

Official Newsletter of the American Psychological Association,
Division 38

The Health Psychologist

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Inclusion and Engagement

Kevin S. Masters, PhD
Division 38 President



I'm sure some of you remember those good ole days when I was newsletter editor and you had to suffer through my column and picture in each issue of *the Health Psychologist*. No, you aren't in a time warp, so relax, this is a much more limited stint (only three columns over the course of the next year). Practice your mindfulness and it will pass in a flash . . . or just ignore these columns and move into the good stuff in each issue!

There is plenty there to inform you about the Division's activities and help you find ways that the Division can work for you and you can work for the Division.

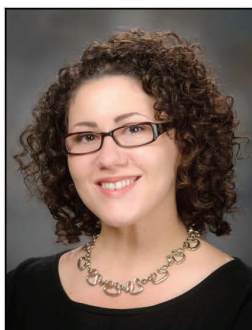
A win-win in my book!

This is the first issue of *the Health Psychologist* to go completely electronic. E-versions have been posted on the Division website for a number of years, but now we have taken the leap and *only* the e-version exists; unless, of course, you choose to print a copy for yourself. I admit that there is some irony in the newsletter going completely electronic at the commencement of my presidency because I have been a

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From the Editor's Desk

Andrea Bradford, PhD
Editor, *The Health Psychologist*



It is with great enthusiasm that I begin my tenure as editor of *The Health Psychologist* this fall. With the enormous support I have received from previous editor **Lisa Franstve**, Publica-

tions and Communications Council Chair **Alex Rothman**, and Division 38 President **Kevin Masters** and Past-President **Annette Stanton**, I look forward to my role in helping Division 38 members stay connected to news and events of relevance to health psychologists. This is the first issue to be distributed entirely in electronic format, and you can expect further evolution

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President's Column, *continued*

lukewarm, at best, supporter of the exclusive electronic newsletter movement. I am fully (believe me, quite fully) aware of the “dinosaur” on the one hand, and “everybody’s doing it” on the other hand, arguments. And sure, it does save us a couple of bucks three times per year to not have to print and mail a paper copy out to everyone. I get it; sort of. But I must admit that I really like my paper version. I particularly like the APA Convention issue. It guides me quite nicely through the Convention. I simply pick up that little paper copy, make a few notes on it, and I know exactly what D38 is offering at the Convention. I don’t have to do anything else. There it is, just waiting to inform me. No moving it into my e-schedule and trying to make sure the time changes are correct or anything else; just perfect. But apart from that once/year issue (which, by the way, I plan to lobby someone to see if we can still get a paper copy of the APA D38 schedule) I find other benefits to the hard copy. I can actually read it without taking my glasses off and squinting (compare with iPhone); it weighs virtually nothing (compare with laptop); if I drop it on a hard surface it doesn’t break (compare with all e-devices); no one has, throughout history, ever mugged anyone wanting their D38 newsletter so they can resell it on the black market. When I have to turn off all of my electronic devices (that’s anything with an on and off switch as we are constantly reminded!) there is my trusty newsletter just waiting to be read. Oh, darn it, I forgot to recharge my battery – no worries, I have my paper copy – no battery required! It can sometimes get blown away in a strong gust of wind but fortunately I have a rule about not reading during wind storms, so no problem for me. Really quite a trusty, dependable, no effort source of information. But alas, it has gone the way of – well, OK I’ll say it - the dinosaur. So my old paper buddy, I bid you a very fond farewell. Thanks for serving us so well for these many years.

But on to the future. Though this first issue will seem very much like a paper issue that happens to be on a screen, Annie Bradford and the folks involved in production of the newsletter have exciting plans for how to grow it over time so that it truly does take advantage of all that an electronic version can offer. This will take time to develop, after all we are psychologists not publishers, so I ask for patience from all. Nevertheless, we will get there and I think we will all be exceedingly pleased at the new product as it continues to evolve. Though I mourn the loss of my old buddy, I am very excited to meet this new friend and develop a fresh warm and cozy relationship. It

will be fun. If you have ideas for what works and what doesn’t in electronic versions, I’m sure Annie and her colleagues on the Publications Committee will be happy to entertain your ideas. Frankly, I’m excited to see what can be done. Dinosaurs like me rarely get the opportunity for resurrection, but here it is! Can’t wait.

Inclusion and Engagement

The theme that I have decided upon to guide this year is “Inclusion and Engagement.” This is really an obvious extension of what several previous presidents have done as they have led the Division to be much more inclusive, engaged, and active. With my presidency I want to highlight this rather obvious trend and make sure we keep the momentum building. Those of you who were in attendance in Honolulu heard me say, only somewhat jokingly, that my goal was to “not screw it up.” In many ways, that is really true. Because the leadership has been so terrific over the last several presidencies, really, if I don’t screw it up and keep it going I’ll be a great president!

Nevertheless, you may wonder what I mean when I say inclusion and engagement; what do I have in mind? I want us to be *inclusive* in the sense that folks not only intellectually understand that they are welcomed in D38, but they *feel* welcomed as well. I encourage all of us in leadership positions to be constantly alert to new talent and individuals who want to join the group and contribute. This may sometimes mean extending an offer to join a committee or council to a new person that may be a little unknown to you. But the only way we can be inclusive, grow, and remain vibrant is to continually grow and invest in our new talent – both young and a bit more mature. There are many ways to operationalize inclusion and I’m sure if you take a minute you can think of a number that apply to your sphere of influence or work in the Division. I was struck by Past-President Annette Stanton’s story that appeared on the web during her presidency, about her memory of her first D38 social hour. She noted that the ‘luminaries’ of the field appeared to be having a great time, but Annette only lasted 20 minutes. I had that same experience. It was a social hour at another professional organization where I don’t think I lasted 20 minutes. Like Annette, I now enjoy the social hours immensely. But that didn’t happen overnight and I remember that after my first couple experiences I won-

President's Column, *continued*

dered if I should bother going back. *We don't want anyone to feel that way in D38!* So I challenge those of us who know each other very well to go out of our way, at all of our meetings and in our other forms of communication, to make the newer members feel welcome. No one should be able to come into a social hour, stand with a drink, and leave. Not allowed! You are going to be *included* and become one of us. Soon you'll be looking for the door for a different reason, i.e., "It's late, I really do need to get somewhere else!"

Engagement takes inclusion to the next level, both for individuals and for the division itself. It is one thing to be included, that is the first step; it is another to be *engaged*. I want our new and less active members to not only feel included but also become engaged and use their talents for the betterment of the Division and health psychology. That is crucial. But when I think of engagement, I am also thinking at the level of the Division. Are we as a division engaged where we need to be and, correspondingly, not engaged where our interests are not at stake? This is always a difficult question. Realistically, we can only be seriously involved on a limited number of fronts and yet we don't want to miss any where our voice needs to be heard.

For example, the APA and other groups have been using language that refers to practicing psychologists as "health service psychologists." Though they aren't specifically called health psychologists, the nomenclature is similar enough to perhaps be confusing. What role should D38 play in this and similar issues? What are the unique characteristics of health psychology and what are the best ways to make these unique aspects known while still advancing health care and our profession in general but also helping others understand the distinctive training and talents of health psychologists? This is an example of one of many areas where our engagement will be tested.

Fortunately we have many extremely devoted and talented individuals that are already engaged at many levels with this and a variety of other important issues. We definitely need them to remain at their posts and we need to continually bring in new talent to provide support and leadership. Admittedly, inclusion and engagement may not provide the framework for a bold new vision for the year, but I do believe it gets to the heart of what is important and valuable about our Division.

Inclusion and Engagement at the 2014 Convention

It was with these ideas of inclusion and engagement in mind that I picked my theme for the APA Convention that will be in Washington DC (August 7-10, 2014). The topical theme for the convention will be the Metabolic Syndrome.

How does this map onto a framework of inclusion and engagement? As you know, the metabolic syndrome comprises a group of factors that increase risk for various diseases including most prominently heart disease (the nation's leading cause of mortality), diabetes, and stroke among others. The key risk factors often cited in metabolic syndrome are abdominal adiposity, hypercholesterolemia, low HDL cholesterol, hypertension, and high fasting blood glucose. These risk factors are in turn predicted by obesity and overweight, sedentary lifestyle, smoking, unhealthy diet, and genetic contributions. As you can see, this is a very inclusive list of diseases, physiological characteristics, and behaviors; one that *includes* much of the terrain of health psychology.

The theme of inclusion also extends to an invitation for our first featured international speaker at APA. Dr. Jane Wardle from the University College London Department of Epidemiology and Public Health in the United Kingdom (<http://www.ucl.ac.uk/hbrc/diet/wardlej.html>) has accepted our invitation and will be delivering a Distinguished International Invited Address at the Convention.

Invited Addresses will also be delivered by James A. Blumenthal of Duke University Medical Center, Timothy W. Smith from the University of Utah, and Dawn K. Wilson from the University of South Carolina and current President of the Society of Behavioral Medicine. More information about these addresses as well as other information regarding programming and events at the Convention will be presented throughout the year. Program Chair Rick LaCaille of the University of Minnesota Duluth is hard at work developing the program which promises to be one of the best ever.

It is an honor to serve as the President of Division 38. I hope as this year passes I will have the chance to meet many of you and that, together, we will find new and better ways to include our colleagues and engage the profession and world for the betterment of all.

~ksm

From the Editor's Desk (*continued from page 1*)

in the look and feel of future issues. My top priority as editor is to make this transition as smooth and as responsive to the needs of Division 38 members as possible.

For those of us in academic settings, fall is a season of beginnings - new students, colleagues, courses, committee assignments – set to the familiar rhythms of the academic calendar. As I have come to find a professional home within Division 38, I have also become attuned to the concurrent rhythms of APA. Nearly two swift years have passed since I met then-incoming Division 38 President **Annette Stanton**, whose confidence in the potential of early career psychologists (ECPs) has already substantially influenced my investment and involvement in APA. Now, with her presidential term having recently concluded, I am looking forward to working with our new division President **Kevin Masters**, President-Elect **Kim Dixon**, and the Board of Directors to communicate new initiatives and priorities for the division.

It may come as a surprise that an ECP like myself already misses my familiar print copy of *The Health Psychologist*. As the hills and valleys of books and papers in my office would suggest, I stand proudly with the “dinosaurs” who honor the printed word on a physical page. At the same time, there is a strong argument to be made that we are due for a change – not change for change's sake, but change that enables us to take advantage of the same technologies that already facilitate our communications and research. I am eager to work with Division 38 leadership to bring *The Health Psychologist* fully into the digital age.

Why change? Opinions on this point will vary, but two issues stand out strongly in my mind. One regrettable aspect of the print-only format is that the accomplishments and milestones of Division 38 members, so well chronicled in the pages of this newsletter, are easily lost to the file drawer (or the recycle bin). Even Google, for all its power, will not be able to find them. Thus, the history of our division is, in a sense, partially missing from the world's largest archive.

Another missed opportunity lies in the *type* of content we can provide in a print-only format. Audio, video, and interactive content can potentially bring a feature article to life. (For what it's worth, I held back from proposing my original idea to adopt a *Harry Potter*-style broadsheet with 3-D videos flashing across its pages.) I would like very much to hear from you about the content and features that you would like to see in future issues of *The Health Psychologist*.

On a parting note, the theme of new beginnings has special relevance to me this season. As I glance down at my newborn son, silently asking that he extend his naptime just a few more minutes, I feel an overwhelming sense of gratitude for the personal and professional doors opening before me. My heartfelt thanks go to **Barbara Keeton** for her work to maintain the continuity of this newsletter in the midst of so many changes. In the meantime, I encourage you to write with your feedback and suggestions using the new email address I have set up for correspondence: thehealthpsychologist@gmail.com. I look forward to hearing from you!

Call for Nominations

Division 38 invites nominations for the offices of **President-Elect**, **Treasurer**, **Member-at-Large**, and **APA Council Representative**.

Nominees are asked to provide a brief statement of interest, including relevant goals/interests (up to 250 words), as well as a current CV. Self-nominations are welcome.

Elected members will take office immediately after the APA convention in Washington, DC, in August, 2014. Please send your nominations to apadiv38@verizon.net by **January 10, 2014**.

For more information, contact the Division 38 office at apadiv38@verizon.net.

At the APA Convention in Hawaii . . . representing “Foundations to Future”:
Ted Robles, Tim Smith, Linda Gallo, Karen Matthews, & Annette Stanton ...



. . . and - believe it or not - the **actual view** from the Division 38 Social Event at the Outrigger Canoe Club! Join us in 2014 for another great event . . .

From the Student Council Representatives

Stephanie Hooker, Chair
Megan Grigsby, Chair-Elect
Patricia Moreno, Past Chair

The Student Council has had a very productive year!

At the 2013 APA Convention in Hawaii, we hosted two events: a symposium titled “Fostering Effective Mentorship across Graduate School, Internship, and Post-Doctoral Training” and the annual Training Directors Meet and Greet. Both events were very well attended. We would like to thank our presenters, Dr. **Tim Smith** from the University of Utah, Dr. **Justin Nash** from Brown University, and Dr. **Karen Matthews** from the University of Pittsburgh for the words of wisdom they provided regarding mentorship across all levels of training. Additionally, we would like to thank all the training directors who attended the Meet and Greet, and we look forward to seeing them again next year!

Our three committees, Membership, Communication, and Diversity, have also been very busy this year.

Our Membership Committee has developed a survey to help the Division gather more information about student members’ needs. This survey was recently sent out to all students, so please look for it in your email and give us feedback! Additionally, our Membership Committee has drafted a list of benefits of being a student member of Division 38 and is reaching out to students whose memberships have lapsed to remind them to renew.

Our Diversity Committee is currently writing a report from the panels they held at the 2012 annual meetings of the Society of Behavioral Medicine and APA regarding diversity issues in health psychology.

Our Communication Committee worked with the Division 38 Social Media Committee to update the Division’s Facebook and Twitter accounts. We also posted several student resources on the Division 38 website regarding funding, loan repayment, and grant writing.

A few of our Student Council members’ terms have ended, so we would like to thank them all for the time and work they devoted to the Division 38 Student Council. Thank you to **Ali Yurasek** (Communication), **Greer Raggio** (Communication), **Stephanie Leung** (Membership), and **Luz Garcini** (Past Student Council Chair)! This fall, Student Council will be adding new members to add to our committees. Please look for listserv announcements about new ways to get involved in D38 Student activities.

In order to stay connected, be sure to “like” Division 38 on Facebook ([facebook.com/APADiv38](https://www.facebook.com/APADiv38)) and follow us on Twitter (@APADivision38). As always, we welcome your ideas and suggestions - email us at:

div38studentreps@gmail.com

Early Career Professionals Corner:

Branding and Marketing in Private Practice - What to Do and How to Do It

Vaneeta Sandhu, PsyD

In November 2012, an article published in the *New York Times* entitled, "What Brand Is Your Therapist?"¹ by Lori Gottlieb, exposed what many in our field already knew: setting up a private practice is challenging and competitive. With the climate of the economy (and, depending on your geographical location, the number of practicing mental health clinicians), there is a competitive market for clients.

Psychologists have turned to the Internet to market themselves through social media sites such as Facebook, Twitter, and LinkedIn, blogs, and professional websites. The real question is: how do you make yourself stand out? In a time when many psychologists have created a marketing space in the aforementioned venues, how do you not get lost in the crowd? You can only successfully market yourself if you know what "brand of yourself" you are marketing, an argument supported in the *New York Times* article.

As many of us working in healthcare settings have learned, when we feel connected to patients and patients feel connected to us, consultation and/or treatment tends to be much more effective. Learning how to connect in a brief period of time is a unique skill not all psychologists hold, but that health psychologists are challenged to display on a daily basis. Showing off this unique skill via marketing materials such as a website or social media site can be challenging but, if done successfully, can increase your demand.

The first step is developing your professional identity. In some ways, this feels much like adolescence when, as early career psychologists, we are trying to figure out who we are and where we fit. The pressure to decide is immense and feels urgent, and everyone in your personal

and professional network has an opinion. Again, this is not foreign to health psychologists; the ability to communicate our identity in a field where we work as part of multidisciplinary teams is essential.

Secondly, address how to communicate to the public and professional networks your identity and expertise. Personally, I am considering setting up a website to increase the frequency of consultations I conduct. Most professional websites include a biography or curriculum vitae, research/clinical interests, areas of expertise, links to resources, and contact information. It is important to make your website accessible to both professionals and the public, so the language used must be considered carefully. Sometimes I wonder if business cards will soon be obsolete, and we will all just be bookmarking personal websites as the exchange of information. Ultimately, I receive mixed opinions on the use of websites: some individuals report it increased their business, while others note it has only minimally helped.

Finally, I want to acknowledge the culture shift this is asking for. We certainly are not trained on how to create a business, much less a successful one. I understand this is an approach that some professionals will not want to consider.

Throughout all suggestions from supervisors, mentors, authors, and colleagues, there is always one resounding theme in what continues to prove effective: networking.

As I learned years ago, it is not *what* you know, but *who knows* what you know. With that, I urge you to become involved in Division 38 and the Early Career Professionals Council (ECPC).

¹ <http://www.nytimes.com/2012/11/25/magazine/psychotherapys-image-problem-pushes-some-therapists-to-become-brands.html?pagewanted=all&r=0>

From the author: I am interested in hearing about how ECPs are marketing themselves, including their use of professional websites, blogs, and/or social media. If you would like to share your experiences, please send an email to Dr. Vaneeta Sandhu (vaneeta.sandhu@gmail.com).

Graduate Student Research Awards Program

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 in the following three categories.

STUDIES IN GENERAL HEALTH PSYCHOLOGY - 2 AWARDS

Understanding the etiology, promotion and maintenance of health; Prevention, diagnosis, treatment and rehabilitation of physical illness; 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 15 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. *To be eligible to receive the award, students must be current members of Division 38.* 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:

- a) Specific Aims (recommended length .5 page): what are the research goals? what are the specific hypotheses?
- b) Background (recommended length 1 page): brief literature review of the area; what has past research shown? what gaps in the existing literature does this research address?
- c) Methods (recommended length 2 pages): inclusion and exclusion criteria; proposed sample; measures/instrumentation; procedures; data analytic plan; anticipated limitations

Parts A through C 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.

d) 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:

A cover letter that indicates *you are a member of Division 38*, 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.

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.

A detailed budget explaining how the funds will be used (e.g., paying participants, purchasing equipment, etc.). The use of the funds to attend a conference (e.g., travel money for student investigator) is not considered an appropriate use of this potential funding. Funding for student travel is provided by Division 38 to the three highest rated student submissions to the APA annual convention.

The proposal, as described above.

Biographical sketch for the student (follow [NIH biosketch guidelines](#)).

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 web site. Each student receiving an award will be required to submit a report to the Research Committee by *May 1st* of the year following the award.

INQUIRIES

For further information, please email apadiv38.studentawards@gmail.com.

APA Governance News from August, 2013 Council of Representatives Meetings

Rhea K. Farberman
Executive Editor, *APA Monitor on Psychology*

APA's Council Takes Historic Action

At its meeting during APA's Annual Convention July 31-Aug. 4, the Council of Representatives took historic action in two areas: adopting measures to promote quality in multiple levels of psychology education, and revising certain elements of APA governance to make it more effective.

Good Governance Project

Following a three year period of assessment, research and engagement with members, the council voted to approve most of the changes recommended by the association's Good Governance Project. The project was formed to increase the alignment of the association's governance with APA's strategic plan, to enhance nimbleness of governance and to increase member engagement.

The changes endorsed by council will focus its time and expertise on the mission-focused issues that confront the discipline, according to GGP project leaders.

"What's exciting about these changes is the way in which they will allow council to devote more, if not all of its time, to issues that members are most concerned about, such as research funding, psychology's role in integrated health care and the future of psychology education," said APA President Donald N. Bersoff, PhD, JD. "In essence, these changes will allow council to be more proactive about the issues and opportunities emerging within the discipline and what APA should do to address those issues," Bersoff said.

The changes endorsed by the Council call for:

- Enhancing the use of technology to expand communication among governance members and between governance and the general membership.
- Developing a program that would create a new pipeline for leadership in APA governance.
- Creating a triage system that would enable governance to work efficiently and nimbly on new issues, without duplicative efforts.

- Expanding the Council's scope to focus on directing and informing major policy issues and ensuring policy is aligned with APA's mission and strategic plan.
- Delegating responsibility for budget and internal policy matters to APA's Board of Directors for a three-year trial period.
- Changing the composition of APA's Board of Directors to be more representative of APA's membership. The Board would include six members-at-large elected by and drawn from the membership, with the candidates selected based on a needs assessment following an open nominations process.

Council also voted that a substantive change in its structure is needed to improve the body's effectiveness and asked that an implementation work group be appointed to further develop two proposed change models in addition to other implementation issues. One model calls for modifying the current constituent-based model by providing one unit/one vote for each division and state, provincial, territorial psychological association (SPTAs) and adding seats for other perspective groups/affiliated organizations; the other model would include some elements from the first model, including one unit/one vote for divisions and SPTAs, and may add disciplinary/mission based seats (e.g., education, science, public interest practice and health) and diversity representatives (such as ethnic-minority psychological associations, early career psychologists, members of the American Association of Graduate Students). Both models would result in a smaller Council. Currently, the council has 162 members from divisions and SPTAs, plus members of the Board of Directors. It is anticipated that the new structure would include 134 to 140 members, not including the Board of Directors. The working group, which will be appointed by the APA president, is charged with developing an implementation plan for each of the motions approved by the council, in addition to further developing the two proposals to change the council's structure. The working group will begin to share its recommendations with council at its February meeting.

Any changes to the Board of Directors or Council's structure must be approved by the membership through a by-

APA Governance News, *continued*

laws amendment. The bylaw ballot is expected to be sent to members for a vote next year, once the council has given any approval for structural changes. The other changes approved by the council do not require a bylaws change.

Quality in Psychology Education

In the realm of education, the council adopted three measures to strengthen psychology teaching and training across the continuum of psychology education. At the undergraduate level, council adopted revised guidelines for the psychology major, updating those APA adopted in 2006. The new guidelines build on the success of the original set, but now include new teaching tools as well as student learning and benchmarking measures.

At the graduate level, the council adopted a resolution on accreditation for programs that prepare psychologists to provide health services. The APA policy now states that to practice as an independent health service psychologist, candidates must graduate from an APA/Canadian Psychological Association accredited doctoral program and internship or programs accredited by an accrediting body that is recognized by the U.S. Secretary of Education for the accreditation of education and training programs that prepare students for entry into professional practice. The resolution gives unaccredited graduate programs five years to become accredited and seven years for internship programs to gain accreditation. (This policy will not impact students currently in the pipeline and allows for grandparenting of those graduates from unaccredited programs who are now licensed providers.)

“Accreditation is the process by which health professions ensure quality in education and training for students and the public,” said Cynthia Belar, PhD, APA Executive Director of Education. “This requirement puts psychology on the same plane as other health provider professions and adds to psychology’s credibility within the health-care marketplace.” At the professional development and continuing education level, the council adopted a resolution that details and codifies quality standards, including a call for evidence based continuing-education methods and program content.

Psychologists’ work in national security settings

Also during the meeting, the council adopted a resolution that reconciles APA’s policies against torture and other

forms of cruel, inhuman or degrading treatment or punishment and those related to psychologists’ work in national security settings.

The new APA resolution does not create new policy but makes existing policy in the area more internally consistent and comprehensive. This reconciled policy rescinds of report of the APA Presidential Task Force on Psychological Ethics and National Security (PENS) and retains the Association’s 2006 policy concerning torture and the 2008 member petition on psychologists’ work in national security settings.

“APA’s policies in this area and the reconciled policy document are all grounded in the principle that torture is always a violation of human rights and a violation of the APA Ethics Code,” said Kathleen Dockett, EdD, one of five members of the member-initiated task force that created the consolidated document.

In other action, the Council:

- Recognized sleep psychology and police and public safety psychology as specialties in professional psychology.
- Approved continuing recognition of counseling psychology and school psychology as specialties in professional psychology.
- Recognition of biofeedback: applied psychophysiology as a proficiency in professional psychology was extended for a period of one year.
- Recognition of clinical psychology as a specialty in professional psychology was extended for a one-year period.
- Adopted guidelines for the practice of telepsychology.
- Adopted revised standards for educational and psychological testing.
- Adopted guidelines for psychological practice with older adults.
- Adopted a resolution on Counseling in HIV testing programs.
- Approved a 2014 budget plan including a spring revenue estimate of \$111 million as outlined to serve as the revenue framework for the development of the 2014 Budget.
- Elected 146 APA members to fellow status.

Also during the meeting, the Raymond D. Fowler Award for Outstanding Contributions to APA was awarded to Diane Halpern, PhD.

The Fowler award is given annually to recognize a member who has had a significant and enduring impact on APA and its mission.

2013 Division 38 Fellows

At the recent Membership Meeting, held during the APA Convention in Hawaii, the Health Psychology Fellows Committee, chaired by Dr. Charles Emery, recognized the following members as Fellows in Division 38.

New APA/Division 38 Fellows

Jeffrey L. Goodie, PhD

Assistant Professor, Departments of Family Medicine and of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences

Dr. Goodie is distinguished as a leader in integration of behavioral health care into primary care settings. He is a co-author of the 2009 APA book *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention*, and he is Associate Editor of two journals relevant to behavioral intervention and primary care (*Journal of Clinical Psychology in Medical Settings*; and *Translational Behavioral Medicine: Practice, Policy, Research*). Dr. Goodie has co-authored 27 papers, as well as 14 book chapters, and he has co-produced three audio recordings on facilitating health behavior change for the American Academy of Family Physicians. During the past four years, Dr. Goodie has served as Health Policy Analyst for the Department of Health and Human Services, including advising on behavioral and mental health consequences of public health threats and emergencies. Dr. Goodie is an examiner for the American Board of Professional Psychology (ABPP) in Clinical Health Psychology.

Laura Kubzansky, PhD

Associate Professor of Public Health
Harvard University

Dr. Kubzansky is a highly-regarded investigator evaluating social determinants of health, with visible contributions in both Health Psychology and Social Epidemiology. She has conducted seminal studies linking psychological factors to disease-related biological processes, and she is one of the leading researchers identifying pathways linking social exposures to health outcomes. She has published 89 papers, and has given 22 invited papers at national and international conferences. Much of her research centers on studies demonstrating that anger, anxiety, and depression influence the development of coronary heart disease and other chronic diseases. In addition, her research has focused on components of resilience re-

lated to health and she has demonstrated the important role of positive emotions in addition to negative states. She received the Templeton Positive Psychology Prize in 2002. Dr. Kubzansky has served as an advisor to the Centers for Disease Control in recommending national objectives in well-being for Healthy People 2020.

Maria M. Llabre, PhD

Professor of Psychology
University of Miami

Dr. Llabre is a distinguished scholar whose psychometric work has contributed to increased awareness of measurement problems in areas related to health psychology, especially cardiovascular behavioral medicine but also neurology, HIV, and diabetes. She has been especially active in the area of quantification of cardiovascular reactivity and blood pressure reactivity. In addition, she has conducted studies of war-trauma among children in the Middle East. Dr. Llabre has published 80 peer-reviewed papers in prominent health psychology outlets (e.g., *Psychosomatic Medicine*, *Psychophysiology*, *Health Psychology*, *Annals of Behavioral Medicine*) as well as 12 book chapters. She has given invited workshops on quantitative methods at national and international meetings (e.g., American Psychosomatic Society, International Congress of Behavioral Medicine), and she is currently the Statistics Editor of *Psychosomatic Medicine*. Dr. Llabre also has been an outstanding mentor of graduate students, having chaired 22 theses or dissertations, and having served on more than 130 doctoral committees.

Maureen Lyon, PhD

Clinical Health Psychologist, Children's National Medical Center and Associate Research Professor of Pediatrics
George Washington University School of Medicine

Dr. Lyon is a leader in the field of pediatric advance care planning, and is the first researcher to study advance care planning among adolescents with HIV in a randomized controlled clinical trial. She has developed an innovative family-centered intervention program to provide adolescents input into decision-making about their own end-of-life care. Dr. Lyon is currently PI on two five-year NIH grants examining longitudinal palliative care in adolescents with HIV/AIDS and adults with HIV/AIDS. She has 35 peer-reviewed publications in pediatric and palliative care journals, as well as a dozen invited chapters and papers. She serves as an examiner for the American

2013 Division 38 Fellows, *continued*

Board of Professional Psychology in health psychology. Dr. Lyon served as Chair of the APA ad hoc Committee on AIDS and Psychology (COPA) in 2004. She has provided mentorship to more than 10 doctoral students and has received past awards for her teaching from the Department of Psychology at American University.

New Division 38 Fellows

Lee Cohen, PhD (*also Fellow, Division 2*)
Professor and Chair, Department of Psychology
Texas Tech University

Dr. Cohen has published 40 peer-reviewed papers exploring behavioral, cognitive, and physiological mechanisms that contribute to nicotine use, withdrawal and dependence. In particular, he has identified healthy alternative behaviors to compliment current smoking cessation efforts as well as examined individual differences that may maintain tobacco use, including personality traits, emotion regulation, and affective states such as depression and anxiety. His research program has been funded by NIH and NSF, as well as state and corporate sources. He was the lead editor of *The Health Psychology Handbook: Practical Issues for the Behavioral Medicine Specialist*, published by Sage in 2003; and he has developed popular undergraduate and graduate course offerings in Health Psychology at Texas Tech. Dr. Cohen served on the Training Committee for the Society for Research on Nicotine and Tobacco (SRNT) from 2002 – 2010, and he served as a reviewer for the Texas Minority Health Research and Education Grant Program from 2001-2010.

Mary Ann Hoffman, PhD (*also Fellow, Division 17*)
Professor of Counseling Psychology
University of Maryland

Dr. Hoffman has authored over 50 publications, with a number publications and presentations addressing health interventions in a counseling setting, including a book on counseling patients with HIV, published by Guilford in 1997. Dr. Hoffman is program director of the APA-accredited training program in Counseling Psychology at the University of Maryland, where she has promoted integration of health psychology into the training program. At Maryland, she has mentored more than 40 doctoral students many of whom have pursued health-related dissertation research as well as careers in health psychology teaching, research, and clinical work. She was the recent

recipient of the Dorothy Booz Black Award (Division 17) for outstanding achievement in health counseling psychology. She is currently on the editorial board of *The Counseling Psychologist* where she utilizes her expertise in managing manuscripts on health-related topics. In her own clinical practice, Dr. Hoffman provides counseling to patients with health concerns such as cancer and autoimmune disorders.

Karen Hooker, PhD (*also Fellow, Division 20*)
Professor of Human Development and Family Studies and
Director, Center for Healthy Aging Research
Oregon State University

Dr. Hooker is Founding Director of the Center for Healthy Aging Research at Oregon State University and Co-Director of the School of Social and Behavioral Health Sciences in the College of Public Health and Human Sciences. Her research program addresses the influence of personality development on mental and physical health in later life. She has published approximately 50 peer-reviewed papers and 25 chapters, and she is PI for a multi-million dollar graduate training grant from NSF supporting the study of family environment and aging. Dr. Hooker has served as a regular panel member for NIA (Behavior and Sociology of Aging Review; and Special Emphasis Panel: Small Grant Review in Sociology and Psychology) and she has been a Scientific Consultant for the NIH Minority Biomedical Research Support Review Committee and the NIH Special Emphasis panel on Managing Symptoms of Alzheimer's Disease. She is on the editorial board of *Psychology and Aging*, and *Journal of Gerontology: Psychological Sciences*.

Nadine Kaslow, PhD (*also Fellow, Divisions 12, 29, 35, 39, 43, 53, 54*)
Professor, Department of Psychiatry and Behavioral Sciences
Emory University School of Medicine

Dr. Kaslow has published more than 200 peer-reviewed papers, as well as 71 book chapters, and three edited books. Her research program addresses an array of topics, including psychological aspects of sickle cell disease, cancer, and diabetes among young adults, and family psychoeducation for youth with sickle cell disease. Her research program has been funded by NIH, the March of Dimes Foundation, and the Emory Medical Care Foundation, and she has served on the editorial board of *Journal of Pediatric Psychology*. As Chief Psychologist at Grady

2013 Division 38 Fellows, *continued*

Health System, Dr. Kaslow supervises interns and post-doctoral residents on the pediatric consultation liaison service and the pain management service. Dr. Kaslow's service to APA and to the profession has been outstanding and includes: Board of Directors of the Association of Psychology Postdoctoral and Internship Centers (APPIC) from 1996-2002; Chair of APPIC Board from 1998-2002; past-President of three APA divisions (43, 12, 29); and current President-Elect of APA.

Susan McDaniel, PhD (*also Fellow, Divisions 1, 12, 29, 43, 51*)

Distinguished Professor of Families & Health, Department of Psychiatry, and Associate Chair, Department of Family Medicine, University of Rochester Medical Center

Dr. McDaniel has published more than 80 journal articles and numerous book chapters. Her research program addresses psychological and behavioral aspects of primary care in medical settings. She is co-author of the APA book *Medical Family Therapy*, as well as *Primary Care Psychology, Family-oriented Primary Care*, and 10 other books. She was co-editor of the journal *Families, Systems & Health* for 12 years. Dr. McDaniel has received numerous awards for her mentoring of medical students, and she has served on national and international advisory boards addressing primary care as well as marriage and family therapy. Dr. McDaniel has made noteworthy contributions to APA in recent years including: Chair of Publications & Communications Board; member of Council of Representatives, and President of the Society for Family Psychology. She is currently serving on the APA Board of Directors. She is also currently on the Board of the Collaborative Family Healthcare Association.

Kenneth P. Tercyak, PhD (*also Fellow, Division 54*)

Associate Professor, Departments of Oncology and Pediatrics Georgetown University School of Medicine

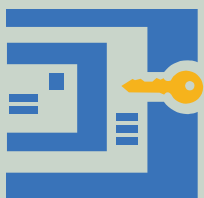
Dr. Tercyak has published more than 80 scientific reports in high quality journals addressing biobehavioral aspects of cancer and tobacco risk reduction as well as outcomes

that are pertinent to the health and well-being of children and families. He is one of relatively few health psychologists working in public health genetics, and has written a chapter on genetics and genetic testing for the most recent edition of the *Handbook of Pediatric Psychology*. He also published a professional handbook on the behavioral implications of human genetic discoveries for children and families as part of Springer's *Issues in Clinical Child Psychology* series. He currently leads a health behavior research laboratory that serves as a training ground for students, fellows, and faculty colleagues, and he has been a research mentor to many individuals who have established careers in psychology, medicine, nursing, and public health. He currently serves as an Associate Editor of *Health Psychology*.

Carolyn M. Tucker, PhD (*also Fellow, Division 17*)

Professor of Psychology, Florida Blue Endowed Chair in Health Disparities Research, University of Florida

Dr. Tucker directs the University of Florida Health Disparities Research and Intervention Program. She is nationally known as the founder of the evidence-based Health-Smart Behavior Program to modify and prevent obesity, which is being used nationally in community centers, YMCAs, churches, and health care sites. Dr. Tucker has 30 years of experience conducting culturally sensitive community-participatory health promotion and health care research in racial/ethnic minority and low-income communities. Her grant-funded projects include the Family Health Self-Empowerment Program and the Health-Smart Church Program. She has 85 published journal articles and numerous other publications, including one book. Her research program has been funded by NSF and NIH, and she is currently a Co-investigator on a NIDCR center grant supporting the Southeast Center for Research to Reduce Disparities in Oral Health. Under Dr. Tucker's mentorship, 44 doctoral students (18 racial/ethnic minorities) have completed PhD degrees, and 40 students (20 racial/ethnic minorities) have completed Master's degrees.



As of (*this*) Fall 2013 issue, *The Health Psychologist* will be coming to you via email (as well as posted on our website).

Please be sure we have the best email address for you! Send an update of your email address to division@apa.org. Put "Div 38 newsletter" in the subject line.

122nd Annual Convention of the American Psychological Association August 7-10, 2014

Rick LaCaille, PhD, Division 38 Program Chair

Although your tan may not yet have faded from the recent APA Convention in Hawaii, it is time to begin thinking about what lies ahead for our upcoming convention in our nation's capital. Division 38 will be turning 36, and with that, the program theme of **Inclusion and Engagement** is as important as ever.

We have a remarkable line-up of invited speakers (Drs. **James Blumenthal**, **Timothy Smith**, and **Dawn Wilson**) planned for the convention, one of whom (Dr. **Jane Wardle** from the United Kingdom) will present our first Distinguished International Invited Address.

You can anticipate the program to be “engaging” by featuring evidence based practices, outstanding health psychology research, and a timely examination of health care reform and health disparities. And, as in past years, you can also look forward to programming that will “include” the development and mentoring of students and early career professionals.



New for the convention this year, APA will be implementing cross-divisional collaborative programming that will emphasize eight unifying themes: (a) Psychology and the Public Good, (b) the Psychology of Violence, (c) Psychology and Technology, (d) Health Care Integration and Reform, (e) Mechanisms of Change, (f) Internationalizing Psychology, (g) Controversies and Difficult Dialogues in Psychology, and (h) Lifelong Training and Development of Psychologists. This programming will involve 2-3 divisions working closely together to develop proposals around these themes. We are already busy forming collaborations with several divisions to develop cutting-edge programming.

More information about this collaborative programming can be found on pages 2-3 in the APA's Call for Convention Proposals at: <http://www.apa.org/convention/convention-call.pdf>.

Division 38 welcomes submissions of symposia and posters in all areas of health psychology (please note that we are not accepting individual paper proposals) now through **December 2, 2013**. Awards will be given for the best student and early career professional submissions, so please indicate student or early career professional status under the proposal title, if appropriate. To submit a proposal, go to the APA website at <http://www.apa.org/convention/proposals.aspx>.

If you have general questions, please contact the APA Convention Office at convention@apa.org or (202) 336-6020. Questions about the Division 38 programming should be directed to Dr. Rick LaCaille, Division 38 Program Chair, at: apadiv38program@gmail.com.

Call for Fellows

Interested in applying for APA Fellow status for the first time, through Division 38?

Begin by visiting the APA Online Fellows Application Platform. This new system allows nominees, endorsers and division Fellows chairs to submit all required documents online.

<http://www.apa.org/membership/fellows/index.aspx>

(If you need help accessing the platform or have any questions, please contact Sonja Wiggins in APA's Central Office at 800-374-2721 (ext. 5590) or email swiggins@apa.org.)

The online system replaces the previous, paper-based process and *all* new Fellows applications *must* complete the online application process to be considered by the Fellows Committee.

The D38 deadline for submission of all materials to the platform is DECEMBER 15.

Because of the rigid timetable for reviewing and processing applications, there will be no extensions to this deadline for first-time applicants. Nominees whose applications are incomplete as of the deadline will not be considered further in the current year, but will have the opportunity to reactivate their applications 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.

First-time nominees should complete the **Uniform Fellow Application**. 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). Upload a **current C.V.** (showing an 'R' notation in the margin for publications listed which appeared in *refereed* publications).

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) from at least three (3) evaluators *who are APA Fellows*. At least two of those three evaluators **must be Fellows of Division 38** (a list of current D38 Fellows is posted on our website at <http://www.health-psych.org/FellowsJoinUs.cfm>). 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 provide a copy of his/her self-statement and/or C.V. with the instructions 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 post them to the APA Fellows portal no later than **December 15**.

Already a Fellow in another APA Division?

Please contact the Division 38 administrative office
apadiv38@verizon.net
for a "Current Fellow" application.

You will be asked to prepare a thorough **Self-Statement** describing your accomplishments in Health Psychology, and to provide a current **C.V.**

Endorsers are *not* needed.

All "Current Fellow" materials are due to
apadiv38@verizon.net on/before December 15, 2013.
(do not use the APA online portal)

**Outstanding Contributions to Health Psychology Award (Junior):
Sally S. Dickerson, PhD**

University of California, Irvine; National Science Foundation



Sally S. Dickerson, recipient of the Division 38 Junior Award for Outstanding Contributions to Health Psychology, is an outstanding young scholar who is Associate Professor in the Department of Psychology & Social Behavior at the University of California, Irvine.

Dr. Dickerson's early scholarship created an overarching theoretical framework for making sense of how and why an important physiological system becomes activated in humans.

In a short period of time, Dr. Dickerson's original conceptualization and insights have begun to reframe the work of researchers across the world. In the years since its publication, Dickerson and Kemeny's *Psychological Bulletin* article has been cited over 1500 times and in wide-ranging journals in psychology, medicine, neuroscience, and beyond.

Over the past decade, Dr. Dickerson has also conducted a series of rigorous and innovative scientific studies that further delineate the construct of social-evaluative threat and what constitutes the "active ingredient" in a social-evaluative context necessary to elicit cortisol responses.

This empirical work is noteworthy for its theory-driven, programmatic nature, as well as its use of diverse methodologies (including laboratory experiments, daily diary methods, and survey methods) and sophisticated statistical analysis. Of course, this scholarship continues to be published in the most prestigious journals in the field of psychology.

I would be remiss if I did not also mention that in addition to her important and innovative scholarship, Dr. Dickerson is also an award-winning teacher who has begun to serve our community in a number of ways, including serving on several journal editorial boards as well as currently serving as Director of the National Science Foundation Social Psychology program.

Division 38 is pleased to award the 2013 Junior Award for Outstanding Contributions to Health Psychology to Dr. Dickerson for her transformative and groundbreaking research and in recognition for her extraordinary body of work at this early stage in her career.

Roxane Cohen Silver, PhD
University of California, Irvine

Starting with work she began as a graduate student, Dr. Dickerson has conducted groundbreaking, thought-provoking, creative research on cortisol responses to acute stressors in humans. Overall, her body of work has contributed immensely to the field of health psychology and is on the cutting edge of the fading line between mind and body.

Almost a decade ago, Dr. Dickerson and her colleague Margaret Kemeny produced a masterful meta-analysis in which they considered the implications for physiological functioning of social conditions that threaten self-worth and social status, such as experiences of failure, rejection, ridicule, or criticism.

Dickerson and Kemeny convincingly argued that uncontrollable threats to the social self elicit negative self-related cognitions and emotions and increase cortisol and proinflammatory cytokine activity.

Their paper highlighted immunological and neuroendocrine responses to social-evaluative conditions, as well as articulated a variety of factors that influence such responses.

It demonstrated that such social conditions trigger psychobiological processes that have the potential to play an important role over time in the onset or progression of illness and disease *and* pointed to the likely psychological and physiological pathways through which social-evaluative threat, emotion, and cognition translate into effects on health.

Outstanding Contributions to Health Psychology Award (Senior):

James O. Prochaska, PhD

University of Rhode Island

James O. Prochaska, Ph.D. is an ideal candidate for the APA Division 38 2013 Outstanding Contributions to Health Psychology award. He is Director of the Cancer Prevention Research Center and Professor of Clinical and Health Psychology at the University of Rhode Island. He has been a fellow of Division 38 since 1996 and of the Society for Behavioral Medicine since 2000. Over the past forty years, he has authored or coauthored well over 300 publications, including three books. He is nationally and internationally recognized for his work as one primary developer of the Transtheoretical model (TTM) of behavior change, one of the most highly applied and influential models in health psychology and public health.

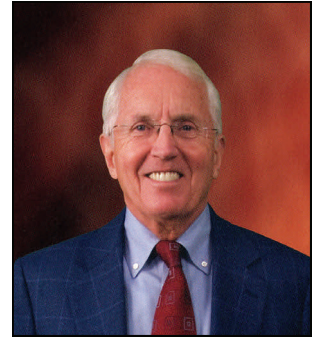
Dr. Prochaska has won many awards for his work including the prestigious Innovators Award from the Robert Wood Johnson Foundation in 2002. He was included as one of the Top Five Most Cited Authors in Psychology by the American Psychology Society. In 2002, he was one of the only psychologists ever to be awarded the American Cancer Society's Medal of Honor for Clinical Research.

His early work aimed to integrate principles of change across theoretical boundaries, culminating in *Systems of Psychotherapy* and laying theoretical foundations for the Transtheoretical model (TTM). Subsequent integrative work, using positive psychology principles before they were known as such, sought to understand individuals' self-change efforts, both inside and outside of formal intervention settings. This programmatic research and theory-building culminated in the formulation of the TTM. NIH-funded research applied the TTM to smoking cessation, which provided many insights and ideas that helped to both articulate the TTM further as well as apply the model to additional health behaviors. Early discussions with Steve Rollnick and Bill Miller helped elaborate at least two ideas that are key components (readiness for change, pros and cons) of *Motivational Interviewing*. In collaboration with colleagues in the 1980s, he developed the first computerized expert system to deliver theoretically and empirically tailored and retailored feedback on all TTM constructs to smokers to accelerate their natural change process. This intervention worked well for smok-

ing cessation, and replicated, even in independent, proactively recruited representative samples. Furthermore, collaborators found that this TTM-tailored smoking cessation intervention demonstrated efficacy with adolescents and in combination with other treatments, with depressed adult outpatients. This intervention became a prototype for many additional effective TTM-tailored health behavior interventions.

Finally, innovative systems that applied the TTM to change multiple behaviors simultaneously also demonstrated efficacy in various samples, including individuals with diabetes, overweight and obese individuals, as well as different population-based samples, including high school and middle school aged children. Subsequent analyses of pooled datasets examining multiple behavior change are shaping this new area of inquiry. This programmatic research illustrates his contributions to the growing science of population-based tailored multiple behavior change interventions.

The impact of his ideas regarding participant selectivity in efficacy trials compared to population effectiveness trials are groundbreaking and paradigm shifting, especially as we move towards truly population-based health psychology. His ideas about population reach and impact challenge our field in many ways. His constructive ideas, his challenging spirit, and his keen innovative research programs have moved the field of Health Psychology forward. Many of his students have gone on to become respected clinicians and scientists in their own right and his many distinguished collaborators have helped to challenge, replicate, elaborate, and extend his ideas. His impressive level of achievement as well as his superior scientific contributions to the field of Health Psychology merit this award for Outstanding Contributions to Health Psychology.



Colleen A. Redding, PhD
University of Rhode Island

Outstanding Contributions to Clinical Health Psychology Award

Nancy B. Ruddy, PhD, ABPP

Mountainside Family Practice Residency



Dr. Nancy Ruddy received her Ph.D. in child clinical psychology from Bowling Green State University. She was on the faculty of the University of Rochester School of Medicine and Dentistry in the departments of Family Medicine and Psychiatry from 1991-2000, and the Hunterdon Family Practice Residency Program from 2001-2008. She currently serves on the faculty of Mountainside Family Practice Residency.

Dr. Ruddy is a licensed psychologist and family therapist and has over twenty years of experience in primary care based behavioral health clinical provision and training in varied settings over that time. These settings include academic health centers, community based family medicine residencies, federally qualified healthcare centers, and primary care private practice. She has had extensive experience in clinical and educational program development within the primary care medical setting.

Nancy has been in the forefront of education and training as well as policy advocacy for the inclusion of psychologists in primary care. In her role as faculty in family medicine she collaborated with physician faculty and residents to revise and implement a broad-based psychosocial curriculum and to implement a primary care based integrated behavioral health service. In this same setting she developed and implemented a program to train psychologists to work in a primary care setting. She developed a group medical appointment program for indigent obstetric patients as well as general medical patients. She also supervised resident and psychologist research and quality improvement projects.

Dr. Ruddy has served on a number of APA committees. She was on the Patient Centered Primary Care Collaborative Task Force and the APA Primary Care Training Task Force from 2010-2012. She served on the APA Commission on Accreditation from 2011-2012. She currently serves as co-chair of the Division 38 Integrated Primary Care Committee.

So that's all the formal stuff. I first met Nancy when I was working as a co-author of a book called *Models of Collaboration*, published in 1996. We were looking for exemplars of professionals who were in the trenches doing collaborative work in primary care. Nancy and I maintained contact over the next ten years and in 2005, she asked me to join her and Dorothy Borresen in writing a book that would become called, *The Collaborative Psychotherapist*. Nancy's vision for this book was to provide a rationale and a practical toolkit for those practitioners who were working in private practice or in an agency. She felt that even though a psychologist was not going to be working directly in an integrated setting, they should know how to collaborate effectively with physician's and health care teams. This is even more true now in the era of health care reform. Nancy was the perfect first author using a mixture of carrots and sticks to help Dorothy and I stay on track with our parts and to shepherd the process into publication by APA Press in 2008.

Since this book was published we have presented the content in multiple settings both within and outside of APA. Last year when I became the chair of the Division 38 Integrated Primary Care Committee, I quickly asked Nancy to be the co-chair. In the last year, this very active committee has been able to create a directory of training programs which provide integrated care experiences and is currently working on a series of modules which training programs might use to teach the attitudes, knowledge, and skills to be effective in primary care settings.

In summary, Nancy is one of my favorite collaborators, colleagues, and friends. She is passionate about her ideas, collaborative in everything she does and compassionate for all those with whom she works. She is a frontline pioneer in advocating strongly for psychology and other behavioral health disciplines to join together in the integration with the larger health care system. We need it, our country needs it and most importantly our patients and families need it.

William B. Gunn, Jr., PhD

NH/Dartmouth Family Practice Residency Program

Nathan W. Perry, Jr. Award for Career Service to Health Psychology
Tracey A. Revenson, PhD

Hunter College and the Graduate Center, City University of New York

It is my great pleasure to recognize Dr. Tracey Revenson as the 2013 recipient of Division 38's Nathan W. Perry Award for Career Service to Health Psychology for her influence on our profession through her devotion to scholarship, leadership, and mentorship.

As a scholar, Professor Revenson is recognized internationally for her research on stress and coping processes among individuals, couples, and families facing serious physical illness. In addition to dozens of book chapters and more than 50 peer-reviewed publications, she is the co-author or co-editor of nine volumes, including the most comprehensive handbook in our field, *Handbook of Health Psychology*. Importantly, her work has had a sustained scientific impact as evidenced by more than 2500 Web of Science citations. Although she is perhaps best known in this room for her scholarly accomplishments in health psychology, it is worth noting that she is a Fellow in four different APA Divisions.

Dr. Revenson's leadership in health psychology has been evidenced throughout her career at local, national, and international levels. As a faculty member at the City University of New York (CUNY) she has served as co-Director of an NIMH Training Program in Health Psychology, Director of the Health Psychology Concentration, and co-Director of the Health Psychology and Clinical Science Training Area. She has also been a tireless contributor to the profession outside of her own academic institution. For example, she has co-chaired international meetings on stress and coping, served as the Founding Editor and Editor-in Chief of *Women's Health*, Associate Editor for both *Annals of Behavioral Medicine* and *Journal of Behavioral Medicine*, and as an Editorial Board member for many other prestigious journals, including Division 38's own *Health Psychology*. She has also demonstrated her longstanding commitment to our Division through past and present membership on many committees, councils, and task forces, as well as serving on the Executive Committee as Member-at-Large and President. Last, but not least, she recently chaired the Division 38 Task Force on Structure, and through this effort was instrumental in developing an organizational structure that will shape our way forward for many years to come.

Mentorship is a third area in which Dr. Revenson truly excels. First, she is an outstanding mentor in the traditional sense, having successfully guided more than twenty doctoral students and post-doctoral fellows to successful careers of their own. When I reached out to past mentees, I received a blast of superlative statements about their experiences:



"At every stage of my career thus far, Tracey has been right there, offering support and advice all along the way. Not surprisingly, Tracey has always been the best at offering both problem-focused support and emotion-focused support. At the end of a conversation with Tracey, you not only feel reassured, confident, and validated, you also leave with a concrete plan of action."

"She's renowned for her purple pens on drafts. It's always purple and always amazing."

"After graduation, I would tell people that I felt like I had gotten two doctorates — the one from my program, and the research one directed by Tracey."

"Brilliant, creative, funny, fun, thoughtful, generous."

But, if you know Tracey, then you also know that you don't have to be a past student to benefit directly from her wisdom and support. Dr. Revenson's dedication to mentorship goes far beyond her own students, and she is a frequent guest speaker, symposium organizer, and member of conference panels on issues that promote the development of junior colleagues.

In closing, you may know that "*mahalo*" is a Hawaiian word meaning *thank you*. However, it also can mean *gratitude, admiration, praise, esteem, regard, or respect*. Accordingly, with the fullest sense of this word in mind, I salute my friend with "Congratulations Dr. Revenson, and mahalo!"

Christopher R. France, Ph.D.
Ohio University

Call for Nominations for Awards

Outstanding Contributions to Health Psychology. Typically, the Division gives three awards each year for outstanding scientific contributions to the field. One goes to a "senior" researcher member (i.e., someone who received her or his terminal degree > 10 years ago); one goes to a "junior" researcher member (i.e., someone who earned his/her terminal degree within the past ten years); and one goes to a clinical service provider member.

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, as well as a copy of the individual's CV.

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.

The **Clinical Service Award** is intended to recognize outstanding commitment to clinical health psychology by a full-time provider of direct clinical services. Nominees should typically spend a minimum of 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. To nominate someone for the Clinical Service Award, please send a 1-2 page letter describing the individual's work and why that person is worthy of recognition, as well as a copy of the nominee's CV.

Although students and post-doctoral fellows may nominate candidates for these awards, there should be an additional letter of support from a more senior colleague in the field, who may be able to talk about the candidate's contributions from a broader vantage point. All nominees must be current members of Division 38. Self-nominations are welcome.

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

These awards, as well as the Graduate Student Research Awards, Early Career Professionals Travel Awards, Student Poster 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.

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Deadlines for Submissions:
February 1, May 15, September 15, 2014