is strongly recommended that each applicant also prepare a self-statement, which highlights the outstanding and unusual contributions to Health Psychology which warrant Fellow status (demonstration of *national* impact is required). Attach the application and statement to a current C.V., and indicate (using an 'R' notation in the margin) which of the publications listed appeared in *refereed* publications. To facilitate the timely review of the application, please provide **the original and five (5) copies** of all documents (including the application, statement and vita). Return the materials to the Administrative Officer by December 15. Nominees who have never held Fellow status in any APA division (initial Fellows) should also provide an APA Standard Evaluation Form and a Fellow Status Evaluation Worksheet (which can be used by the endorsers to help ensure that a variety of criteria have been addressed in their letters) to each of at least three (3) evaluators *who are APA Fellows*. At least two of those three evaluators must be Fellows of Division 38. It is suggested that evaluators be from different institutions, and at least one evaluator should be an individual *with whom you have never had a continuing personal association*.

It is strongly recommended that the nominee include a copy of his/her self-statement and/or C.V. with the forms sent to each evaluator. The most effective endorsement letters are those that *systematically and specifically* address the APA Fellows criteria. The nature of the "unusual and outstanding" contributions or performance in the field of psychology, should be specified in sufficient detail so that members of both the Division 38 and APA committees who may be unacquainted with the candidate's work can write an evaluation of the candidate's qualifications relevant to the Fellows criteria. With this in mind, the evaluators should complete the forms and return them directly to the Division 38 Administrative Office by December 15.

Best of luck in your application.

Mail originals and five (5) copies of all materials to:
Jared B. Jobe, Ph.D., Division 38 Fellows Committee Chair
APA Division 38
PO Box 1838
Ashland, VA 23005

Express Mail Address
1096 Maple Street,
Ashland, VA 23005

Complete applications (including endorsements) must be **received by December 15, 2007**.

If you have questions, please contact:

Barbara Keeton, Division 38 Administrative Officer, phone: 804-752-4987, email: apadiv38@verizon.net

or

Jared B. Jobe, Ph.D., Division 38 Fellows Committee Chair,
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National Heart, Lung, and Blood Institute
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Deadlines for Submissions:

February 15, 2008

June 7, 2008

September 15, 2008

The Health Psychologist

Division 38

American Psychological Association

750 First Street, NE

Washington, DC 20001

First Class Mail
U.S. Postage
PAID
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Printed in the USA