

Official Newsletter of the American Psychological Association,  
Division 38

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### President's Column

## The Biopsychosocial Model for All

Jerry Suls, Ph.D.

“When there is no vision, the people perish.”

While traveling by train across Canada toward Toronto for APA's annual meeting, I had time to reflect as I gazed at the beauty of the Canadian Rockies and the golden canola fields of Saskatchewan. The upcoming meeting led to thoughts about health psychology and its role in psychology more generally. Like many others, I worry about the forces experienced by psychology. There is increasing specialization in some subfields to the extent that graduate students in one training area of a department may scarcely understand or respect what the students in other areas are doing. “Systems and theories courses,” once a staple and requirement of graduate study in Psychology, are things of

the past; in fact, there are few faculty who now feel comfortable or competent to teach them. If they were still offered, one would need so many instructors to cover the

material it would resemble a faculty meeting (who would want that!). Eventually, the course would become so hard to schedule and negotiate, it would evolve into a pro-seminar with each faculty member tak-

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### From the Assistant Editor's Desk

## H1N1 Vaccination, Anyone?



I have been intrigued with all the public debate and discussion concerning the

H1N1 virus. Since the Swine Flu first hit last spring, there has been

regular media attention concerning this new potential pandemic. Children were dying from it in Mexico. Otherwise healthy pregnant women appeared to be uniquely susceptible to this virus. And, of course, individuals with pre-existing medical complications were at increased risk for contracting and dying from the H1N1 virus. An undertone of fear seemed to permeate most news re-

Lisa Marie Frantsve, PhD

ports combined with an implicit threat: If you thought the Swine Flu was bad last spring, just wait until it re-emerges as a stronger and more deadly virus during the next flu season!

Similar to the cartoon personification of mucus often seen in Mucinex® commercials, I began to envision my own animated version of

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## President's Column

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ing a separate unit. As they dropped-out of listening to each others' lectures, we would be back to specialization once more.

I tend to think of the (over)specialization in Psychology as a mistake, but I realize that I, too encourage students to dig deeply into the subject in which they are interested. To do the science and practice of health psychology requires knowledge, exposure and experience in the health domain; all students are encouraged, if not required, to swim in distant waters. So perhaps specialization is not so bad and I am being an old "fuddy duddy." At least in health psychology, whether aiming to be a scientist, a practitioner or both, learning about other field (s) is essential. Perhaps psychologists are not overspecializing, they are simply digging into other fields – ones previously thought to be remote from psychology. Recently, I wanted to look at current developments in modeling or imitative learning for a research project on bike safety. I ran across an intriguing volume devoted to imitation in animals and robots – work done by computer scientists, engineers, researchers in artificial intelligence and psychologists. So perhaps specialization is not the problem; one person's "specialization," may be another's cross-disciplinary scholarship.

The risk is that psychology might be losing its identity – becoming neuroscience or brain science. I wonder whether that leaves room for all of the questions that have traditionally fallen under the psychology umbrella. I try to calm myself by remembering that psychology emerged from philosophy as experimental philosophy. Perhaps in the future psychology will evolve into something else and acquire a new name. In any case, we should be a Free Scientific Society – where heretics, fanatics and crazy scientists can roam at large.

Rather than worry about specialization, perhaps my concern should be with the vision held by health psychologists. We have an excellent guide – the biopsychosocial model – and furthering its vision puts all of us on the same path while pursuing a diversity of things on the way. This model makes us consider multiple levels of analysis, puts no domain ahead of any other and appreciates interconnections and reciprocal relationships. In essence, it demands respect be given to all parties.

I would be so bold to claim that, if we take it seriously, the biopsychosocial model puts health psychology at the very center of science, practice and society.

Recently, John Cacioppo argued quite persuasively for psychology to be considered a hub science – one that has a strong impact on neighboring disciplines. But being "health-centric," I think our field has the more prominent place because biological, psychological, social and macro levels of analyses are critical; mind, brain and body figure in all that health psychologists do, and translation occurs at every bench, classroom, medical center and even insurance company. I have no doubt that, as a field, we can do better at bringing together science, practice and policy and in so doing facilitate the acquisition of knowledge and humane policies. We do this by taking the biopsychosocial model seriously.

What does this mean? At least four things, according to Engel and Schwartz:

1. Single factor, or even single domain explanations are likely to be inadequate.
2. A change in one domain necessarily results in changes in other domains (unless proven wrong).
3. Medical diagnosis which considers the interaction of biological, psychological and social factors should lead to improved diagnosis.
4. Practice and interventions at the individual, social or macro level and health care policies involving all of these elements should fare better than treatments grounded on any single class of variables.

Plenty to ponder until next Newsletter.

In the meanwhile, the Division is in the process of planning a new meeting for Mid-Winter to rethink education and training for health psychologists. For those who are "old hands," this will constitute a second "Arden House convention." The aim is to establish guidelines for what health psychologists need and training programs should provide to form the health psychologists for this century.

The Division is also extending and enriching its activity with respect to education and training at all levels, so it can be a resource for undergraduate students, graduate students, new career professionals, seasoned veterans, and laypeople. You can expect future newsletters to announce some new directions as we try to expand the concept of "translation."

## From the Student Representatives

Donald M. Lamkin, M.A.

Kadian S. Sinclair, M.S.

At APA this year, we had a great turn out for student focused programming, including the symposia on how psychologists handle the work-life balance, the health psychology training directors meet-n-greet, and the social gatherings in the Division 38 Presidential Suite at the Royal York Hotel and Club Lucky in downtown Toronto. It was great to see you there!

Many individuals expressed their admiration for the presentations in the symposium, *Building a Career from Internship through Junior Faculty: Key Advice from Senior Scientists*. Two of these presentations are now posted in the Student Resources section of our Division's website ([www.health-psych.org/StudentsResources.cfm](http://www.health-psych.org/StudentsResources.cfm)). Dr. Ken Sher, from the University of Missouri-Columbia, gave a powerpoint presentation titled, "Critical Issues for Advancing in Academia: Now that you have the job, what do you do to keep it for a long time?" Dr. Karina Davidson, from Columbia University Medical Center, gave a presentation titled, "Top 10 Lessons I've learned in becoming a Faculty (and beyond)." The presentations were very well done, and we think you will find them quite insightful.

As you may have noticed at the beginning of this column, you have a new student representative on the Board of Directors for Division 38. Kadian Sinclair is very excited to introduce herself. She is a 4th-year graduate student of the Clinical Health Psychology program at Ohio University. Under the supervision of Dr. Christopher R. France, the current Division 38 president-elect, she is deeply involved in blood donation research, which is aimed at increasing blood donation frequency and retention among minorities and other at risk donors. Together, we have identified several goals for the upcoming year. These include semi-regular conference call discussions to provide trainees with guidance in professional development and health psychology topics, continuing previous endeavors to increase recruitment and retention of members as well as increasing opportunities for mentoring and networking within the division.

While welcoming in the new, we would also like to extend our thanks to outgoing student representative, Laura Pence (now *Dr.* Laura Pence--congratulations!), for all of her hard work over the last couple of years. Laura has been instrumental in helping to keep students concerns a top priority for Division 38. Her research initiative to gather health psychology student perspectives from across the country on what students want and need from the division has not gone unnoticed by Division 38 leaders. Good luck in all of your new endeavors, Laura!

Finally, please sign up for our listservs to stay informed about Division events. Members are not automatically signed up for the listservs. To subscribe to the main division listserv, send an email to [listserv@lists.apa.org](mailto:listserv@lists.apa.org). In the body of the email (not the subject line) type SUBSCRIBE DIV38 (your name). To subscribe to the student listserv, send an email to [listserv@lists.apa.org](mailto:listserv@lists.apa.org). In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name).

## 2009 Outstanding Contribution to Health Psychology: Senior Award

Howard Tennen, PhD



The Awards Committee of Division 38 is pleased to recognize the accomplishments of Professor Howard Tennen with this year's Outstanding Contributions to Health Psychology Award (Senior). Professor Tennen is best known for his research on coping with chronic illness, daily process analysis and the role of attributions in emotional and behavioral disorders. Howard Tennen received his PhD in clinical psychology from the University of Massachusetts at Amherst in 1976 where Bonnie Strickland was his mentor. After completing his internship at UCLA, he moved to SUNY at Albany where he was on the faculty for three years. Then he was lured to the University of Connecticut Medical Center where he has been ever since. Currently he is Professor of Psychiatry, Psychology and Community Medicine and Board of Trustees Distinguished Professor and Associate Director of the NIAAA Alcohol Research Center at UCONN.

A simple numerical, bean-counting summary of his research career is impressive. He has published 260 peer-review articles, chapters and/or books and been cited 5,363 times to date. He is an elected fellow of APA Divisions 1, 12 and 38 and of the Society of Behavioral Medicine, the Association for Psychological Science and the Society of Personality Assessment. Since 1991, Howard Tennen has served as Editor of the *Journal of Personality*. Those who have been around long enough, recall that *JP* was sleepy for a time, but since Steve West and then Howard Tennen's extended tenure as editor, the journal has been vibrant outlet and a key reason for the revival of personality and individual differences research.

Albeit impressive, bean-counting does not, however, do Howard Tennen's scientific career justice. Howard Tennen's contributions have been creative, integrative, bold and brave. His recent work on the daily stress and coping process may be the best known. With a mix of idiographic and nomothetic methods, he and his colleagues used diaries, ecological momentary assessment and interactive phone technologies to map the trajectory of coping in alcoholics and other chronic illness populations. He has documented how within-person and across-person approaches can produce very different results, for example, about the relationship between the daily use of smoking and drinking. Also, he found that retrospective reports of coping bear little relation to real-time accounts and trait measures of coping do not predict actual coping attempts among chronically ill patients. However, dispositional optimism/pessimism may be important for understanding when people with arthritis can sustain progress toward their goals even when they experience barriers to health. A notable aspect of this work is the appeal it has had to proponents of both nomothetic and idiographic perspectives. Such is the integrative perspective provided by Howard Tennen.

In addition, Tennen's compelling analysis and empirical demonstration of the use of benefit-finding as a coping strategy used by medical patients is broadly recognized in the field. He also was the first to empirically demonstrate how medical patients prefer control over minor daily stressors, but prefer to defer to their physicians for bigger problems. His research showed how patients with infertility, arthritis or chronic pain use social comparison to adjust to their physical condition.

Although he has studied many different kinds of medical populations, an overall theme of his work from the start has concerned perceptions of control and the role of attributions. In fact, he was among the very first to recognize the attributional underpinnings of the learned helplessness phenomena and its implications for research and practice. It is not surprising that his research has always had implications for depression. What is not always appreciated is that Howard Tennen was the first to make an in-depth analysis of the subtle role of attributions in depression even when this kind of research or analysis was not favored. Our contemporary understanding of depression and coping in medi-

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## 2009 Outstanding Contributions to Health Psychology: Junior Award co-recipient

Angela J. Grippo, PhD

Introduced by A. Kim Johnson, Ph.D.



This year's recipient of the Division 38 Award for Outstanding Contributions to Health Psychology ("Junior" Award) is Dr. Angela Grippo. Dr. Grippo received a B.S. from Drake University in 1998, a M.A. from the University of Iowa in 2000, and a Ph.D. from the University of Iowa in 2003. Following receipt of her Ph.D., Dr. Grippo completed two postdoctoral fellowships from 2003-2008, at Loyola University Medical Center and the University of Illinois at Chicago. In 2008, she joined the Department of Psychology at Northern Illinois University as an Assistant Professor.

Dr. Grippo's research program is focused on investigating neurobiological mechanisms that mediate the interactions of mental health and cardiovascular health. Her research investigates the association between mood disorders and cardiovascular disease, as well as neurobiological mechanisms underlying stress, emotion, and cardiovascular function using a combination of behavioral and neuroscience methods in preclinical animal models.

Dr. Grippo's research strategy includes an integrative approach to investigating associations among the brain, behavior, and the heart, contributing to our understanding of the important overlap of mental and physical health. Her research program encourages the active participation of undergraduate and graduate students, facilitating the career development of future health psychologists. The significance and translational utility of Dr. Grippo's research is evident in her ability to secure research funding at the federal level, several peer-reviewed articles in multidisciplinary journals, many invited national and international presentations, and several research-based awards.

Dr. Grippo's research program employs rodent disease models, such as models of stress, depression, and heart disease, as tools for investigating the biological mechanisms underlying mood disorders and cardiovascular dysfunction. Her research has demonstrated that several cardiovascular and autonomic functions are disrupted in a rodent model of depression, similar to changes that are observed in humans with depression and heart disease. Further, rodents with cardiovascular disease display behavioral signs of depression and altered immune function. The specific mechanisms that underlie these behavioral and physiological changes include elevated sympathetic tone to the heart, increased susceptibility to life-threatening arrhythmias, immune system activation, and changes in serotonin.

More recently, Dr. Grippo extended her findings by focusing more specifically on social and neural mechanisms underlying the association of mood and cardiovascular regulation. She is currently investigating interactions of the social environment with behavioral, autonomic, and central nervous system processes by conducting studies with the socially monogamous prairie vole -- a unique rodent species that displays social behaviors similar to those of humans. Her studies using this species have revealed that social isolation (isolation from family members or opposite-sex partners) produces cardiac changes indicative of an increased risk of cardiovascular disease, behavioral signs of depression and anxiety, and increased reactivity to stress. The specific neurobiological mechanisms underlying these changes include disrupted autonomic balance and altered hormone and peptide responses.

The findings from Dr. Grippo's research contribute significantly to our understanding of the interactions among stress, the brain, and the cardiovascular system, and can lead to the development of improved treatments for individuals with mood disorders and heart disease. She is extremely deserving of the Division 38 Award for Outstanding Contributions to Health Psychology.

## 2009 Outstanding Contributions to Health Psychology: Junior Award co-recipient

Angela Fagerlin, PhD



Dr Fagerlin is an Associate Professor at the University of Michigan, a cognitive psychologist in the Center for Behavioral and Decision Sciences in Medicine, and a Research Health Science Specialist at the VA Health Services Research & Development Center of Excellence. She received her PhD in experimental psychology in 2000, from Kent State University.

Her initial research, conducted in collaboration with her mentor, Peter Ditto, concerned the use of living wills or advanced directives at the end of life. This research found that adult children were not good at predicting what their parents wanted if they became seriously ill. Even systematic exposure to parents' preferences did not seem to increase the accuracy of their offspring's choices.

This frequently cited research has stimulated lively debate by psychologists, physicians, policy-makers and the general public.

More recently, Dr. Fagerlin has studied cognitive biases and risk communication in medical decision making, particularly about cancer-related decisions. Patient decision aids have become common, but only recently have these been carefully evaluated. Dr. Fagerlin has been one of the leaders in these efforts- evaluating prostate cancer decision aids to determine their balance, accuracy, and thoroughness.

She also has examined the best methods for presenting statistical information to patients and is associated with the development of a measure numeracy to identify those patients who may have the greatest difficulty understanding risk information. Altogether, Dr. Fagerlin has published 59 articles in peer reviewed journals — an impressive statistic for a young investigator.

In addition to receiving the Award for Outstanding Paper by a Young Investigator from the Society for Medical Decision Making, she serves on the editorial board of *Medical Decision Making* and is a consulting editor for *Health Psychology*. She recently completed an MREP career development award from the VA and is the PI of a VA Investigator Initiated Research (IIR) grant. She is/has been a co-investigator or co-principal investigator on 11 NIH R01s and on 4 VA IIRs.

For her pioneering efforts and prolific record, Division 38 is pleased to recognize Dr. Angela Fagerlin for her contributions to date, with best wishes for continued innovation and success.

### Tennen Award continued

(Continued from page 4)

cal populations has been appreciably advanced as a consequence of Howard Tennen's insightful, courageous and pioneering efforts. And finally, in the interest of space, we have passed-over his important analysis of low self-esteem, search for mastery and personality disorders.

Over the course of his career (which is far from over), he has made a series of significant empirical and methodological advances to the science and practice of health psychology and offered conceptual clarity about problems that seemed murky before he approached them. For his contributions to the field, the Award Committee is pleased to award him with the Outstanding Contributions to Health Psychology Award (Senior).

## 2009 Timothy B. Jeffery Memorial Award for Outstanding Contributions to Clinical Health Psychology

*Tu Ngo, PhD, MPH*

Introduced by Kevin T. Henze, PhD, CPRP



“Remember Joe,” Steve replied, “thoughts aren’t facts—just take a deep breath man, and notice what’s going on in your mind, in your body, around you....remember what we talked about in mindfulness class.” I recently heard the previous interchange between two Vietnam combat Veterans sitting in a waiting area at the Edith Nourse Rogers Memorial VA Medical Center in Bedford, Massachusetts. These Veterans, like countless others, found themselves locked behind the doors of PTSD, substance abuse and chronic pain following their service in Vietnam. Now, both Joe and Steve are living examples of what transpires when the very best of clinical health psychology is given away. In this case, two Veterans are empowered to support one another as brothers, living hope-based meaningful

lives with mindfulness and self-management as personalized skeleton keys.

Dr. Timothy B. Jeffery likely had something in common with Joe and Steve. As a Vietnam combat Veteran Dr. Jeffery spent his professional life giving clinical health psychology away to the U.S. military. He advanced psychology in the military in his mentoring of numerous military psychologists, who provided incalculable clinical benefits to those who gave so much in service of others—fellow Veterans. A spirit of generosity and commitment to clinical health psychology as an agent of empowerment, hope and change is the legacy of Dr. Jeffery. The Division 38 and American Psychological Foundation Annual Award bearing his name, recognizes the work of clinical health psychologists who brings Dr. Jeffery’s legacy to life in their work. For those of us who know her, we were not surprised to learn that this year’s recipient of the Timothy B. Jeffery Memorial Award is Dr. Tu Ngo.

Dr. Ngo moved from a post-doctoral fellowship position to Lead Health Psychologist at the Bedford VAMC three years ago. Since that time Dr. Ngo’s approach to clinical health psychology practice and program development has not only touched the lives of numerous Veterans like Joe and Steve, but has also contributed to the transformation of Bedford VAMC’s Primary Care Clinic to one of Integrated Care, where “warm handoffs,” “self-management support” and ongoing innovations are now commonplace. Dr. Ngo serves as co-Director of Bedford VAMC’s Primary Care Behavioral Health program and serves as VISN 1’s Integrated Primary Care Mental Health Coordinator. Committed to excellence in training, this past year Dr. Ngo established a VA primary care health psychology training program, including two funded psychology post-doctoral fellowship positions at Bedford in collaboration with national leaders at the University of Massachusetts. In her spare time, Dr. Ngo co-founded the Integrated Primary Care Collaborative in the VA New England Healthcare System (VISN 1), which serves to promote best practices in integrated care and behavioral medicine throughout VISN 1 facilities. All of this and more while maintaining an active commitment to practice. I could go on and on about Dr. Ngo’s accomplishments, but space precludes me from doing so and she wouldn’t want all the accolades anyways.

When Tu learned that she received this award her first response was one of disbelief. She pondered with me and several colleagues that possibly she received the award because “no one else applied.” After we encouraged her to embrace this well-deserved recognition, Tu did what she does best—generously extended the honor to the entire Bedford VAMC community, noting that “in the Asian collective culture, the product of what the individual bears is a reflection of the community of that individual.” If Tu’s spirit of generosity and “giving away” as a clinical health psychologist does not reflect the legacy of Dr. Jeffery, I’m not sure what does.

## 2009 Nathan Perry Distinguished Service Award

Robert T. Croyle, PhD



The Division 38 Awards Committee is pleased to make this year's Nathan Perry Distinguished Service Award to Dr. Robert T. Croyle. Dr. Croyle received his Bachelor of Science (Phi Beta Kappa) from the University of Washington in 1978 and his PhD in experimental social psychology from Princeton University in 1985. After serving as a visiting professor at Williams College and visiting investigator at the Fred Hutchinson Cancer Research Center in Seattle, he was Professor of Psychology and a member of the Huntsman Cancer Institute at the University of Utah in Salt Lake City for several years. His early research involved the development of an innovative experimental paradigm to study psychological factors affecting symptom perception and interpretation. Later work concerned how people process and respond to cancer risk information, including genetic testing. Indeed, he was one of the first behavioral scientists to study the psychology of genetic testing. In addition, to publishing numerous peer-review articles, chapters and two books, Dr. Croyle has been the recipient of several grants from NIH, elected as a fellow to the Society of Behavioral Medicine and to the Academy of Behavioral Medicine Research, served as Associate Editor of *Cancer Epidemiology, Biomarkers and Prevention* and been a recipient of the American Psychological Association's Meritorious Research Service Citation.

His most visible service to health psychology has been as Associate Director (starting in 1998) and later Director of Division of Cancer Control and Population sciences of the National Cancer Institute (in 2003). Since Dr. Croyle arrived at NCI, he has been a tireless representative and advocate for health psychology/behavioral medicine. Not only has he increased the status of health psychology research on prevention, etiology and intervention among his colleagues at NCI and other institutes, but he has encouraged and nurtured both young and seasoned behavioral researchers. The number, quality and support of grant applications on cancer-related research have increased exponentially through his initiatives. In addition, he has been a leader in increasing the importance of theory for advancing efforts in health behavior and the participation of basic social and behavioral scientists through the Advanced Training Program on Health Behavior Theory. Dr. Croyle also has been extremely instrumental in the development of the Interdisciplinary Research Centers on tobacco, energetics, health communication and health disparities and for evaluating these efforts.

More generally, Robert Croyle has been a key leader in fostering relations between institutes in NIH and in promoting the stature of behavioral science and health psychology within the NIH. His contribution as a member of the NCI Executive Committee and Search Committee for the Director of the Office for Behavioral and Social Sciences has helped to enhance our field's national presence in research and policy. As an example, an observer noted, "It's hard to imagine where social-personality psychology would be at NIH without Bob." With respect to Division 38, Dr. Croyle has been innovative and instrumental in strategic planning, contributed as a long-time reviewer for our journal, and facilitated health psychology outreach, training and dissemination. We are pleased to make this award to a great leader who has helped the field move forward by championing research on team science, theory, use of technology, health disparities and systems theory with a broad and welcoming vision.

## Together: The Diversity Council and You

John M. Ruiz, Ph.D.  
University of North Texas

Hello everyone. I'd like to take a moment of your reading time to call attention to the Diversity Council. What is the Diversity Council? The Diversity Council represents the Division's (and thus, the membership's) efforts to provide education, resources, communication, initiative, and support regarding the relationship between health and diversity, broadly defined. Because diversity can be conceptualized in so many ways, operationalizing it into meaningful actions and outcomes requires some degree of focus. Therefore, after much consultation, the Diversity Council will focus its efforts over the next 3 years on the issue of minority health and health disparities.

I've chosen this focus because despite the general improvement in national health, race-related health disparities remain a growing challenge in the United States. The Center for Disease Control reports that ethnic minorities and the poor, factors that often go hand-in-hand, generally suffer higher incidence of infant mortality, asthma, diabetes, cancer, cardiovascular diseases, stroke, and communicable diseases as well as earlier mortality than non-Hispanic whites (Hoyert, Heron, Murphy, & Kung, 2006). In their report *Strategic Research Plan and Budget to Reduce and Ultimately Eliminate Health Disparities*, the National Institutes of Health reports that "overcoming persistent health disparities and promoting health for all Americans rank as our Nation's foremost health challenge," (pp. 4, U.S. Department of Health and Human Services, 2002). Moreover, "eliminating health disparities" is the second of two goals in the national disease prevention roadmap, *Healthy People 2010* (U.S. Department of Health and Human Services, 2000) and was passed as Public Law 106-525: *The Minority Health and Health Disparities Research and Education Act of 2000*.

The Diversity Council is one avenue through which the Division and its members can address issues of minority health and health disparities. The Council includes five committees representing important perspectives on the larger diversity issue. Our goal is to provide information through enhanced website content, webinars, a regular column in this newsletter, programming at the annual conference, and other forums in development. Our impact will be a reflection of the expertise and efforts of our members. Thus, I want to encourage you - clinicians, researchers, and students - to contact the committees and get involved. Together we can make a demonstrable impact on this national priority.

### **Diversity Committees, Chairs, and email addresses**

*Diversity Council Chair*, John M. Ruiz, Ph.D. (John.Ruiz@unt.edu)

*Aging & Health Committee*, Lynn Martire, Ph.D. (LMartire@ucsur.pitt.edu)

*Women & Health Committee*, Catherine Schuman, Ph.D. (cschuman@cha.harvard.edu)

*Ethnic & Cultural Diversity Committee*, Camela McDougald, MA (camela.mcdougald@duke.edu)

*Health Disparities Committee*, Elizabeth Brondolo, Ph.D.

*Liaison to APA Committee on International Relations in Psychology*, Sonia Suchday, Ph.D. (ssuchday@aecom.yu.edu)

## New Editor Appointed, 2011–2016



Division 38 (Health Psychology) of the American Psychological Association is pleased to announce the appointment of a new editor for *Health Psychology*, beginning in 2011.

Anne E. Kazak, Ph.D., ABPP is Professor and Director of Psychology Research in the Department of Pediatrics at the University of Pennsylvania School of Medicine. She is also the Director of the Department of Psychology at The Children's Hospital of Philadelphia, Director of the Center for Pediatric Traumatic Stress and Deputy Director of the Behavioral Health Center at CHOP. Dr. Kazak is the current Editor of the *Journal of Family Psychology* and a past editor of the *Journal of Pediatric Psychology*. In 2006 she served as President of the Society of Pediatric Psychology (Division 54 of the American

Psychological Association). She chaired a task force on Evidence Based Practice for Children and Adolescents at the American Psychological Association and is a frequent consultant and reviewer on national and international projects related to pediatric psychology.

Dr. Kazak is the recipient of several awards, including the Logan Research Award (APA, 2002), Family Psychologist of the Year (APA, 2003), a Smith College Medal (2005) and the Cummings American Psychological Cummings PSYCHE Prize (2009). Dr. Kazak received her Ph.D. in Clinical-Community Psychology from the University of Virginia and completed her internship training at Yale University School of Medicine, Department of Psychiatry. Her undergraduate degree was awarded by Smith College.

Dr. Kazak's experience as a clinician, researcher and administrator has helped to advance integrated (medical, behavioral) care for children and families from a systems perspective. With her research team, Dr. Kazak focuses on families of children with serious pediatric illness. Using developmental and social ecological perspectives, this work is directed towards understanding how children, families, and other systems respond to the demands of illness and treatment, over time.

Dr. Kazak's research has been continuously funded by the National Institutes of Health, the Maternal and Child Health Bureau, and the Substance Abuse and Mental Health Services Administration over the past two decades. Current research, funded by the National Cancer Institute and the St. Baldrick's Foundation, is focused on evidence-based assessment and intervention to promote competence in families facing the adversities associated with pediatric illnesses, with a particular emphasis on childhood cancer and childhood cancer survivors. Dr. Kazak is the recipient of a Senior Mentoring Award (K05) from the NCI and devotes a significant amount of her time to mentoring investigators in psychosocial oncology.

Dr. Kazak is the author of over 150 peer reviewed articles and chapters and co-author of three books, *Promoting Children's Health: Integrating School, Family and Community* (2003, Guilford Press), *Effective and Emerging Treatments in Pediatric Psychology* (Oxford, 2006) and *Quick Reference for Pediatric Oncology Clinicians: The Psychiatric and Psychological Dimensions of Pediatric Cancer Symptom Management* (IPOS Press, 2009).

As of July 1, 2010, all new manuscripts should be directed to:

**Anne E. Kazak, PhD, ABPP**

*The Children's Hospital of Philadelphia and  
University of Pennsylvania*  
34th and Civic Center Blvd.  
Room 1486 CHOP North  
Philadelphia, PA 19104-4399

**Electronic manuscript submission:** As of July 1, 2010, manuscripts should be submitted electronically to the new editor via the journal's Manuscript Submission Portal: <http://www.apa.org/journals/hea/submission.html>

*Manuscript submission patterns make the precise date of completion of the 2010 volumes uncertain. The current editor, Robert M. Kaplan, PhD will receive and consider new manuscripts through June 30, 2010. Should 2010 volumes be completed before that date, manuscripts will be redirected to the new editor for consideration in the 2011 volume.*

## H1N1

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the H1N1 virus. It would be a muscular, firehouse red creature wearing military fatigues and carrying an impressive array of weapons similar to the movie characters of Rambo or Terminator. It is as if we were about to declare war on the H1N1 virus, and the virus continues to be indifferent to our threats and ultimatums. It smugly looks back at us, rolls its eyes, and declares in a deep, Arnold Schwarzenegger accent: "I'll be back!" One could not help but shudder by the fierce confidence displayed by this combatant animation.

What can be done to fight off this new enemy? Plan and prepare. In recent months, the World Health Organization and Centers for Disease Control have been taking active measures to anticipate the next coming of the H1N1 virus and how to best protect the public from it. In addition to recommending that the public obtain a H1N1-specific flu vaccination as well as the typical flu vaccine this season, there are active plans to track and monitor the illness across the world on an interactive "HealthMap" and encourage healthcare providers and the general public to consider H1N1 immunization.

As a result, there are many people talking about the H1N1 vaccination. Some are eager enthusiasts who are proud to declare their plans to vaccinate against the Swine Flu. Others are highly skeptical – and indeed, fearful – of the potential deleterious side effects of the vaccine itself. There are still others who remain ambivalent about the issue and have not yet decided if they will vaccinate them-

selves against the H1N1 virus or not. Now that fall has arrived, hardly a day goes by now that I do not hear someone – either on television or within my own personal and/or professional circles – bring up the topic of H1N1 vaccinations.

All these events lead me to think more about the underlying theme of fear and how it can influence health behaviors. Many people are afraid of the H1N1 virus – either in its original constitution or in its anticipated super-bug reappearance. Others appear to be just as afraid of the H1N1 vaccine itself, often worrying if the solution is worse than the problem. No matter what one believes about the Swine Flu and its vaccine, fear is often part of the picture.

Fear can sometimes motivate change, but it can also paralyze people from taking action. As the flu season comes into full-force and the H1N1 vaccine is released, public debate concerning the Swine Flu and its vaccination will undoubtedly continue. An element of fear will continue to bombard us as we learn more about the future of the H1N1 virus and its prevention. Each newly publicized confirmed case of Swine Flu infection will capture our attention. The extent to which this fear will promote or inhibit public compliance with recommendations on how to address the H1N1's reemergence from the World Health Organization and Centers for Disease Control, however, remains to be seen.

No matter how things turn out this flu season,

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## Welcome to New Division 38 Fellows

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

New Fellows:

### **Joan Broderick, Ph.D.**

Dr. Joan Broderick is Research Associate Professor in the Department of Psychiatry and Behavioral Science and Program Director of the Applied Behavioral Medicine Research Institute at Stony Brook University in Stony Brook, New York. She earned her Ph.D. in clinical psychology from the State University of New York at Stony Brook in 1980. Prior to her academic research program, she spent 18 years in private practice using cognitive behavioral interventions to treat psychological aspects of physical illness. In 1997, she returned to SUNY Stony Brook to establish a very strong research program on the measurement of patient-reported outcomes in medical illness, symptom recall, and chronic pain management. Her research is original, important, timely, and exceedingly well-regarded.

Dr. Broderick has published widely, is a grants peer reviewer, serves or has served on the editorial boards of *Health Psychology* and *Psychosomatic Medicine*, has been appointed to national committees of psychological, medical and disease-related foundations, and won an award for writing a patient education piece on arthritis and self-management. Her research has made significant methodological and substantive contributions in multiple areas, and it has been widely disseminated by teaching, writing, and speaking. She has contributed importantly to national policy and recommended methodology by impacting FDA guidelines for drug trials. Her work in rheumatology and pain has been widely disseminated nationally and has most likely influenced practicing physicians and psychologists as well as patients directly.

Dr. Broderick's outstanding and unusual contributions have been particularly focused in three areas in health psychology/behavioral medicine. First, she has spearheaded original research on methodological and statistical strategies to accurately and appropriately document patient-reported outcomes. This is applicable to clinical and research settings. She has used electronic technology to develop improved measurement. Of particular importance are her seminal and ongoing contributions to the PROMIS project. PROMIS (Patient-Reported Outcomes Measurement Information System) is a multi-million dollar NIH Roadmap initiative to develop valid and reliable instruments for measuring patient-reported outcomes in innovative ways, and is likely to have wide-spread influence across the field of health psychology. Second, she has contributed substantively to research and practice of chronic pain management. This work has been disseminated through educational programs and it has been published in well-respected journals. Third, she has identified a relationship between sleep dysfunction and functional somatic disorders. Because this is an area of research with important clinical implications, her work here may have special relevance and importance to the field of health psychology.

### **Robin M. Masheb, Ph.D.**

Dr. Robin M. Masheb is Assistant Professor at the Department of Psychiatry, Yale University School of Medicine and Associate Director for the Program for Obesity, Weight and Eating Research (POWER) at Yale School of Medicine in New Haven, CT. She received her Ph.D. from St. John's University and completed a post-doctoral Fellowship in Clinical Psychology at Yale School of Medicine. She also maintains a Medical Staff appointment at the Yale-New Haven Hospital in New Haven, CT. Her research is unique, important, and has had significant clinical impact.

Dr. Masheb's research expertise is in two main areas: obesity and eating disorders, in particular Binge Eating Disorder (BED), and women's urogynecological pain disorders, specifically vulvodynia. Dr. Masheb publishes widely and her work is well-cited. She serves as an active journal and grant reviewer, and this year served as the Division 38 Program Chair for the 2009 American Psychological Association Convention.

Dr. Masheb has made seminal and outstanding contributions to health psychology through her work in the areas of obesity and BED and vulvodynia. In the area of obesity and BED, Dr. Masheb's research has been instrumental in understanding maladaptive cognitions and behaviors associated with obesity and BED, developing treatments for BED that address the behavioral, eating disorder and mood symptoms associated with the condition, identifying predictors of effective treatment for BED, and conducting clinical trials to assess treatment approaches. Her research on treatment outcomes with BED has led to NIH/NIDDK funded stepped-care clinical trials of cognitive behavioral treatment (CBT) for

## New Fellows

BED. Her research has involved the application of novel nutritional approaches to obese patients with BED studying whether foods low in calories but large in volume (i.e., low energy dense foods) can reduce caloric intake. In the area of vulvodynia, Dr. Masheb's research has been seminal in identifying the diagnosis of this pain disorder in female populations and identifying predictors of effective treatment for vulvodynia. Through her work, Dr. Masheb has developed standards for interdisciplinary investigation of women's urogynecological pain disorders, specifically vulvodynia. Her methodology, currently employed in recent published clinical trials, can serve as a model for other psychological treatment clinical trial protocols.

### **Vanessa Malcarne, Ph.D.**

Dr. Malcarne is Professor of Psychology in the Joint Doctoral Program in Clinical Psychology at San Diego State University/ UC San Diego. She received her PhD in Clinical Psychology from the University of Vermont in 1989. Dr. Malcarne has held many professional roles that have impact on the field, including Associate Editor of *Health Psychology*, *Cognitive Therapy and Research*, *Journal of Clinical and Consulting Psychology*, and has previously served as program chair of the Society of Behavioral Medicine convention and the Association for Women in Psychology convention.

Dr. Malcarne has published extensively and her work is widely cited. Her research is on quality of life (QOL) among those with serious medical illnesses especially cancer and scleroderma. She conducts research on how medical parameters of disease influence QOL, identifies psychosocial variables that are significant predictors of QOL independent of medical factors, and investigates important moderating and mediating relationships among psychosocial predictors. Her research on scleroderma has uniquely focused on developing a psychological understanding of a little known or understood but very disabling rheumatic disease. She has gained a national reputation for this leading research. Among her notable contributions in this area is that she developed the coping module for a new self management program for the disease. Dr. Malcarne's program of research is particularly innovative with respect to the role of cognitions and their role in illness. She has expanded our understanding of the role of control cognitions in adjustment to chronic illness. She has also contributed to understanding dyadic response to chronic illness in couples and families. She has made contributions to the study of children's health (e.g. anxiety) and in measurement development and validation. Her work on health instruments for various cultural and ethnic groups is both innovative and very important.

Dr. Malcarne has received national and regional awards. For example, she received the Tracy Orleans Award from the Society of Behavioral Medicine and an award as an outstanding faculty member from her home institution. She has received numerous extramural grants, and is also an outstanding faculty instructor and mentor.

### **James A. McCubbin, Ph.D.**

James McCubbin, Ph.D. is Senior Associate Dean, College of Business and Behavioral Science, Clemson University and Adjunct Professor, Center for Advanced Study of Language, University of Maryland. Dr. McCubbin completed his doctorate in psychology at the University of North Carolina in 1980, followed by post-doctoral training in the Biomedical Sciences Research Center at UNC. He was appointed to the faculty in the Department of Psychiatry at Duke from 1982-1988 then moved to the Department of Behavioral Science at the University of Kentucky College of Medicine. After nine years at Kentucky, Dr. McCubbin was named Chair of the Department of Psychology at Clemson. In 2006, he was appointed Interim Associate Dean of the College of Business and Behavioral Science and one year later he was appointed Senior Associate Dean. At Clemson, Dr. McCubbin has maintained his high-profile research program while contributing significantly in his various administrative roles to the university. Notably, Dr. McCubbin was elected Chair of the Association of Heads of Departments of Psychology (AHDP), a professional development organization dedicated to effective and ethical leadership in academic departments of psychology, reflecting the high regard that department chairs around the country hold for Dr. McCubbin's academic leadership.

Dr. McCubbin's research program addresses the role of psychological stress in the development of hypertension and the role of opioid receptors in blood pressure regulation. His research has also addressed the role of psychological stress in the development of coronary heart disease. In recent years, Dr. McCubbin's research has focused on occupational health psychology and he is a founding member of the Society of Occupational Health Psychology. This represents a unique

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## New Fellows

and important contribution to the field of health psychology, and his leadership in occupational health psychology has significantly contributed to the development of this area of science.

Dr. McCubbin's seminal research has been published and cited widely. His work has addressed areas of central concern in health psychology (e.g., effects of endogenous opioids on the sympathoadrenal and hypothalamic pituitary adrenocortical cascade during stress; hypertensive hypoalgesia among patients with chronic pain; effects of hormone replacement on blood pressure control). Dr. McCubbin's research addressing the clinical importance of developing treatment methods to reduce stress-related hypertension and to improve performance in clinical and occupational settings represent outstanding contributions to translational science in health psychology. His current work in occupational health psychology reflects a strong emphasis on translating laboratory findings into practice. Dr. McCubbin has provided leadership in health psychology through his work as Chair of NIH study sections and working groups, as well as his service on numerous other national grant panels. Dr. McCubbin has disseminated his work through his publications and presentations as well as through his mentoring of students in training to become health psychologists. Dr. McCubbin has served as Chair of the NIH Behavioral Medicine Study Section, and he was Chair of the NIH Advisory Committee Working Group to assess and organize the Risk, Prevention and Health Behavior (RPHB) Integrated Review Group. In addition, Dr. McCubbin has served on various other prominent grant review panels (e.g., CDC-NIOSH, NSF, NHLBI and US Department of Veterans Affairs). Dr. McCubbin's outstanding scientific achievements and leadership in the field of health psychology have been previously recognized with Fellow status in the Society of Behavioral Medicine and the Academy of Behavioral Medicine Research.

Existing APA Fellows:

### **Richard Jenkins, Ph.D.**

Dr. Jenkins is a Health Scientist Administrator, Prevention Research Branch, Division of Epidemiology, National Institute on Drug Abuse, National Institutes of Health. He is a Fellow in APA Division 27 (Community Psychology). His research expertise involves the investigation of religion and coping and evaluations of behavioral medicine interventions among a variety of at-risk populations, including cancer and HIV patients. He has received numerous recognitions and awards from Division 27 regarding his public policy work with HIV populations, and his work is recognized both nationally and internationally.

### **Dale Larson, Ph.D.**

Dr. Larson is Professor in the Department of Psychology at Santa Clara University. He is a Fellow in APA Division 17 (Counseling Psychology). His research expertise involves end-of-life issues, as well as self-concealment. He co-directed a seminal NIMH-funded national mental health skills training program in hospice and palliative care. He is currently involved in investigations involving the discovery of flawed empirical findings concerning grief counseling research. His work is disseminated broadly.

### **Gary Montgomery, Ph.D.**

Dr. Montgomery is Director of the Integrative Behavioral Medicine Program and Associate Professor at the Department of Oncological Sciences at the Mount Sinai School of Medicine. He is a Fellow in APA Division 30 (Hypnosis). His area of expertise involves use of hypnosis and Cognitive Behavioral Therapy interventions in pain reduction and for the purpose of improving quality of life, especially in oncology patients. He is well-published and well-funded. He has been past President of APA Division 30.

## Call for Division 38 Fellows

Applications for 2010 will be accepted until December 15, 2009.

Interested in Fellow status in Division 38? 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](http://www.health-psych.org)

The deadline for receipt of all materials by the Division 38 Administrative Office is **December 15, 2009**. 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 2010 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. Direct questions to: [apadiv38@verizon.net](mailto:apadiv38@verizon.net)

# H1N1

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one truth will remain: “I’ll be back” repeats the firehouse red animated characterization of our new public enemy number one, the H1N1 virus. Of course, it will. It may not always be H1N1 that we will continue to fear in the future. It may be another virus or illness that becomes quickly and unpredictably rampant or it may be something entirely different.

Whatever the future may bring, it seems almost too much like a cliché to recall Franklin D. Roosevelt’s historical quote but I can’t help myself: “The only thing we have to fear is fear itself.” We are at war again, aren’t we? We have another global economic crisis on our hands, don’t we? Add an anticipated pandemic flu outbreak on top of

that, and we have a full plate of fear, uncertainty and doubt in front of us. Any cognitive restructuring to minimize our fear reactions would be quite opportune right now. Thanks, FDR, for your words of wisdom. [Sigh of relief.] H1N1 vaccine, anyone?

[Editor’s Note: It is quite amazing how the world is responding to the H1N1 threat. Traveling in Italy at the end of September I observed warnings and instructions in several public places, including the airport in Pisa, regarding the H1N1 virus. Even at my local ski swap in Syracuse they had hand sanitizer at all the cash registers for patrons to use as they paid for items and checked out. Let’s hope it is all effective. KSM]

## Call for Nominations

Division 38 invites nominations for the offices of President-Elect and Member-at-Large (with a portfolio of *Membership* and *Diversity*).

Elected members will take office immediately after the APA convention in San Diego, in August, 2010. For questions or more information, contact the Division 38 office at [apadiv38@verizon.net](mailto:apadiv38@verizon.net), or Dr. Mary Davis, Chair, Nominations Committee at [mary.davis@asu.edu](mailto:mary.davis@asu.edu).

Please send your recommendations by Monday, January 4, 2010 to [apadiv38@verizon.net](mailto:apadiv38@verizon.net). Self-nominations are welcome.

**Call for Applications: The National Mentoring and Training Program of the Center for Population Research in LGBT Health.** The Center is seeking applications from **doctoral and advanced masters’ students** interested in careers in LGBT health research. The program connects students with expert faculty mentors from the national network of faculty of the Center. Mentors are closely matched to students’ research interests and will assist students who are developing or working on a research project in the study of LGBT health or same-sex families/households. An ideal candidate will have an interest in working with a mentor to better incorporate population health research methods and/or concerns in their projects. Please visit [icpsr.umich.edu/FENWAY/training/](http://icpsr.umich.edu/FENWAY/training/) to learn more and download an application. Contact Aimee Van Wagenen ([mentoring@lgbtpopcenter.org](mailto:mentoring@lgbtpopcenter.org)) for further information. Applications for pre-doctoral mentoring are accepted on a rolling basis until February 15, 2010.

## Council Report

By Rhea K. Farberman  
*Monitor Executive Editor*

Council adopts APA's first-ever strategic plan and receives two reports that highlight psychology's relevance to topical issues.

At its August meeting, the APA Council of Representatives received two reports which put psychology front and center on topical issues: global climate change and the debate on whether sexual orientation can be changed through therapy.

One report, the product of an APA Task Force on the Interface Between Psychology and Global Climate Change examined how psychological science can be applied to encourage people to engage in environmentally sensitive behaviors. The report summarizes the psychological literature on climate change issues and recommends ways that psychology can help create public policies designed to protect the environment (see article, p xx).

A second report, also based a review of the relevant published literature, found insufficient evidence for claims that sexual orientation can be changed through therapy and concluded that therapists should avoid telling their clients that they can change from gay to straight (see article, page x). After receiving the report, the council adopted a resolution on appropriate affirmative responses to sexual orientation distress and change efforts which grew out of the report findings.

Both reports received national press coverage during the convention.

In other action, the council:

Voted to adopt as APA policy Guidelines Regarding Psychologists' Involvement in Pharmacological Issues. The guidelines, developed by an APA Division 55 Task Force, are intended to provide a resource on optimal psychological practice in pharmacotherapy. They also provide information for psychologists with any level of involvement with psychotropic and other medication issues.

Voted to adopt as APA policy a resolution that endorses the concept of recovery for people with serious mental illness.

Approved a suspension of the annual dues increase. Dues levels for all members and affiliates will remain at 2009 rates next year.

Voted to amend the bylaws to drop unpaid members if they haven't paid their dues after one year instead of the current two-year grace period. To become effective, this proposed change requires the approval of the full membership.

Voted to establish an APA "designation program" for education and training programs in psychopharmacology (as opposed to program accreditation). A designation program is seen as the right developmental step for psychopharmacology programs at this time and would be intended to provide quality assurance guidance for these programs.

In response to on-going concerns regarding Ethical Standards 1.02 and 1.03, which address conflicts between ethics and law and ethics and organizational demands, the Council directed the APA Ethics Committee to propose language that would clarify the psychologist's obligations when such conflicts arise. After a public comment period this fall, the Ethics Committee will come forward with proposals in preparation for Council's February 2010 meeting.

Voted to invite a non-voting delegate from each of the four National Ethnic Minority Psychological Associations to attend Council meetings for an additional three year period. Council additionally received the Report of the Presidential

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## Council Report

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Working Group on the Representation of Diversity on the Council of Representatives and requested that it be referred to the Committee on Ethnic Minority Affairs, the Committee on the Structure and Function of Council and the Policy and Planning Board. Council also reaffirmed its earlier votes in support of a Bylaw amendment to officially seat the four Ethnic Minority Psychological Associations.

Approved the creation of two new division journals: *Sport, Exercise and Performance Psychology* (Div. 47, Exercise and Sport Psychology) and *International Perspective in Psychology: Research, Practice and Consultation* (Div. 52, International).

Approved a change in the timeline for APA presidential elections. The president-elect ballot will now be distributed to all voting members on Sept. 15 rather than Oct. 15.

Help give health psychologists a stronger voice in APA policy

Dear Division 38 Member:

Health Psychology is one of the top items on APA'S agenda, yet Division 38 is under-represented in proportion to its members on the APA Council of Representatives. How did this happen? Two reasons: First, not enough of our members returned the APA ballots; and second, our members did not allocate enough of their votes to Division 38.

Every November, APA asks you to apportion 10 votes to some combination of divisions and state associations. The results of these apportionment ballots are used to determine the number of Council Representatives allocated to each division and state association. Division 38 is one of the largest Divisions in APA -- with one of the lowest "voter turn-outs." The Council of Representatives is APA's most important governance body. It has the power and authority to determine APA's policies and fiscal actions. Furthermore, the Council elects most of the APA officers as well as members of APA boards and committees. Division 38 representation on Council continues to be important because it keeps the voice of Health Psychology in the forefront of APA policy and it gives health psychologists a role in setting this policy.

### New Editor Announcements

Effective October 1, 2009 Christopher France, current President-Elect of Division 38, became the Editor-in-Chief of *Annals of Behavioral Medicine*, the journal of the Society of Behavioral Medicine. On that same date Kevin Masters, editor of *the Health Psychologist*, the Division 38 newsletter, became the Editor-in-Chief of *Journal of Behavioral Medicine*. Manuscript submissions for *Annals of Behavioral Medicine* may be made at <http://www.editorialmanager.com/abm/> and for *Journal of Behavioral Medicine* authors may submit at <http://www.editorialmanager.com/jobm/>

**APA Division 38  
2010 Executive Committee**

**PAST-PRESIDENT**

*(Chair, Finance Committee, Long Range Planning)*  
Karina W. Davidson, Ph.D.  
Columbia University Medical Center  
kd2124@columbia.edu

**PRESIDENT**

*(Chair, Executive Committee)*  
Jerry Suls, Ph.D.  
University of Iowa  
Jerry-suls@uiowa.edu

**PRESIDENT-ELECT**

*(Chair, Awards Committee)*  
Christopher France, Ph.D.  
Ohio University  
france@ohio.edu

**TREASURER (2009-2011)**

David A. Williams, Ph.D.  
University of Michigan  
daveawms@umich.edu

**MEMBER-AT-LARGE (2008-2010)**

*(Portfolio : Membership/Diversity)*  
Vanessa L. Malcarne, Ph.D.  
San Diego State University  
malcarne@psychology.sdsu.edu

**MEMBER-AT-LARGE (2009-2011)**

*(Portfolio: Education & Training/Clinical Health Svcs)*  
Martita Lopez, Ph.D.  
University of Texas  
lopez@psy.utexas.edu

**MEMBER-AT-LARGE (2010-2012)**

*(Portfolio: Publications/Research)*  
Linda C. Gallo, Ph.D.  
San Diego State University  
legallo@sciences.sdsu.edu

**APA COUNCIL REPRESENTATIVE (2009-2011)**

Robert D. Kerns, Ph.D.  
VA Connecticut Healthcare System  
robert.kerns@va.gov

**APA COUNCIL REPRESENTATIVE (2010-2012)**

Helen L. Coons, Ph.D.  
Women's Mental Health Associates  
hcoons@verizon.net

**Division 38 Graduate Student Research Award  
Program**

The Division of Health Psychology (Division 38) of the American Psychological Association is sponsoring five graduate student awards of up to \$1500 to support new research. Two of the awards will be reserved for studies in **general health psychology**, in any of the following areas: 1) understanding the etiology, promotion and maintenance of health; 2) prevention, diagnosis, treatment and rehabilitation of physical illness; 3) psychological, social, emotional and behavioral factors in physical illness; and 4) health care systems and health policy. One award will be designated for research in **child health psychology** (i.e., any study addressing one of the topics outlined above within a sample comprised primarily or exclusively of children or adolescents). Two additional awards will be reserved for research addressing **health disparities**, defined as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among specific population group” (National Institutes of Health), or addressing **ethnic minority health**. In particular, these awards are intended to support research focusing on various health conditions that are more prevalent, serious, or specific to disadvantaged and medically underserved groups, or on healthcare inequities relevant to these groups, specifically, ethnic minorities and socio-economically disadvantaged individuals in rural and urban areas.

The award competition is open to full-time students enrolled in any degree conferring-graduate program in psychology. Applicants for the awards must be Division 38 members (or have submitted a membership application for 2010). Research proposal submissions must be received by January 15. For information regarding the application process, please go to: [www.health-psych.org/StudentsAwards.cfm](http://www.health-psych.org/StudentsAwards.cfm) After reading the information on the website, if you still have questions, you may contact Julie Wagner, Ph.D., chair of the Division 38 Research Council at [juwagner@uchc.edu](mailto:juwagner@uchc.edu). We look forward to receiving your proposal by the January 15th deadline!

*The Health Psychologist*

Division 38

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## *The Health Psychologist*

**Kevin S. Masters**

Editor

Syracuse University

**Lisa Maria E. Frantsve**

Assistant Editor

VA Connecticut Healthcare System

Yale University School of Medicine

Deadlines for Submissions:

**February 15, 2010**

**June 7, 2010**

**September 15, 2010**

*Please address comments and submissions to:*

**Kevin S. Masters**

**Editor**

*The Health Psychologist*

Syracuse University

**Department of Psychology**

**Syracuse, NY 13244-2340**

***E-mail: kemaster@syr.edu***

Printed in the USA