My Number One Initiative: Don’t Mess Things Up

Elizabeth A. Klonoff, Ph.D., ABPP

I’m sure I will not be the first person to say that there is no doubt in my mind that Division 38 will continue to flourish under the guidance of our new President, Elizabeth A. Klonoff, Ph.D., ABPP. I most recently saw Liz at our Division 38 board meeting at the APA Convention in Washington, DC last August. It was clear that Liz is a woman with a tremendous passion for health psychology as well as a sharp wit and sense of humor. I had to chuckle when I saw her submit her baby picture. It’s so genuine, personable and a bit courageous – just like I think we’ll find her to be as our new leader. Genuine. Personable. Courageous. Seems like a recipe for success to me!

From the Desk of ….
Lisa Maria E. Frantsve, Ph.D.
Editor, The Health Psychologist

I often feel the same sense of trepidation (as in: “well, now what am I supposed to do?”) that I was so obviously feeling when this picture was taken. It kind of characterizes my feelings as I begin my role as Division 38 President. Luckily for me, I had the benefit of being President-Elect when Chris France was President, and he did an outstanding job; similarly, without Barbara Keeton, the Division would, no doubt, implode. Given this excellent legacy, it should be obvious why my number one initiative for the coming year is: “don’t mess things up.” That said, I want to take this opportunity to update you on things that have been happening in the Division and then provide a few answers to the question, “Well, now what do we do?”

What’s Up in Division 38?

Improved Division 38 Website. One of the issues I was most concerned about when I became President was “branding.” For many of us in university settings, where the term is used to justify a multitude of sins, this may elicit a conditioned negative response. However, in this instance, the idea is to bring together all of the things that are (Continued on page 2)
My Number One Initiative

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health psychology -- the various terms for the field (e.g., medical psychology, behavioral medicine, psychosomatic medicine); our many publication outlets (e.g., Health Psychology, The Health Psychologist); and our virtual presence (e.g., the website, our Facebook page) -- into a cohesive, familiar package that could provide improved definition and identification as a specialty research and practice area. The place where this “branding” is most evident is on our newly revamped website. If you haven’t had a chance to visit the site, please do so at www.health-psych.org. Here you can find information about the Division, including what Councils and Committees are doing, updates on education and training, and special sections for students and early career psychologists. It is the Board’s hope that the information on the website will be regularly updated in order to be maximally useful to each member of the Division, as well as to the public.

Specialty Recognition. Every seven years, each specialty in professional psychology must go through a formal process by which recognition as a specialty is renewed. Clinical health psychology submitted its recognition petition to the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology (CRSPPP) in January, 2011. The petition was successful and the specialization in clinical health psychology has been renewed through August, 2018. Congratulations to us!

Treatment Guidelines. As many of you know, APA has begun a process to develop clinical behavior guidelines. Many from our Division (including Dan Bruns, Kim Dixon, Beverly Thorn, Barbara Walker, and Helen Coons, not to mention Bonnie Spring and Suzanne Bennett Johnson) worked tirelessly in smoke-free back rooms to help both the Science and the Practice Directorates understand how crucial it is to make sure some of these are health-related guidelines. The success of this work is evidenced by the fact that, on September 15, 2011, APA announced that the first two treatment guidelines to be developed will be depression and obesity (http://www.apapracticecentral.org/update/2011/09-15/depression-obesity.aspx). APA is currently seeking nominations to serve on the panel developing guidelines for the treatment of depression; at least one member will be from a discipline other than psychology. Nominees should submit a brief statement indicating a willingness to serve and a vita by November 15, 2011, to ctg@apa.org with the term “Depression Panel” in the subject line. Information regarding appointments to the obesity treatment guideline panel should follow soon. The recognition that treatment of physical health-related problems is as fundamental to the work of a psychologist as treatment of mental health-related ones represents an important victory for the Division.

Inter-Organizational Cooperation. As everyone knows, Division 38 is not the sole organization with the goal of promoting research, education, and practice in health psychology and behavioral medicine. About five years ago, the Council of Clinical Health Psychology Training Programs (CCHPTP) was re-invigorated; since then, Division 38 has had an ongoing relationship with this group, which has, as its primary function, facilitating education and training in clinical health psychology at the doctoral, internship, and post-doctoral levels. Kevin Larkin has served as a liaison between CCHPTP and the Division. This relationship has helped the Division focus on the identification of competencies both for clinical and non-clinical health psychologists.

In addition, during Chris France’s term as President, we began the process of exploring how we might work more closely with the Society of Behavioral Medicine (SBM). Many of the Division’s officers have been active members of SBM as well, and it only makes sense to look for opportunities to pool our efforts, when appropriate, in order to increase our likelihood of success. We share common interests in promoting: research, evidence-based procedures, integrated primary care, health and wellness in diverse populations and groups, and health-related policy development and advocacy. We will be holding our mid-winter Executive Committee meeting concurrent with the 2012 SBM meeting, to afford us an opportunity to talk in person with the SBM Board about possible opportunities to work synergistically. We are hopeful that we will be better positioned to achieve the long-term outcomes we seek as the relationships among these groups continue to grow and develop.

Now What Are You Supposed to Do?

Become a Division 38 Fellow. Have you made “unusual and outstanding” contributions to health psychology? Has

(Continued on page 3)
your work had “a national impact on the field of psychology beyond a local, state, or regional level?” Then you qualify to be nominated to be a Fellow of APA. Both first-time Fellow applicants and those who are already Fellows in other Divisions may apply. Information about the process can be found at http://www.health-psych.org/FellowsJoinUs.cfm on the division’s website or at http://www.apa.org/membership/fellows/index.aspx on APA’s website. Applications must be submitted by December 15.

Become Board Certified in Clinical Health Psychology. Do you have five years of “acceptable qualifying experience,” at least four years of which are post-Ph.D.? Have you completed the equivalent of at least one year of full-time supervised health psychology experience? Then you may qualify to become board certified in clinical health psychology. The clinical health psychology Board recognizes that you may not be full-time in clinical health psychology practice; research, teaching, and administrative activities can qualify if done in the area of health psychology. Applicants with at least fifteen years of professional experience who also have made distinguished contributions to the field of clinical health psychology may qualify for a modified application process. Even better, there is an agreement between the American Board of Clinical Health Psychology and Division 38 that if Division members pursue the oral exam for board certification in clinical health psychology and are successful, they are eligible to receive a rebate on the their application fee. Applicants with at least fifteen years of professional experience who also have made distinguished contributions to the field of clinical health psychology may qualify for a modified application process. Even better, there is an agreement between the American Board of Clinical Health Psychology and Division 38 that if Division members pursue the oral exam for board certification in clinical health psychology and are successful, they are eligible to receive a rebate on the their application fee. Even graduate students, interns, and post-doctoral residents may be eligible to begin the process through the ABPP Early Entry Program. Doing so saves you $100 on the application fee, provides you access to mentoring to assist you through the process, and allows you to submit your credentials (e.g., transcript, internship completion certificate, evidence of licensure) as you complete them. For more information about board certification in clinical health psychology, go to the ABPP website, www.abpp.org.

Give Some Time. While we are all tired of being asked to do more with fewer resources, I am going to ask you to do so again. It doesn’t matter where you choose to give of your time: agreeing to do an additional journal review even though you have other commitments; serving on a Division 38 Committee or Council; engaging in advocacy activities to get funding for educational and social programs; mentoring just one more junior colleague or student; agreeing to serve on another professional committee or board, either through APA or some other organization; providing free services in your local community; and so forth. In these times of economic, political, social, environmental, and health-policy uncertainty, the only thing we can be certain of is what we actually do to make things better. And the only resource we control is our time.

So I am beginning my year by asking each of you look for ways in which you might contribute just a little bit more to the work being done in the area of health psychology. It doesn’t even have to be a lot of time -- just something more than you are doing now. If we value the things we do, we need to work to preserve them. As one of my most favorite 21st century philosophers, Jon Stewart, remarked on the Daily Show broadcast of January 22, 2009, “If you don’t stick to your values when they’re being tested, they’re not values---they’re hobbies.” Let’s make health psychology more than just a hobby.

Renew Now to Retain Listserv Privileges!
As of 1/1/12, we will begin converting all Division 38 listervs to members-only access. Please renew now to preserve your listserv privileges for 2012 and beyond.

Note that you are not required to be an APA member in order to continue participating on Division 38 lists. Non-APA members may join/renew as Professional Affiliates, Student Affiliates, or International Affiliates.

Interested in joining a listserv? Choose one/more of the lists below:

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To enroll, send an email to: APADiv38@verizon.net
In the body of the email, type:
add <listname> <your email address> <firstname> <lastname>
(e.g.) add div38 jsmith@hospital.edu Jane Smith
Thank you for your active participation in Division 38!
I am delighted to honor Andrea M. Braverman, Ph.D. for receiving the 2011 APA Division of Health Psychology/American Psychological Foundation Timothy B. Jeffrey Award for Outstanding Contributions to Clinical Health Psychology.

Simply put, Dr. Braverman has been at the forefront of applying clinical health psychology in reproductive endocrinology in the US and abroad! She has collaboratively defined the guidelines for screening for and treating psychosocial aspects of infertility; developed programs based on fundamental clinical health psychology research to enhance decision making and psychosocial outcomes among women and couples facing fertility challenges; and serves as a strong voice for the complex ethical issues associated both infertility treatment and parenting options.

Dr. Braverman is widely considered a leading national and international expert on psychosocial aspects of infertility; the use of donor ovum and sperm as well as gestational surrogates; and ethical issues in fertility treatment. Long before clinical health psychology addressed psychosocial issues in women’s health in general or specifically in the care of women and couples with infertility, Dr. Braverman was applying our assessment and treatment strategies in reproductive endocrinology. For example, early on she addressed complex health decision making; started preparing women for invasive medical procedures such as diagnostic exams – for example HSG, Hysteroscopy and IVF; treated anxiety and depression associated with pregnancy losses; and established groups to promote problem solving and social support. Second, long before “mind-body” programs became in vogue in reproductive settings, Dr. Braverman designed and implemented interdisciplinary teams to address medical and psychosocial issues among women and couples coping with infertility. She was first to establish a multi-specialty program for families using gestational surrogates, and more recently fully integrated complimentary and alternative care providers in reproductive endocrinology offices.

Dr. Braverman’s distinguished contributions extend far beyond the patient office. In fact, Dr. Braverman chaired American Society of Reproductive Medicine (ASRM) committees which established the guidelines for psychological screening and counseling in third part reproduction. And, while the media routinely dramatizes ethical issues related to high profile cases using of donor sperm and gestational surrogates, Dr. Braverman became the first and only psychologist to sit on the American Society for Reproductive Medicine Ethics Committee, and wrote their statements on ethical issues for ovum donors and gestational surrogates. She is also widely known as an outstanding clinical educator for physicians, psychologists and other health providers here in the US and abroad.

Dr. Braverman is a past recipient of the 2001 Family Building Award from the American Fertility Association; the 2009 Ian Johnston Memorial Award from the Fertility Society of Australia; the 2010 STAR Award from the American Society of Reproductive Medicine. Dr. Braverman’s long standing and distinguished clinical work in reproductive endocrinology as well as her research, continuing education, writing and policy work underscore why she is entirely deserving of the Timothy B. Jeffrey Award for Outstanding Contributions to Clinical Health Psychology.

Helen L. Coons, Ph.D., ABPP
President and Clinical Director
Women’s Mental Health Associates
Receipt, 2005 Timothy B. Jeffrey Award
Dr. Karen A. Matthews is honored as the 2011 recipient of the Nathan Perry Career Service to Health Psychology Award for her many and multi-faceted contributions to the formation and growth of health psychology as a discipline. Her contributions to the Health Psychology field have been nothing short of remarkable. Early in her career, she helped set the stage for future educational and training models and programs in the field through her participation in the landmark National Working Group on Education and training in Health Psychology. At the University of Pittsburgh, she initiated an innovative Cardiovascular Behavioral Medicine training program that provided high quality multidisciplinary training to many individuals who later became future leaders in the Health Psychology field.

Dr. Matthews’ has represented our field in numerous high profile leadership positions. She served as president of the Division of Health Psychology as well as one of the first women presidents of the American Psychosomatic Society. She represented the health psychology and behavioral medicine fields at the National Institutes of Health as a member of Council of the National Heart Lung and Blood Institute and of the Advisory Board for the NIH Center for Scientific Research. In all of these positions, she paved the way for acceptance of the field of health psychology by member of other basic and clinical science disciplines in the behavioral and biomedical sciences. Dr. Matthews also served as Editor-in-Chief of the journal Health Psychology, on the editorial board of other prestigious journals, and on the search committees for editors of Health Psychology and other journals in the field.

Dr. Matthews’ scientific contributions to Health Psychology have been broad ranging and nothing short of groundbreaking. Among other areas, her research accomplishments have included seminal work on childhood antecedents of coronary heart disease risk, women’s health and the menopause, and the effects of socioeconomic status on health. She has been recognized for her major scientific contributions by every major professional organization in the health psychology and behavioral medicine fields, including the Division of Health Psychology, the American Psychosomatic Society, and the Society of Behavioral Medicine, and she received the Award for Distinguished Contributions to Psychology from the American Psychological Association. Among her most distinguished honors, she was elected to the Institute of Medicine, where she represents the behavioral sciences alongside many other of this Nation’s finest scientists and policymakers in health and medicine. For these and many other of Dr. Matthews’ career contributions to advancing research, education and policy in our field, she is richly deserving of the Nathan Perry Career Service to Health Psychology Award.

David S. Krantz, Ph.D.
Department of Medical & Clinical Psychology
Uniformed Services University of the Health Sciences
Outstanding Contributions to Health Psychology - “Junior” Award:
Jeanne McCaffery, Ph.D.
Brown Medical School

This year’s recipient of the Division 38 Award for Outstanding Contributions to Health Psychology (“Junior” Award) is Dr. Jeanne McCaffery. Dr. McCaffery is being honored for her research bringing recent advances in both quantitative and molecular genetic into the field of behavioral medicine.

Dr. McCaffery is currently an Associate Professor in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University. She received her Ph.D. degree in Clinical and Health Psychology from the University of Pittsburgh in 2001 and completed her clinical psychology internship in the Behavioral Medicine track at Brown Medical School. After completing this training, she received an appointment as an Assistant Professor in the Department of Psychiatry and Human Behavior at Brown Medical School and as a Staff Psychologist at The Miriam Hospital, where she has been an active member of the Centers of Behavioral and Preventive Medicine and the Weight Control and Diabetes Research Center.

Dr. McCaffery was among the first clinical psychologists to train in both biometric genetics and at the bench in molecular applications and has used these different genetic techniques to address gene by environment interactions within cardiovascular behavioral medicine. Her initial RO1 used a twin-design to examine the impact of social stressors, such as low socioeconomic status, on the heritability of cardiovascular disease and related health behaviors. She showed, for example, that the heritability of hypertension is modified by educational attainment, such that the genetic variance is lowest among those in the lowest level of education, where environmental factors such as stress presumably play a greater role. More recently she has used twin registries and sophisticated modeling techniques to show that the heritability of body mass is greater among sedentary individuals and that physical activity can help override the genetic influence on obesity.

Dr. McCaffery has also examined sources of genetic variation in the adrenergic receptor system that may contribute to heritable individual differences in blood pressure and the cardiovascular responsiveness to stress. Currently, funded by two new RO1 grants, she is examining sources of genetic variation that may explain the variance seen in weight loss outcomes and in the changes in HDL-cholesterol that occur with weight reduction and increases in physical activity.

Dr. McCaffery has received many awards for her research, including the Student research Award from Division 38 of APA and the Bruce M. Selya Research Excellence Award from Lifespan Hospitals. She has been a frequent reviewer for NIH study sections, is on the editorial board of Psychosomatic Medicine, and is Associate Editor of Frontiers in Behavioral and Psychiatric Genetics.

Dr. McCaffery has contributed significantly to our understanding of the interactions between genetic and environmental factors across a wide range of cardiovascular behavioral medicine topics, including smoking, hypertension, obesity, and physical activity. Her work increases the recognition that “Genes load the gun, but the environment pulls the trigger”. It is with great pleasure that we present the Division 38 Award for Outstanding Contributions to Health Psychology to Dr. McCaffery.

Rena R. Wing, Ph.D.
Brown University/The Miriam Hospital
Outstanding Contributions to Health Psychology - “Senior” Award: 
Robert J. Gatchel, Ph.D., ABPP 
University of Texas at Arlington

Robert J. Gatchel, Ph.D., ABPP is awarded the 2011 Outstanding Contribution to Health Psychology (Senior Award) for his cutting edge contributions to health psychology research, practice, and education. He has made seminal research contributions to understanding the etiology, assessment, treatment and prevention of chronic stress and pain behavior, and to clinical health psychology more broadly. Along with Dr. Tom Mayer, he introduced the interdisciplinary functional restoration approach to treating chronic pain and disability. This approach has been shown to be therapeutically effective in numerous independent clinical studies, and is now widely used, both nationally and internationally, for chronic pain management. His evidence-based clinical research has been continuously funded for the past 35 years, and he has received Research Scientist Development Awards as well as a prestigious Senior Scientist Award from NIH. He has published over 327 journal articles, 108 book chapters and has authored or edited 23 books, including An Introduction to Health Psychology (with Dr. Andy Baum)—the first non-edited textbook in Health Psychology.

The interdisciplinary nature of Dr. Gatchel's research is evidenced by the fact that he has received numerous awards and honors associated with his clinical research from organizations representing many disciplines. He has also been a major participant in science and health psychology/pain management education. To date, he has trained and mentored 65 Ph.D. graduate students, 6 postdoctoral Fellows, 34 Masters level students, and numerous junior faculty members. Many of these have gone onto prestigious careers in academia and pain management.

Dr. Robert Gatchel's longstanding contributions in the area of health psychology have inspired his colleagues in the field of psychology and in numerous medical specialties, and his research and clinical work has led to the reduction of pain and disability in many people. His long-standing scholarly work in research, the clinical application of that research, and education, for the past 35 years truly makes him worthy of this Award.

David S. Krantz, Ph.D. 
Department of Medical & Clinical Psychology 
Uniformed Services University of the Health Sciences

Recipients of Board Certification in Clinical Health Psychology - 2011

Board Certification in Clinical Health Psychology was recently achieved by: Jennifer Lauretti, Ryan Wetzler, Sherry Hess, and John Porcerelli. For more information about applying for an ABPP in Clinical Health Psychology, please visit www.abpp.org.
At the recent Division 38 Membership Meeting, held during the APA Convention in Washington, DC, the Health Psychology Fellows Committee recognized the following members as Fellows in Division 38.

**Amy Lee Ai, Ph.D.** (Fellow, Divisions 36 & 38)
Professor, School of Social Work, Department of Family Medicine
University of Pittsburgh Medical Center

Dr. Amy Ai is currently an APA Fellow of Division 36, and is a Professor Social Work at the University of Pittsburgh Medical Center. Dr. Ai has a distinguished record of research in the area of spirituality, aging and health among patients with cardiac disease and other chronic health conditions. Her research in positive psychology and health has been funded by the Templeton Foundation and the National Institutes of Health, as well as several additional sources. She has served as an expert reviewer for a number of health psychology related journals in the areas of spirituality and health. Dr. Ai is a Fellow of the Gerontological Society of America, was named an At-large Delegate for the 2005 White House Conference on Aging Policy Committee, and was selected to serve on the Washington State Council on Aging, in addition to many other honors, awards, and positions of public service.

**Perry Halkitis, Ph.D.** (Fellow, Divisions 38, 44, & 50)
Associate Dean for Research and Doctoral Studies
Professor of Applied Psychology and Public Health
Director, Center for Health, Identity, Behavior, and Prevention Studies
New York University

Dr. Perry Halkitis is currently an APA Fellow of Divisions 44 and 50, and is a Professor of Applied Psychology and Public Health at New York University. He also serves as the Director of the Center for Health, Identity, Behavior, and Prevention Studies at NYU. He has conducted extensive research in the areas of HIV/AIDS, substance abuse, and mental health. He has been well-funded by the National Institutes of Health and several different Foundations. His research program addresses important public health problems, and he has focused his work on improving education of the general public regarding overall health risks. He has presented his work widely at both national and international conferences.

**Crystal Park, Ph.D.** (Fellow, Divisions 36 & 38)
Professor, Clinical Psychology
Department of Psychology
University of Connecticut

Dr. Crystal Park is an APA Fellow of Division 36, and a Professor of Psychology at the University of Connecticut. She has conducted extensive research in the area of coping and health, specifically addressing the influence of religiosity and spirituality in health outcomes. She, with her colleague Susan Folkman, has pioneered work on characterizing the role of meaning in stress, health, and coping. She is co-editor of a widely-cited book, the Handbook of Health Psychology and Aging and is widely published in a number of high impact health psychology journals. Her more recent research is in the area of cancer survivorship. Dr. Park has been on the editorial boards of several health psychology journals and she has served Division 38 on numerous committees.

Instructions for applying for Fellow status in Division 38 are available elsewhere in this issue, as well as at www.health-psych.org. All application materials are due (electronically) on/before December 15.
We are now approaching the end of another year, and we continue to make significant progress on previously established goals. We enjoyed meeting many of you at the annual APA convention, and we thank you for your continued support. During the convention, we hosted two sessions and two social events that hopefully provided you with unique insight and answers to your questions. At the convention, Dr. Chris France, Dr. Nabil Hassan El-Ghoroury and Dr. Justin Nash provided a detailed and valuable overview of different funding opportunities available to students at all different stages of training and career development. Also, Dr. Tracey Revenson, Dr. John Ruiz and Dr. Keith Whitfield, along with Dr. Georita Frierson, presented a unique platform to discuss and brainstorm alternatives for “Diversifying Health Psychology.” Continuing with this effort, the Student Council along with the Diversity Council are now undertaking an initiative to work collaboratively with other APA divisions and health organizations (e.g., Ethnic Minority and Multicultural Health (EMMH) Special Interest Group of the Society of the Behavioral Medicine) to develop a plan for action aimed at increasing recruitment, retention and representation of minority students and faculty within the field. If you are attending the Annual Convention for the Society of the Behavioral Medicine in April 2012, we invite you to join us for a mentorship roundtable discussion led by Dr. Revenson, Dr. Ruiz, Dr. Whitfield, Dr. Frierson and Division 38 president Dr. Elizabeth Klonoff in support of the aforementioned initiative.

Also, thus far this semester, we conducted a conference call for our fall series on a discussion to provide trainees and early career professionals with tips for engaging in the job search. The conference was held on September 2011 and was led by expert presenters Dr. Helen L. Coons (President and Clinical Director of Women’s Mental Health Associates and Clinical Associate Professor of Psychiatry at Drexel University College of Medicine) and Dr. Kevin Larkin (Professor in Psychology and Director of Clinical Training at West Virginia University, and chairperson for the Council of Clinical Health Psychology Training Programs). Dr. Coons and Dr. Larkin made excellent recommendations on various aspects of the job search, including contract negotiation. A summary of their talk and a recorded segment are now available on the division’s website. We are currently planning our next conference call for the winter and information will be distributed soon via the listserv.

Additionally, we are excited to announce the new development of the Student Advisory Council (SAC), which is aimed at increasing student representation within all councils of the division. Applications for positions were opened mid September and the selection process is currently underway. We are glad to inform that we received applications from many outstanding candidates representing a diverse and large number of training programs nationwide. It is our hope that the SAC will help continue providing student members with unique opportunities for mentoring and networking within the division.

As we continue to work on the aforementioned initiatives, we welcome your ideas and suggestions. Please let us know your needs or ideas by emailing us at div38studentreps@gmail.com. Also, please visit the Student Resources section of the Division’s website at www.health-psych.org/StudentResources.cfm for updates on upcoming events and opportunities. 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. 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. In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name).
APA's Council of Representatives approved $2.1 million to fund seven initiatives designed to support and advance APA’s three strategic goals: maximizing organizational effectiveness, expanding psychology’s role in advancing health and increasing the recognition of psychology as a science.

APA's Strategic Plan Goes Live

During APA's Annual Convention, the Council of Representatives approves funds for APA's top priorities, including an analysis of psychology's work force and an expansion of the association's public education campaign.

At its August meeting during APA's 2011 Annual Convention, the Council of Representatives set in motion the implementation of APA’s new strategic plan by funding seven initiatives. In addition, the Council approved plans to streamline programming during the annual meeting and ensure that APA reports and policy statements are grounded in the best available science.

The strategic initiatives plan sets aside $2.1 million for 2012 to fund seven initiatives designed to support and advance APA’s three strategic goals: maximizing organizational effectiveness, expanding psychology’s role in advancing health, and increasing the recognition of psychology as a science. The seven projects are:

- Improve APA business models, member communications and the convention to increase member engagement.
- Analyze the psychology work force to meet national needs.
- Continue to develop and promulgate treatment guidelines to promote the translation of psychological science into health interventions.
- Continue to expand the APA public education campaign to include the entire discipline of psychology.
- Expand opportunities for graduate education and continued professional development for psychologists and psychology students in order to advance the discipline’s participation in interdisciplinary health delivery and interdisciplinary science.
- Increase support for research, training, public education and interventions that address and reduce health disparities among underserved populations.
- Forge alliances with health-care organizations to increase the number of psychologists working in integrated health-care settings.

Each of the strategic plan initiatives is designed to be multiyear projects. Their progress will be evaluated and further funding provided on a year-by-year basis.

In other action that is expected to have a long-term impact on the public’s understanding of psychology, the Council adopted a process to ensure the “scientific merit” of all APA motions, resolutions and reports and approved new national standards for the teaching of high school psychology. The new National Standards for High School Psychology Curricula replace the previous standards produced in 2005. The 2011 standards include seven learning domains: (1) scientific inquiry; (2) biopsychology; (3) development and learning; (4) sociocultural context; (5) cognition; (6) individual variations; and (7) applications of psychological science. In addition, the number of standards areas within the document was increased from 15 to 20 and student performance indicators are no longer included in the curricula standards. Newly developed student performance indicators will be provided on-line to allow for a continually evolving assessment resource. The national standards and the performance indicators are available at the revision will be posted online soon at www.apa.org/education/k12/national-standards.aspx.

A work group comprised of board and committee chairs and a member of the Board of Directors developed recommendations for procedural safeguards to ensure scientific merit of APA motions, resolutions and re-

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Approved amending the Association Rules and the Council New Business Item Form to more clearly specify review standards for APA reports and/or policy statements. Reports themselves never constitute APA policy but any policy recommendation emanating from a report, and the reports themselves, must demonstrate a scientific foundation when being considered by the Council. When indicated, all motions and/or reports coming before the Council should reflect the most appropriate and relevant scientific data and literature available.

In other action, the Council:

Approved Guidelines for Forensic Psychology. These guidelines advise psychologists, those specializing in forensic work and others, on their roles and responsibilities when testifying in court or sharing psychological expertise before judicial, legislative and administrative bodies. The guidelines be posted online soon at http://www.apa.org/practice/guidelines/index.aspx

Approved the 2011 class of 124 new APA Fellows.

Reviewed the 2011 budget and a forecast for 2012. APA staff estimate that 2011 will end with an operating margin of approximately $2.8 million on an overall budget of approximately $112 million. For 2012, staff are anticipating no revenue growth and therefore budget controls to ensure a balanced or better-than-balanced budget.

Adopted a resolution directing the APA central office to increase and measure its advocacy of psychology as a science.

Approved changes in the way programming hours at the annual convention are allotted to create a meeting with more thematic and collaborative programming and fewer competing sessions.

Voted to change the eligibility requirements for the life status category of membership. Such a change will require amendments to the Association Bylaws and will therefore be put to a vote of the membership this fall.

From the Editor

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Similarly, I would be remiss if I did not also acknowledge Chris France for his service to our Division. As the Division 38 Newsletter Editor, I have worked closely with Chris to help our Division interface with other similar international organizations. The Health Psychologist will continue to feature these various international organizations thanks to Chris’ vision and support. The current issue includes a segment from the Korean Health Psychological Association which highlights some of the unique challenges this organization faces in addressing the high rate of South Korean suicides as well as other concerns. It has been a true pleasure working with Chris this past year. He has guided our Division well during his tenure. Applause! Applause! Applause!

In this issue, readers will also find the first of our recurring

APA signs memorandum of understanding with Mexican Psychological Society

During APA’s 2011 Annual Convention, APA signed a memorandum of understanding with the Mexican Psychological Society (Sociedad Mexicana de Psicología, or SMP). Through the memorandum, APA and the SMP affirm their similar statutes, goals and vision, and pledge to work together and explore common activities in the service of their members and society. After the signing ceremony, which took place during an APA Board of Directors Meeting, APA and SMP representatives discussed possible collaborative projects, including student exchange, continuing education and education guidelines.

The SMP is the eighth national psychology association that has signed a memorandum of understanding with APA. The others are Australia, Canada, Colombia, Jordan, Norway, South Africa and the United Kingdom.

During the convention meeting, APA also met with delegates from the Norwegian Psychology Association to discuss next steps in implementing the APA-Norwegian Psychology Association memorandum of understanding. The two organizations agreed to plan joint activities on advocacy for psychologists’ involvement in primary care, and on disaster response.
The Korean Health Psychological Association was established as the 8th division of the Korean Psychological Association in 1994. It now represents the 3rd largest organization in the Korean Psychological Association (there are 12 divisions/organizations under the umbrella of the Korean Psychological Association). Its 580+ members (including about 300 associate members) are committed to the advancement of health psychology in Korea. The members are mainly psychologists and psychology students. We hold several ad hoc workshops and meet 3 times a year for conferences. In addition to these major events, small groups of members gather informally to pursue their shared professional interests in areas such as meditation.

The roles of health psychologists in South Korea are comparable to those in the US; Some members see patients/clients in practice, and others conduct research and/or teach in hospitals and universities. However, the roles are also somewhat limited. There are no health psychologists working in hospital departments outside of psychiatry or in the field of applying health psychology knowledge to public health care and policy making.

To expand our professional roles, we utilize online and off-line media to promote public awareness of the scientific relation of psychological factors and physical health and to promote our skills and expertise. We also try to build networks with other groups and associations through conference invitations, co-hosting conferences, and correspondence.

From the Editor, con’t.

pieces on Early Career Professionals (ECPs) in Clinical Health Psychology. I’m delighted to work with Andrea “Annie” Bradford, Ph.D. who will be a regular contributor to this segment. Her first piece appears in this issue and provides a “real life” perspective that so many of us will face, have faced, are facing, and/or will face again in our careers. Thanks, Annie, for coming on board!

For example, in our ongoing effort to collaborate with other similar organizations, our 2011 Spring Conference addressed the extremely important issue of suicide in South Korea. The suicide rate in Korea is the highest of the 30 members of the Organization for Economic Cooperation and Development (OECD). The South Korean suicide rate is triple the OECD average and suicide is the 4th cause of death in Korea. In March, 2011, the South Korean government passed The Law for Suicide Prevention and Promoting Respect for Life in an effort to help lower the suicide rate. In our spring conference (in partnership with Korean Life Line), we presented and exchanged a broad array of ideas and programs on how to lower the suicide rate in South Korea.

Other initiatives in 2011 include a conference co-hosted with the Korean Society for Woman Psychology and invited patients with breast cancer. We offered the patients psychological programs to help manage stress and promote quality of life.

We endeavor to form global relationships with health psychology organizations in other countries. The Korean Health Psychological Association hosted the 2nd Asian Congress of Health Psychology in 2004 and there is an ongoing plan to host another Asian Congress in the near future.

For inquiries or suggestions, please visit our website, www.healthpsy.or.kr and click the menu on the upper side of the homepage, ‘contact in English’ to e-mail us. We welcome any inquiries, ideas, or suggestions that can foster international ties between the Korean Psychological Association and APA Division 38.

Last but not least, I also wanted to extend an open invitation to any of our Division’s members to consider a submission to our newsletter. I would love to hear from you … and others probably would as well! E-mail submissions are gladly accepted at editor-thehealthpsychologist@comcast.net.
Early career health psychologists are positioned to shape the future of our field, yet our voices and unique concerns can easily be overlooked. With the support of The Health Psychologist Editor Lisa Frantsve, Ph.D. and the Division 38 Early Career Professionals Council, I am very excited to present a new column dedicated to the perspectives of health psychologists in the postdoctoral or early career phase. Each column will feature the stories of one or more early career health psychologists who have navigated a career development challenge.

I wanted to open the column with a topic that, though broad, hopefully will resonate with many early career health psychologists. It is no secret that many of us end up in places we never would have dreamed of in graduate school, whether by choice or by other circumstances. The early career period can be an opportune time to shift gears professionally. However, pursuit of a new career direction can also be at odds with needs to rapidly build a reputation, find job security, or grow a program of research. Although mid-career professionals have taught us that it’s never too late to change course, they enjoy one benefit that early career professionals lack – a long record of independence (and, perhaps, less debt).

In the storybook version of early professional development, the newly minted doctoral graduate rides off into the sunset with his or her dissertation, poised to launch a productive career after years of meticulous preparation. I’m sure things do work out that way sometimes. In fact, I know a few early career professionals whose careers have developed more or less along these lines. But I also know plenty of health psychologists whose stories don’t fit that narrative. We as health psychologists often find ourselves in jobs we didn’t know existed during our training.

As much as the early career period represents the first opportunity to apply one’s training, it may also represent the first opportunity to break free of it. Early career professionals sometimes feel the urge to change course, perhaps dramatically. Maybe they are inclined to pursue what once was a tangential academic interest. They may find themselves with the option to take advantage of a promising opportunity in an unfamiliar field. Or perhaps they feel it’s time to shake off the label of being “Dr. So-and-So’s student” in professional circles. If you, too, feel the itch to take your best laid plans in a different direction, you’re in good company.

Kristina Pecora, Psy.D., Clinical Director of Wellspring Journey in Illinois, recently returned to her roots after an early career detour of sorts. After focusing her graduate training on the field of obesity and weight management, Dr. Pecora found herself at a transition point, anxious to answer the question, “Can I stand on my own two feet independently?” Not long thereafter, Dr. Pecora was living halfway across the globe, working with military service members with substance use disorders. Although she was using her clinical training, it was not exactly the job she had prepared for over the years.

Her long-time mentor’s reaction to this sudden shift? Not entirely enthusiastic, admits Dr. Pecora, but, “Like a good father he said, ‘You can always come back.’”

And, in the spirit of keeping her options open, Dr. Pecora took this advice to heart. While overseas, she kept ties with her old professional contacts and remained involved part-time in several projects in the weight management field. Perhaps most importantly, she communicated her broader career goals and aspirations to her former employer and explained her needs for advancement potential and academic collaboration.

Keeping a hand in her original field came at the sacrifice of free time. Eventually, however, when an attractive new opportunity came along at her former organization, Dr. Pecora was able to make a smooth transition on more desirable terms. Although, she says, her heart remained in the weight management field throughout, her detour offered both an adventure and evidence that independent success was achievable even in an unfamiliar field. Today, Dr. Pecora says, she is happy about her choices. She is eager to leverage her new position to develop her interests in the public health aspects of behavioral weight management — another new direction in her professional development.

In today’s highly specialized, niche-oriented profession (Continued on page 14)
sional world, the idea of an early transition into a brand new content area may seem extremely risky. Dr. Pecora observes, “Graduate students frequently become subject matter experts, and then they hesitate to go out on their own or change things up… because they are afraid of how it will affect their careers.” Her advice: “Enjoy the profession and [do not be] so focused on the end point that you don’t get to spread your wings.”

As someone whose short career has already taken a few unexpected turns, Dr. Pecora’s story resonates greatly with me. Although following a steady career course may seem to be the path of least resistance, veering off that course can come with unexpected benefits. Some-times, a new path opens the door to a career never envisioned before. At other times, it may lead the way back home.

The Early Career column will appear in subsequent editions of *The Health Psychologist* and will focus on career development issues among professionals who have received their doctoral degrees within the past 7 years. Your feedback is wanted and appreciated! If you have an idea or suggestion for the column, or would like to share your own career development story, I’d love to hear from you. Feel free to contact me via email (abradford@mdanderson.org) or Twitter (@anniebradford).
Call for Nominations for Awards

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 over 10 years ago); the other goes to a "junior" member (i.e., someone who earned his/her terminal degree within the past 10 years).

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: This award is given by Division 38 in conjunction with the American Psychological Foundation. The award of $3,000 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.

Nathan Perry 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 Nathan Perry Career Service Award) should be sent as e-mail attachments to the Division's Administrative Officer, Barbara Keeton (apadiv38@verizon.net) by March 15th of each year. Nominations received after the deadline may be considered for the following year.

These awards, as well as the Student Research Awards and any special service awards directed by the Awards Committee, are presented at the Division's Annual Business Meeting, held in conjunction with the APA annual convention.
Applications are accepted annually until December 15th (for approval at the APA Convention in the following year). Interested in applying for APA Fellow status for the first time, through Division 38? To apply, you will need:

- An APA Uniform Fellow Application
- A Qualification Checklist for Prospective Applicants for Fellow Status
- A Fellow Status Evaluation Form and A Fellow Status Evaluation Worksheet (three of each needed)
- A list of Division 38 Fellows

The deadline for receipt of all materials by the Division 38 Administrative Office is December 15. 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 in the current year, but will have the opportunity to reapply for Fellow status in the following 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 annual APA Convention (in the year following the deadline). Shortly after the APA Convention, Division 38 will notify new Fellows of their status and send certificates of acknowledgement.

All nominees should complete the APA Uniform Fellow Application (please indicate whether you are applying as an "Initial Fellow" or "Current Fellow" - meaning you currently hold Fellow status in another APA Division). It is also required that each applicant 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 send all materials to the D38 Administrative Officer in an electronic file to: apadiv38@verizon.net by December 15th.

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. Forms are available by clicking on the links above. Forms may be filled out onscreen, then must be printed, scanned, and returned electronically.

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 at apadiv38@verizon.net by December 15th.

Already a Fellow in another APA Division? Simply fill out a Uniform Fellow Application (noting "Current" Fellow status and the Division/s in which you hold Fellow status; endorsers are not needed), prepare a thorough Self-Statement(describing your accomplishments in Health Psychology), and attach a current C.V. Send all materials to apadiv38@verizon.net by December 15th.

Best of luck in your application. Direct questions to: apadiv38@verizon.net.
Division 38 of the American Psychological Association is sponsoring five graduate student awards to support new research. Each award is for $1500. The awards are distributed among the following categories that have the following focus:

**Studies in General Health Psychology (2 Awards):**
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 Health care systems and health policy.

**Research in Child Health Psychology (1 Award):**
Studies addressing one of the topics outlined in the items above under General Psychology directed at a sample comprised primarily or exclusively of children or adolescents. This award is conferred in memory of Lizette Peterson, a former Health Psychology editor and Division 38 member.

**Research Addressing Health Disparities (2 Awards):**
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). 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.

In the event that fewer than 5 proposals are received in the area of child health psychology, relevant applications will be included in the pool for general health psychology research, and an additional award will be conferred in this area. Likewise, if fewer than 10 proposals (but more than 5) are received in the area of health disparities, only one award will be selected from this area, and an additional award will be conferred in general health psychology; if fewer than 5 proposals are received in health disparities, proposals submitted for this award will be included in the general health psychology pool, and two additional awards will be conferred in this area.

**Deadline:**
Proposals will be reviewed on an annual basis and must be received by January 15th in each year, with notification of award made in March.

**Eligibility:**
The award competition is open to full-time students enrolled in any degree conferring-graduate program in psychology. Research awards are typically used to fund students’ thesis or dissertation research, but this is not a requirement of the support mechanism. Students may submit only one award per content area and may not receive more than one award in a given year. Preference will be given to submissions from students who have not previously received this award.

**Research:**
For the purposes of this award, the term “research” is broadly defined as any scholarly endeavor, including but not limited to experiments, correlational studies, qualitative investigations and evaluation research.

**Proposals:**
Although the faculty sponsor may be consulted during the formulation of the proposal, the student should be the author of the proposal and the principal investigator of the research project. Research proposals must include the following information:

1. **Specific Aims** (recommended length .5 page)
   - What are the research goals?
   - What are the specific hypotheses?

2. **Background** (recommended length 1 page)
   - A brief literature review of the area
   - What has past research shown?

(Continued on page 18)
What gaps in the existing literature does this research address?

Methods (recommended length 2 pages)

Inclusion and exclusion criteria

Proposed sample

Measures/instrumentation

Procedures

Data analytic plan

Anticipated limitations

Parts 1 through 3 of the research proposal should not exceed 6 single-spaced pages, including tables and figures. Proposals that exceed the 6-page limit will not be reviewed.

References:
Style for the proposal must conform to the guidelines for a Public Health Service Grant (i.e., National Institutes of Health) application. Instructions and forms are available at: http://grants.nih.gov/grants/funding/phs398/phs398.html. Please adhere to guidelines for font and margin size.

Applications that do not follow these guidelines will be excluded from consideration.

Submission:
Award submissions should be submitted via email (see below) and must be received by January 15th in any given year. All pieces of the application must be contained within a single document for ease of distribution to reviewers. It is preferable for the reviewers, and probably easiest for the applicant if the single document is in .pdf format. The name of the file should be the student’s last name, e.g., smith.pdf Each submission should include:

1. A cover letter that indicates the award to which you are applying, and how the research addresses the topical area of general health psychology, child health psychology, or health disparities/ethnic minority health. Please note that the committee will make the final decision regarding the most appropriate category for the award.

2. A proposal title/cover page, that includes the project title, your name, title, affiliation, and contact information (email address, postal address, fax (if available), and phone), and the faculty sponsor’s name, title, affiliation, and email address.

3. The proposal, as described above.

4. Biographical sketch for the student (follow NIH biosketch guidelines).

5. A letter of recommendation from the faculty sponsor. The letter should verify that the proposed research is the student’s project and that the student will function as the principal investigator. Note that faculty mentors may email their recommendation letters directly, and separate from the student’s proposal and other materials, if preferred; please include applicant’s name in subject line.

Email student research award applications to apadiv38.studentawards@gmail.com.

Review:
Proposals will be reviewed by members of the Division 38 Research Committee. Students will receive comments regarding their proposal and the outcome of the review process.

Research Report:
Each student receiving an award will be required to submit a report to the Research Committee by September 1 of the year following the award. The report should be limited to 2 single-spaced pages and should include a description of the results and a plan for presenting or publishing the results. In addition, we would appreciate the opportunity to post any final presentations, abstracts, or papers on the Division 38 website.

Inquiries:
For further information, please email apadiv38.studentawards@gmail.com.
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Help Save the Post Office!

On October 31, APA sent your apportionment ballot via US Mail (third-class). By November 20, Full and Fellow members should have a ballot in hand. (Note: If you did not get your ballot, send an email to: gcoad@apa.org to request a replacement.) All you have to do is “apportion” up to 10 points for Division 38 and mail it back by December 15th, 2011. Since this may be the very last time apportionment ballots are sent via mail (APA plans to switch to electronic balloting as soon as possible) – Please return your ballot this year!

In addition to supporting mail carriers around the country, your apportionment votes help Division 38 hold (and possibly expand) our representation on APA Council – and every vote really does count! Division 38 representation on Council keeps the voice of Health Psychology in the forefront of APA policy and gives health psychologists a stronger role in setting policy. Please return your ballot today!