President’s Column
Beverly Thorn, Ph.D., ABPP

Nate Perry, Ph.D., ABBPP
As many of you know, Nate Perry, one of the founding fathers of Division 38, passed away this past December. Nate was a leader in the formation of the Division of Health Psychology and he remained an active, vocal servant of the division and to the specialty of clinical health psychology until only a couple of months before his death. Most recently, Nate served as the Clinical Health Psychology representative to the Council of Specialties. Nate’s forte was his service to the entire profession of psychology. To honor Nate’s service, and in his memory, The Division of Health Psychology Career Service Award has been renamed in honor of Nathan W. Perry, Jr. An obituary of Nate can be found on page 17 in this newsletter, written by Cynthia Belar, Executive Director of the APA Education Directorate. There is also a beautiful tribute to Nate on the website www.celebratenate.com. Take a look at the pictures and the tributes, and share your memories on the website.

APA Programming
We will be celebrating the 30th birthday of the Division of Health Psychology this August at the APA annual convention in Boston, MA. We are planning a big celebration and details of the bash will follow in the next newsletter.

Our 5th Annual Clinical Health Psychology Institute (CHPI) will be held on Wednesday, August 13 (the day before the APA convention), and the title of the 2008 CHPI is “Creating your Niche in Health Psychology: Collaborating with Physicians.” The chair of this year’s CHPI is Anne K. Eshelman, Ph.D., ABPP, at Henry Ford Hospital Consultation Psychiatry, Detroit, MI. Ann was the 2007 recipient of the 2007 Timothy B. Jeffrey Memorial Award for Outstanding Contributions to Clinical Health Psychology (presented by

Greetings from the New Kid on the Block:
Lisa Maria E. Frantsve, Ph.D.

Editor’s Note: I am happy to welcome Lisa to the role of Assistant Editor and having met her recently I can tell you that she is a wonderfully talented and bright young health psychologist. Even more, I was particularly pleased to see that she was quoting the Eagles in her first column – we are off to a wonderful start! - KSM

As some of you already know, I just began my term serving as Assistant Editor for The Health Psychologist. Of course, Dr. Kevin Masters will continue as the editor and has graciously agreed to mentor me in my new role as well as share some of his pearls-of-wisdom and trade secrets. Together, we will continue to provide a valuable platform for continued discourse for the members of Division 38. Keep posted!

(Continued on page 7)
Christopher R. France, Ph.D.

I am honored to be nominated for the position of president-elect. I believe that my record demonstrates a strong commitment to our division and to the advancement of health psychology as a science and a profession. I have served the division as a member of the health psychology institutes steering committee, chair of the annual convention program, chair of the membership council, co-chair of the Division 38 Presidential Task Force on Doctoral Training in Clinical Health Psychology and the resulting 2007 Tempe Summit, and currently as a division representative to the APA Council of Representatives. I am also the Editor of the *Journal of Behavioral Medicine* and an Associate Editor for *Annals of Behavioral Medicine*.

As a clinical health psychologist I have emphasized research and training, practice, advocacy, and administration related to the profession of health psychology throughout my career. I am a Professor of Psychology at Ohio University, where I’ve served as both Director of Clinical Training and Director of the Health Psychology Program. My research focuses on assessment and treatment of pain disorders, contributors to risk for cardiovascular disease, and interventions to enhance blood donations.

I welcome the opportunity to address the many important challenges facing our organization, including the need to 1) improve services to existing members and enhance recruitment and retention of new members, 2) promote affiliate membership among international colleagues and professionals from allied health disciplines, and 3) encourage greater advocacy for the science and practice of health psychology among legislators and policy makers.

Jerry M. Suls, Ph.D.

I am Professor of Psychology, Collegiate Fellow and Coordinator of the Health Psychology Training Program at the University of Iowa. Trained as a social psychologist (Temple University), I began to pursue health psychology in the 1970’s. I moved to Iowa in 1990 to start a health psychology training program with strong connections to its excellent medical center.

I conduct social and health research, and consider my collaborations with practitioners and their patients to be among my most “learnable moments.” I study the role of anxiety and depression in CHD and post-cardiac recovery and the effects of social norms and risk perceptions on health behaviors and emergency preparedness. This research has been supported by NHLBI, NIDDK, NIA, AHA and NSF. Currently, I chair the NIH Behavioral Medicine Interventions and Outcomes review panel and am a member of the Executive Council of ABMR.

I chaired the 1997 program committee, followed by the Research, Publications and the Ad hoc HP editor selection committees. My recent experience as Division Member-at-Large has taught me about needs for different areas of Division advocacy and cooperation. As President, I would like to extend our support for the activities of practitioners, students and researchers, improve standards of pre- and post-doctoral training, increase dissemination of our work and facilitate the adoption of humane social policies. With respect to the latter, I am a strong believer in Virchow’s maxims that politics is medicine on a larger scale and that medicine is a social science.
2008 APA Division 38 Candidates for Treasurer

David A. Williams, Ph.D.

Division 38 is a professional home to over 3,000 Health Psychologists. Their Treasurer is entrusted with three broad functions: (a) preparation of budgets and reports, (b) fiscal oversight of Division business, and (c) leadership on the Executive Committee. For the past three years, I have served as the Division 38 Treasurer during which time, the division has consistently remained within its budget and witnessed a one-third (i.e. 33%) growth in its net assets. I am honored to have been nominated to serve in this capacity for a second term.

I am currently an Associate Professor of Medicine / Psychiatry / and Psychology at the University of Michigan where I co-direct the Chronic Pain and Fatigue Research Center and serve as the Director of Research Development within the Michigan Institute for Clinical and Health Research (MICHR). I received my Ph.D. from the Ohio State University and completed a 2-year postdoctoral fellowship in Behavioral Medicine and Pain Management at Duke University Medical Center. Next, I joined the faculty of Georgetown University Medical Center where I served as the Division Chief of Behavioral Medicine for 10 years and established a clinical health psychology service in a tertiary care setting.

To the position of Treasurer I bring the perspective of a practitioner, the experience of researchers, and the administrative skills associated with leading successful clinical and research centers. I ask for your vote and look forward to the opportunity to continue serving Division 38.

Jared Jobe, Ph.D.

I am a program director in the Clinical Applications and Prevention Branch, National Heart, Lung, and Blood Institute. I administer an extramural research program in behavioral medicine of around 100 grants, with a budget of $35 million, concerned with smoking cessation, obesity prevention, stress management, health disparities, and cognitive sequelae of cardiovascular disease and risk factors. I am also project scientist on large and small randomized controlled trials. Prior to that, I was Chief, Adult Psychological Development Branch, National Institute on Aging (April 1995 - November 2000). At NIA, I administered an extramural research program of 150 grants, with a budget of $25 million, concerned with environmental, social, and behavioral influences on cognitive functioning, human performance, personality, attitudes, and interpersonal relations over the life course. I was also project scientist on the ACTIVE trial. I received my Ph.D. in memory and cognitive processes from the University of Oklahoma. I have over 30 years of federal service in the military and civil service.

I have been a member of APA since 1978, but not continuously. I was elected Fellow in 1994, and am a Fellow in Division 3 (Experimental), Division 19 (Military), Division 20 (Adult Development and Aging), and Division 38. I am also a Fellow in the Society of Behavioral Medicine, and in the Academy of Behavioral Medicine Research. I have served APA and psychology in many capacities. In Division 19, I have been President, Treasurer, Secretary, Member-at-Large, Parliamentarian, Chair of the Education & Training Committee, and newsletter editor. In Division 38, I have served 3 terms on the Fellows Committee, the last 3 years as chair. I have also served as a member of the Diversity Committee, and as newsletter columnist. I have served as a peer reviewer for 26 scientific journals and for 12 government and private funding agencies.
Dawn K. Wilson, Ph.D. is a Professor of Psychology at the University of South Carolina. She is a fellow of the American Psychological Association (APA), a fellow of the Society of Behavioral Medicine, and a member of the Academy of Behavioral Medicine. She has been a member of Division 38 since 1987 and has served as Chair of the Membership Committee from 1991-1994 and as Editor for the Book Series from 2001-2004. She is currently an Associate Editor for Health Psychology. Her commitment to Division 38 has involved providing oversight with respect to publications and media related communications in collaboration with APA. She also has an active program of research and is currently the principal investigator on two community-based NIH funded trials that are promoting physical activity and obesity prevention in underserved youth and their families. Her NIDDK funded project, Positive Action for Today’s Health (PATH) is testing the efficacy and cost-effectiveness of a walking intervention for increasing physical activity in low-income, high crime communities. She is also currently the principal investigator on an NICHD funded grant, Active by Choice Today (ACT), that is a randomized school-based trial testing the efficacy of an innovative motivational and behavioral skills intervention for increasing physical activity in underserved adolescents (24 middle schools; 1,500 6th graders). If elected as Member-at-Large she looks forward to her continued involvement in serving Division 38 in the capacity of providing oversight to publications, communications, and public relations.

Christopher L. Edwards, Ph.D.

Thank you for the potential opportunity to again serve Division 38. I am currently an assistant professor of Psychiatry at Duke University Medical Center serving as Medical Director of the Biofeedback Laboratory, and Director of the Chronic Pain Management Program. I have additional appointments in the Department of Medicine, Division of Hematology and at the Durham Veterans Hospital.

My research focuses primarily on racial and ethnic differences in the experience, management and outcomes related to chronic pain. My studies have explored these factors in adult populations that have Sickle Cell Disease, Diabetes, Dementia, and other chronic conditions. I have related interests in the interaction of hormone with behavior and cognition in aging African Americans.

I have been an active and committed member of Division 38 since 2001 serving in many capacities including Chairman of the Ethnic and Cultural Diversity Committee and as a member of various other committees. At the pleasure of several past presidents, I have served on many special committees within APA.

I have remained very active in training and mentoring young minority and other scientists and clinicians who mature professionally to become contributing members of the division. More specifically, I am very involved in training young scientists and clinicians in the Duke Residency Training Program, the Clinical Psychology Internship Program, and the Duke University’s graduate program in clinical psychology. It is within this history and context of service to the division that I would execute my duties as Member at Large, and work with the members and leadership of the division towards to achievement of divisional goals and aspirations.
2008 APA Division 38 Candidates for Member-at-Large

Martita Lopez, Ph.D.

I am honored to be nominated to serve as Member-at-Large for Division 38.

I’m currently in the Department of Psychology at the University of Texas at Austin as Clinical Associate Professor, Associate Director of Training, and Director of the Psychology Training Clinic. I obtained my Ph.D. in clinical psychology at Syracuse University, and then joined the faculty at Virginia Tech. Subsequently I went to Rush University Medical Center in Chicago where, as Associate Professor, I directed the psychology internship program and developed a clinical service in geriatric rehabilitation psychology. My research focused on health and aging, physical activity, and CBT for insomnia. Moving to Texas allowed me to pursue my interests in graduate training, mentoring, and teaching and also to start a practice specializing in the treatment of insomnia.

I became active in Division 38 in 1990 on the Committee on Education and Training, later leading the groups that developed first the Guide to Internships and then the Guide to Postdocs in Health Psychology, and eventually chairing the Committee. I have been a member of the APA Committee on Aging and the APA Presidential Task Force on Older Adults. I am a Fellow of the Society of Behavioral Medicine and received their Distinguished Service Award. I’ve also served on several national grant review panels, including NIH and NIDRR.

I would appreciate your support for Member-at-Large.

Charles F. Emery, Ph.D. is a Professor in the Departments of Psychology and Medicine at Ohio State University (OSU), and in the OSU Institute for Behavioral Medicine Research. Charles completed his Ph.D. in Clinical Psychology at the University of Southern California, followed by post-doctoral training at Duke University's Center for the Study of Aging and Human Development. He was a faculty member in the Department of Psychiatry at Duke University Medical Center prior to moving to OSU in 1995.

Charles’ research program evaluates biobehavioral mechanisms in healthy aging and in adaptation to chronic disease. His NIH-funded research has documented enhanced neuropsychological functioning and psychological well-being associated with exercise among patients with COPD. He is currently Principal Investigator of two NIH-funded studies, including one evaluating neuroendocrine and immune influences of exercise on stress and wound healing among healthy older adults. In addition to his research program, Charles teaches undergraduate and graduate courses in health psychology and aging, and supervises advanced health psychology doctoral students conducting consultation and clinical intervention with medical patients.

Charles is a Fellow of Division 38 and served on the Editorial Board of the Division 38 journal, Health Psychology, from 1996-2005. He is a past Chair of the Division 38 Research Committee (1999-2002), and recently served as APA representative to an NIH-funded interdisciplinary workshop on management of depression and anxiety in chronic lung disease. In 2005, Charles received the Distinguished Mentor Award from the Society of Behavioral Medicine.

Charles would be honored to serve the division as Member-at-Large.
2008 APA Division 38 Candidates for Council Representative

Robert D. Kerns, Ph.D.

Bob Kerns is Professor of Psychiatry, Neurology, and Psychology at Yale University, Chief, Psychology Service at the VA Connecticut Healthcare System, and National Program Director for Pain Management, VA Central Office. In these roles, Bob is actively involved in provision of direct clinical service, administration of clinical programs and a large Psychology department, policy development and implementation, research and scholarship, and education and training. He received his doctorate in Bioclinical Psychology from Southern Illinois University in 1980. He is a Fellow of the American Psychological Association, including Divisions 38 and 18 (Public Service Psychology) and of the Society of Behavioral Medicine, and he holds leadership positions in these and several other professional and scientific societies. He is the recipient of numerous professional awards including the 2001 award for Outstanding Service to Health Psychology from Division 38.

Bob has actively served Division 38 since 1993. He is currently completing his term as Past-President, and he also serves as a member of the Board of the recently reinvigorated Council of Clinical Health Psychology Training Programs. Bob’s broad background in health service delivery, science, education, and policy and his commitment to public service contribute to his interest in continuing to serve and advocate on behalf of the Division within the APA governance structure. He looks forward to continuing his service to the Division as representative to the APA Council.

Steven M. Tovian, Ph.D., ABPP

Assistant Professor of Psychiatry and Behavioral Sciences at the Feinberg School of Medicine at Northwestern University. For 27 years, he was at he Evanston Northwestern Healthcare Medical Group where he was Chief Psychologist and Director of Health Psychology in the Department of Psychiatry. He is currently in Independent Practice in Highland Park, Illinois.

Dr. Tovian is an APA Fellow of Division 38 and is Board Certified (ABPP) in Clinical Health Psychology. He has authored and co-edited two books as well as published numerous journal articles and book chapters on clinical health psychology in medical settings.

Dr. Tovian has been Treasurer of Division 38 (1997-2000). He has been President of the American Board of Clinical Health Psychology (ABPP) (1997-2001). In 2004, he was awarded the Timothy Jeffrey Memorial Award for outstanding contributions to Clinical Health Psychology by Division 38 and the American Psychological Foundation (APF). He has served on numerous committees in Division 38.

“I am honored to be nominated for Division 38 Council Representative and, once again, have the possibility of serving in the governance of our Division. I believe my experience as a scientist-practitioner in Health Psychology and in governance of Division 38 will enable me to be an effective representative. If elected, I will advocate on behalf of our Division in APA Council on those crucial issues regarding research, practice, and graduate education impacting Health Psychology. Thank you for your support.”
President’s Column

(Continued from page 1)

Division 38 in conjunction with the American Psychological Foundation. Joining her on the faculty for the CHPI will be Dan Bruns, Psy.D., at Health Psychology Associates PC, Greeley, CO. Dan is the current chair of Division 38’s Health Services Council, and Lori Stevic Rust, Ph.D., ABPP, at University Hospitals Extended Care Campus, Assisted Living and Dementia Care Programs, Chesterland, OH. This Intermediate workshop is designed to demonstrate how to develop professional consultation and liaison relationships with physicians and surgeons so they value the role of health psychology. Current standards of care in hepatitis C treatment, geriatrics, and chronic pain will be used to illustrate strategies to develop consultation and liaison relationships with physicians and surgeons to better serve mutual patients. The CHPIs share a common goal of providing information on the biological substrate of the disorders being covered, the evidence-base for the treatments discussed, and translation of the research into clinical practice. We will provide details for registration in upcoming mailings.

The convention programming for the APA convention has been finalized. Liz Klonoff, Ph.D., ABPP, this year’s program chair, has done a wonderful job with the program, and the next newsletter will publish a complete listing of symposia, poster sessions, and special sessions. For now, I want to highlight the four distinguished lectures that we are sponsoring. We have requested large rooms and we are anticipating SRO, so plan to be an early bird.

On Thursday, August 14, from 10 – 11:50 AM, Jon Kabat-Zinn, Ph.D., will present a talk entitled “The Rationale, Development, and Scope of Mindfulness-Based Interventions in Medicine, Psychiatry, and Psychology.” His talk will describe a general approach to making mindfulness, often spoken of as the foundational core of Buddhist meditation, accessible to Western medical patients in secular forms appropriate to specific clinical presentations and circumstances while preserving the universal dharma dimension at its heart. Evidence will be presented that significant medical and psychological benefits across a wide spectrum of diagnoses derive from engaging in such programs and practices as a form of mind/body training and a more participatory medicine, complementing other forms of treatment and health care. Dr. Kabat-Zinn is Professor of Medicine Emeritus, Center for Mindfulness in Medicine, Health Care and Society, University of Massachusetts Medical School, and founding director of its mindfulness-based Stress Reduction Clinic.

Also on Thursday, August 14, from 3-3:50 PM, Janice Kiecolt-Glaser, Ph.D., will present a talk entitled “How Stress Kills: New Perspectives from Psychoneuroimmunology.” Her talk will focus on how stress and depression impair health, as well as ways that interventions that diminish stress or depression may enhance health through their positive effects on the immune system. Dr. Kiecolt-Glaser is the Robert Davis Chair of Medicine, Professor & Director of the Division of Health Psychology, in the Department of Psychiatry at Ohio State University College of Medicine.

On Friday, August 15, from 8- 9:30 AM, Division 38 is co-sponsoring with Section 2 of Division 12 a talk by Herbert Benson, M.D., entitled: “The Relaxation Response: How to Counteract the Harmful Effects of Stress.” Dr. Benson is a pioneer in mind/body medicine, one of the first Western physicians to bring spirituality and healing into medicine. In his 35+ year career, he has defined the relaxation response and continues to lead teaching and research into its efficacy in counteracting the harmful effects of stress. Dr. Benson is Director Emeritus of the Benson-Henry Institute for Mind Body Medicine at Massachusetts General Hospital and Associate Professor of Medicine, Harvard Medical School.

And on Saturday, August 16, from 11-11:50 AM, Nancy Krieger, Ph.D. will be presenting a talk entitled “Embodying Inequality: the Science and Challenges of Research on Racism, Class, and Health Inequities -- an Ecosocial Perspective.” Her talk will focus on the current state of research on racism, class, and health, the challenges we face, and the invaluable expertise of psychology in addressing these challenges. Dr. Krieger is an Epidemiologist, and Professor, Department of Society, Human Development, and Health at the Harvard School of Public Health.

Council of Clinical Health Psychology Training Programs (CCHPTP)

The newly rejuvenated Council of Clinical Health Psychology Training Programs (CCHPTP – pronounced “CHIP-TIP”) held its (re)inaugural membership meeting January 20-21 in San Antonio, TX, with 45 attendees. Division 38 has made a substantial financial investment in this training council because we believe that the issue of quality training for clinical health psychology is so very important to the health and well-being of the Division. Quite obviously, clinical health psychology is not the only thing that the Division of Health Psychology does, or cares about, but clinical health psychology indeed represents a major part of the health service professionals in our specialty.

The issue of competencies has become a hot topic in the

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Past few years, not only within psychology but also in other health care disciplines, such as medicine. In response to a growing need to develop a heuristic for defining competencies, APA took on the task by organizing a Summit on the topic, with a series of papers published in Professional Psychology: Research and Practice following the summit. Approximately a year ago, CCHPTP, as part of its reorganization effort, drafted a working document considering the APA competency model and applying it to Clinical Health Psychology. This manuscript (France, C.R., et al., entitled Application of the Competency Model to Clinical Health Psychology, is in press in Professional Psychology: Research and Practice). CCHPTP considers this a working document, and encourages interested colleagues to help shape what will prove to become a more comprehensive consideration of competencies in clinical health psychology. At the January meeting of CCHPTP, attendees further considered what competencies a clinical health psychologist would be expected to obtain both during and after doctoral training. We also engaged in initial discussions regarding "best practices" for clinical health psychology.

At the January CCHPTP meeting, attendees also considered whether predoctoral accreditation of clinical health psychology as a developed practice area was something worth pursuing. The overwhelming consensus of those in attendance was that while predoctoral emphases in clinical health psychology within clinical and counseling doctoral programs seemed quite appropriate, the changes/additions in a predoctoral curriculum that would be necessary to provide specialty training at the predoctoral level is probably untenable. The initial conclusion was that accreditation in clinical health psychology at the doctoral level, separate from clinical or counseling program accreditation, was probably not desirable. Obviously, this is not the last word, but rather a starting point for discussions to continue. It is interesting to note that internship and post-doc programs in attendance at the January CCHPTP meeting stated that while predoctoral exposure to some health psychology was considered favorably by the advanced training programs, the normative expectation was that incoming interns and post-docs would be more generally trained in clinical or counseling psychology and would receive some specialty training while on internship, but the bulk of the specialty training would be received while on post-doc.

The next annual meeting of CCHPTP is tentatively scheduled for January 18-19, 2009, in Albuquerque, NM. Division 38 has also donated substantive program time for CCHPTP to meet at APA on Friday, August 15: Business Meeting: Council of Clinical Health Psychology Training Programs (CCHPTP): Education and Training in Health Psychology at the Doctoral, Internship, and Post-Doctoral Levels.

National Provider Identifier Code Definition - update
For those of you interested in National Provider Identifiers (NPI) that practicing psychologists must have in order to use electronic billing as part of the requirements of the Health Insurance Portability and Accountability Act (HIPAA), here is an update on where things stand with an NPI code for Clinical Health Psychology. The executive committee of Division 38 approved the following definition for consideration by the National Uniform Claims Committee (NUCC). APA has submitted the definition to NUCC on our behalf.

Clinical Health Psychologist
A psychologist with special expertise or training in health psychology who applies scientific knowledge of the interrelationships among behavioral, emotional, cognitive, social and biological components in health and disease to the promotion and maintenance of health; the prevention, treatment and rehabilitation of illness and disability; and the improvement of the health care system. The distinct focus of the clinical health psychologist is on physical health problems. Clinical health psychologists are dedicated to the development of knowledge regarding the interface between behavior and health, and to the delivery of high quality services based on that knowledge to individuals, families, and health care systems.

Commission on the Recognition of Specialties and Proficiencies in Psychology (CRSPP) Clarification
Division 38 has requested that CRSPP consider replacing the archival description of clinical health psychology that is currently on the CRSPP website with the following:

Clinical Health Psychology (also known as behavioral medicine, medical psychology, and psychosomatic medicine) is the application of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health; the prevention, treatment, and rehabilitation of illness and disability; the identification of etiologic and diagnostic correlates of health, illness, and related disability or dysfunction; and the analysis and improvement of the health care system and health policy formation (adapted from Matarazzo, 1980, pg. 815).

The distinct focus of clinical health psychology is on physical health problems -- their prevention and treatment. Fundamental to this specialty are the biopsychosocial model of human behavior, the relationships between behavior and health, and the ability to work in a broad array of health care settings with other health care disciplines. Clinical health psychologists have in-depth training and expertise in assessment and intervention involving the integration of behavior and health.

The proposed archival description for the webpage does not change anything already approved by the APA Council of Representatives in our CRSPP renewal in 2004. It simply
She has been in our ranks since before I was born
She has served us with strength and with pride
She’s one in a million, our Ace in the hole,
It’s been great to have Thorn on our side.

She has been on our board, been our chair, and our rep
She has been ‘round the world far and wide
She has championed our cause and advanced our approach
We’ve moved forward with Thorn on our side.

She has introduced topics that helped us a lot
Problem students and EBBP
She at times seems like five years ahead of the curve,
She’s a benchmark of competency.

For 14 great years she served as DCT
For the ones that they call Crimson Tide
She was not paid like Saban, but was worth way way more
To the ones who had Thorn on their side.

She is quiet, reserved, hard to know what she thinks
She plays it quite close to the vest
Of course I am joking and I think it is true
That when Bev speaks, you’re hearing the best.

Her last name’s not petal, or rosebud, it’s “Thorn”
A device that protects plants from harm
She has functioned this way in her life with our group
And she’s done so with grace and with charm.

She takes very few prisoners on certain key points
We have seen her just fit to be tied
She’s all about quality; to those who don’t get it,
She can be such a Thorn in their side.

Now you don’t want to get on the wrong side of Bev,
Or you’re on a tumultuous ride.
She’s got big yellow teeth, and sharp nails and big fangs
But she’s really a kitten inside.

It’s on this occasion that we bid her goodbye
She is CUDCP’s Queen Mother and more
We have all gotten better ‘cause Bev’s on our team
As our quarterback, cleanup, our core.

There are very few words that will say what we feel
But our love and respect will abide
For the future of CUDCP is bright as the sun
‘Cause we’ll always have Thorn on our side

The plaque presented to Dr. Thorn read as follows:

The Council of University Directors of Clinical Psychology
Proudly presents to
Beverly Thorn, Ph.D.
The Beverly Thorn Award for Outstanding DCT Service
As Chair, Board Member, and Friend
January 2008

clarifies the archival description using language that already appears in the body of the approved CRSPP document. CRSPP will consider this request at its Spring, 2008 meeting.

Mid-year Meeting of Division 38 Board of Directors

The Division 38 Board will meet in Tuscon, AZ on April 6-7. This meeting is contiguous with the Division 22 mid-year conference for their membership, and Division 38 has provided some programming for that conference. We have advertised this conference on the list-serv, but if you are interested and haven’t seen it, please email me directly at Bthorn@as.ua.edu. And if you aren’t on the D38 list-serv, consider joining by contacting our Administrative Officer, Barbara Keeton at APAdiv38@verizon.net.
The Invisibility of International Health Psychology Research in the US

Keith J. Petrie, Ph.D., DipClinPsych
The University of Auckland, New Zealand

Editor’s Note: Dr. Petrie initially published his paper in The European Health Psychologist (2007) and subsequently inquired if I would be interested in publishing it for a US audience in The Health Psychologist. The topic is certainly an important one and Dr. Petrie is a respected and thoughtful scholar who raises many provocative observations. Consequently, I decided to publish his work and invited Drs. France, Kaplan, and Christensen to respond. To my delight they all provided thoughtful replies and I then offered Dr. Petrie a chance to respond to their responses. As editor my initial intent was to leave it at that, but I could not resist entering the discussion so I hope you’ll forgive me but I have taken editor’s liberty and provided a few concluding comments of my own. References to the original writings in the European Health Psychologist are found on page 16.

When I was a graduate student in the States I used to turn out for the Los Angeles Rugby Club. Rugby in the US is a small but friendly sporting subculture with questionable health behaviours. The team comprised a number of California bankers, businessmen, teachers and, being LA, a few mostly unemployed actors. One of whom famously slept in his car for most of the season before finally getting a break by appearing in a Superbowl Toyota ad.

One weekend my team was playing in San Diego and I was travelling down the Pacific Coast Highway with the team hooker — which I should add is a position in the front row of the scrum. Also in the car was one of the locks and his 10-year-old son Tom. Tom was amusing himself by asking me the capitals of various American States and I wasn’t doing so well.

“What’s the capital of North Dakota?”
“Hmm, Cowtipperton”, I offered.
“No its Bismarck. What about Maine?”
“Ahh, Chowderville” I tried.
No, everyone knows it is Augusta. You don’t know anything about capitals”

I looked around the car and the hooker and lock were nodding sadly in agreement. I decided to ask Tom some questions of my own. What was the capital of France? He didn’t know. What about England? “No”. Italy? “No”. New Zealand? “What’s that?” While Tom could name every US state capital, he did not know one of the capitals of any European country.

This experience will not be new to anyone who has spent time in the States or tried to find international news on TV or in the pages of American newspapers. If we constructed a homunculus to reflect the relative cognitive space represented by the world outside America, apart from the country where American troops were currently fighting, the world would occupy very little area compared to any one of the 50 States. I often think of Tom when I consider how the American insular view of the world has influenced the health psychology field by overvaluing research work produced within the US and rendering invisible a great deal of excellent work in Europe and other countries. While other fields of American psychology and psychosomatics have embraced international researchers, American health psychology largely ignores the work of non-American psychologists.

Mental Myopia Rules

The status afforded non-American researchers can be seen in the make up of the editorial boards on the major publications of Health Psychology, Annals of Behavioral Medicine and the Journal of Behavioral Medicine. Health Psychology’s current list of associate and consulting editors comprises no psychologists at all from outside the US. Annals of Behavioral Medicine also has no non-Americans on its editorial board. The Journal of Behaviour Medicine fares little better. Of the 45 associate editors and members of the editorial board, just three are non-American, and two of these are from Canada.

Some American based scientific organisations in the health psychology area now regularly hold annual meetings outside North America to increase the membership’s exposure to a wider range of international research. Over the past
five years the American Psychosomatic Society has meet in Hungary and Spain, interspersed with conferences in US cities. Overseas researchers as a result have achieved a higher profile in the Society’s journal Psychosomatic Medicine. A similar process has occurred in the Psychoneuroimmunology Research Society, which now has a very healthy international contribution in the journal Brain, Behavior, and Immunity.

So how invisible are international researchers in American health psychology journals? The short answer is very. If we look at the articles published in Health Psychology in 2006, 83% of the first authors were from North America. This comprised 75% American papers and 8% Canadian. International articles made up only 17% of papers. A similar level (18%) of non-American papers was found in Annals of Behavioral Medicine in 2006. The Journal of Behavioral Medicine had an even lower rate of non-American papers. Of the total number of papers the journal published in 2006, 86% were from American authors, 4% were from Canadians and only 10% from international authors. We can compare these figures with the journal Psychosomatic Medicine, which in the same year published 41% of its articles from non-North American researchers.

States Dependent Learning

Unfortunately, the inability to acknowledge research conducted outside the States is not limited to American health psychology journals. American authors conducting literature reviews often miss or ignore publications from the international research literature. American introductory health psychology textbooks also give scant attention to work published by international researchers. The Encyclopaedia of Health Psychology, published by Christensen in 2004 uses very few non-Americans in its articles written by “150 leading practitioners” as a result the reader would be excused for believing that very little has occurred in health psychology outside the US.

The argument can be made that perhaps non-American papers are simply not good enough to get into Health Psychology, Annals of Behavioral Medicine and the Journal of Behavioral Medicine. Perhaps American authors do better science and this is reflected in the proportion of papers accepted by these journals. However, this argument is hard to sustain given the higher rate of non-American papers in Psychosomatic Medicine, which has a higher impact factor than all of these journals.

So if the rate of non-American papers is lower than could be reasonably expected in these journals, what would be a reasonable level given the number and quality of health psychology research being conducted outside the US? This is a difficult question to answer but I suspect it is currently probably somewhere between 40 to 50%. One way to examine this issue is to look at key and classic papers in the field. Recently, Sage published four volumes of “key and classic” papers in health psychology. Using the Delphi technique the editors wrote to eminent health psychologists and asked them for a list of what they considered to be key and classic papers in the field. Using the same methodology a long list of 200 papers was cut back to the 82 papers making up the four volumes of theoretical frameworks, concepts, methods and measurement, and applications in health care. Of these key and classic papers, 37% were from non-American researchers and most of these were more recent papers.

This percentage is much closer to the proportion of non-American papers accepted by Psychosomatic Medicine than it is to the rate accepted by Journal of Behavioral Medicine, Annals of Behavioral Medicine or Health Psychology. The fact that more of the recent papers tended to be from international researchers suggests that while much of the work in establishing the field came from American researchers the field is now developing across a broader international base and a greater range of innovative work is coming from countries outside the US than previously.

Wonder Woman meets the Invisible Man

So what can be done to increase the visibility of international research in American journals and textbooks? There are a few things that I think are worth trying. The first and probably easiest would be to increase the visibility of international researchers on journal editorial boards and lists of associate editors. This would be a healthy start as it encourages international researchers to submit to the journal and sends a signal that international research is valued. Moving the Society of Behavioral Medicine meetings or the APA Division 38 Health Psychology meetings away from North America on a regular basis would also help increase the presence and impact of international researchers at these conferences. I think APA Division 38 could also invite more international keynote speakers to present at the US meeting. Conference symposia could be required to include at least one paper from an international researcher. This way, symposia would begin to showcase research teams from countries outside the US.
I think these are interventions that are worth trying but from my experience at organizing international conferences, the most powerful change in attitude occurs when researchers from different parts of the world sit down together in a relaxed environment and find common ground in their research work. It is here where real synergies occur and possibilities for future work or collaboration open up. Interventions that get to this important end point are likely to have the largest and most sustaining impact.

It is my impression that currently in the health psychology field the most innovative and productive American researchers have developed strong international relationships and collaborations. These relationships often become central to their later research enterprise and travel in unexpected directions. This is very encouraging as it shows that when Wonder Woman does find the Invisible Man, great things can occur.

References

**Advancing an International Perspective in Behavioral Medicine and Health Psychology: A Response to Dr. Keith Petrie**

Christopher France, Ph.D.
Editor-in-Chief, *Journal of Behavioral Medicine*

As a Canadian who has lived and worked in the US for almost 20 years, I am certainly well-aware of the phenomenon that Dr. Petrie (2007) described in his recent article titled “The invisibility of international health psychology research.” And, I agree with his basic premise that, historically, a number of high profile behavioral medicine and health psychology journals seem to be underrepresented in terms of papers that originate outside of the US. In fact, increasing the proportion of such papers was a goal that I set for myself when I took over the role of Editor-in-Chief of the *Journal of Behavioral Medicine* in 2005. However, I must admit that it was not my first priority; my most important goals were to introduce an online electronic submission system, to reduce the journal’s lag-times for editorial decisions and publication of accepted manuscripts, and to develop a board of Associate Editors where none had previously existed. Although I might have done a better job of anticipating Dr. Petrie’s concerns by recruiting Associate Editors from around the world, it is perhaps not surprising that I chose instead to recruit people that I knew best to ensure that the aforementioned goals could be achieved.

It is important to note that the *Journal of Behavioral Medicine* has always been an international journal open to submissions from scientists all over the world. In the three years that I have been Editor-in-Chief, 39% of our submissions have been from outside of the US, 26% of our reviews have been conducted by non-US reviewers, and 26% of the articles that we have published have included non-US authors. Further, 40% of the articles that will appear in 2007 were contributed by authors from outside of the US, reflecting a growing proportion of international papers. As an aside, it is worth noting that papers that originate from the US do not necessarily include only American authors. Because people such as Dr. Petrie and I come from all over the world to live and work in the US as students, post-docs, and faculty, it is often the case that publications have been informed and benefited from an international perspective even though the paper may identify an American institution as the author’s affiliation.

Given the above statistics I hope that Dr. Petrie would agree that we are moving in the right direction. Nonetheless, I do believe that the time is right to prioritize the goal of increasing the international face of the *Journal of Behavioral Medicine*. We currently have two Associate Editors from outside of the US (Linda Cameron, University of Auckland and Tavis Campbell, University of Calgary), but I would like to see this proportion grow. To that end, I extend an open invitation to colleagues who would like to serve as a reviewer for the journal and who may be interested in earning a position as an Associate Editor. Interested parties are encouraged to contact me by email (france@ohio.edu) and to provide a copy of their curriculum vitae along with a brief description of their primary areas of expertise.
Petrie (2007, this issue) challenged the editorial review process in our journals. He argued that the journals are American-centric, that our journals are biased against publishing non-US contributions, and have little or no non-US representation on our editorial boards. We share Petrie’s view that health psychology is truly an international discipline and that substantial and broad international representation is crucial to scientific progress and to the journals we edit. However, we disagree with Petrie’s claims of bias and find some of his claims and data about our journals to be in error or misleading.

Petrie states that “the status afforded non-Americans can be seen in the make up of the editorial boards” of our journals. It is true that most of the members of our editorial boards are from the United States, However, there is greater diversity than Petria indicates. For example, Petria claims that the Annals of Behavioral Medicine has “no non-Americans on its editorial board”. In fact the Annals has five board members from non-US institutions as of this writing and has had for some time (Kerry Courneya, Jerry Devins, Blaine Ditto, Wolfgang Linden, Neville Owen). Importantly, in terms of manuscript reviewers the Annals called on and received external reviews from 49 non-US reviewers, for papers considered for the last volume (i.e., 3 issues) alone. Petrie states that Health Psychology also does not include editorial board members from outside the US. Since affiliations are not listed for Health Psychology editorial board members, it may be been easy to overlook the inclusion of Josh Bosch (University of Birmingham) and Andrew Steptoe (University College, London). Like, Annals, Health Psychology makes regular use of reviews from a variety of countries.

Disagreement about numbers aside, the concern about editorial board member diversity and representation deserves some careful thought. Health Psychology is the official journal of the Division of Health Psychology of the American Psychological Association. Annals of Behavioral Medicine (published by a predominantly European publisher, Springer) is the official journal of the Society of Behavioral Medicine. Each of these organizations has membership that is primarily American. Membership on the editorial board is typically regarded as service to these societies by their members.

We checked a few other international journals. The Australian Journal of Psychology, for example, has an editorial board made up exclusively of Australians. A review of recent contributions to the journal suggests that virtually all of the authors reside in Australia. Editorial boards from other society journals located in specific countries tend to include members who reside in those same countries. The Canadian journals, for example, include editorial board members and authors who are primarily Canadian. The problem is even more acute for non-English journals. German journals for example, focus on German authors and German editorial board members.

We are in agreement that we want to publish the best research from all over the world. Clearly we do not want to limit contributions to American or North American authors. High quality science is not restricted by international borders. We simply do not believe that there is discrimination against authors from other countries. In the case of Health Psychology, personal and institutional identity of authors is completely blinded in the review process. The editor does not know the identity of the author until the time a decision letter is created. Even in the preparation of the editorial decision, the editor and associate editors remain blinded to the affiliation of the author. Sometimes the method sections of articles reveal the country in which the research was conducted. However, we see no clear evidence of discrimination against international papers. In fact, reviewers are often attracted to studies that use subject populations that are different from our norm.

Petrie reported his count of the proportion of papers published in our journals that were first authored by someone outside the U.S. However, without knowing the proportion of papers submitted by international authors, it is impossible to answer the central question Petrie’s article raises. Is it indeed true that the rejection rate for international papers
I was delighted to see Christopher France’s reply as the editor of Journal of Behavioral Medicine to my editorial on the invisibility of international health psychology research. He has clearly also seen the potential benefits for increasing the engagement of international health psychologists with his journal.

The defensive response of Christensen and Kaplan was harder to fathom. Firstly, it is important to say nowhere in my editorial did I claim that their journals were biased or in any way discriminated against publishing non-US contributions. The fact that they don’t publish as many international papers as Psychosomatic Medicine is a matter of record, but there may be many reasons for this. My editorial was trying to comment on why this may be the case.

I did however point out that the make up of their editorial boards is largely North American. If anything their response underlines this. No more so than their statement pointing out that there are actually five Annals of Behavioral Medicine editorial board members “from non-US institutions” – in fact four of these are from Canada and one is from Australia. This means only one of the journal’s 40 or so editorial board members is from outside North America. This to me looks as international as the major league baseball World Series.

Their comparison with general journals from Australia, Germany and Canada also is spurious. It would be more
A Few Final (Random?) Thoughts: For Now
Kevin S. Masters, Ph.D.
Editor

If you are like me you have found this series of articles stimulating and, shall I say, energizing as well. Before I offer my comments a few personal disclosures seem appropriate. First, I am one of those US citizen associate editors that Dr. Petrie mentions, serving as an associate editor for the Journal of Behavioral Medicine. Second, with some regularity I review papers for Annals of Behavioral Medicine and Health Psychology. I have also published manuscripts in two of these three journals and am a member of the Society of Behavioral Medicine and American Psychological Association, Division 38. Thus, I am not an unbiased observer.

Dr. Petrie begins his original piece with general observations on US insularity and lack of knowledge, or even interest, in affairs beyond our borders. As I see it the situation is much more exacerbated than Dr. Petrie describes. Let me explain. As an adult I have lived in five of the 50 US states in what could probably be called four different regions. I used to think that provincialism or insularity was a Midwest trait, then I found out that it was really in the Rocky Mountain West, then lo and behold it seemed endemic to the Southeast, and now I am certain it is a strong characteristic of the Northeast! Wait a minute – I keep finding this everywhere I go – and that is only within the US! In travels that I’ve made to Canada and overseas, admittedly not enough of them, I’ve noticed this same basic characteristic. Canadians, for example, often scoff at American patriotism and bravado yet they regularly broadcast the playing of (and loud singing along with) their beloved national anthem on television prior to regular season hockey games, something not done in the US. Further, commentators routinely point out that Canadians are, certainly and factually, the best hockey players in the world. (Any Europeans have another view?). Don’t get me wrong, as Dr. France can testify, I am a “Canadian wannabe,” I simply love the place. But I do find this little bit of short-sightedness rather amusing—and very common.

So what have I concluded regarding the issues discussed above? First, provincialism seems, somewhat ironi-
cally, to be all-around. I doubt that the US has a lock on it, though we may provide the most obvious example. I even bet that if we snoop around Dr. Petrie’s homeland of New Zealand long enough, wonderful country though I hear it is (I’d love to visit the Milford Trek and other Kiwi flights of fancy), we’ll find that the “exclusive local view” is alive and well there just as well. With this perspective in mind, and returning to psychology for a moment, I suspect that Drs. Kaplan and Christensen are correct in their analysis of non-US journals just as I believe Dr. Petrie has made us aware of the needs of ours. Second, this tendency to take the local perspective is at once both charming and annoying. Seeing the world through one’s own local customs and ideas presents fascinating differences among people of various regions that I fervently hope are never lost. Since moving to Upstate New York three and a half years ago I have been overwhelmingly impressed by how different it is from Utah, or Indiana, or Ohio, or North Carolina. To be honest, some of these differences seem to me to be downright exasperating. I feel like I’ll never really be one of “them.” But then again, much of the charm and beauty of the people and the local region takes time to understand and to come to respect, admire, and yes, enjoy. Maybe I’ll never really be one of them, but they do have some wonderful traditions and perspectives. I really hope these are not lost. On the other hand, too much provincialism is blinding and even antithetical to an educated view, particularly in this new millennium where the world is increasingly small and knowledge from outlets around the globe is

(Continued on page 16)
only a mouse click away. That too is wonderful and I find that I can’t get enough of it either.

Dr. Petrie, in his response, notes that he was not implying bias in US journals against non-US authors, and I’ll take him at his word, though his introductory comments seem to open the door to suspicion of such an accusation. As one associate editor, I can emphatically state that I am excited to see submissions come in from other countries and also find myself routinely utilizing the services of reviewers from overseas. Frankly, if I’m biased it is in favor of publishing work from abroad simply because I want to know what is going on out there and suspect that our worldwide readership wants to know as well. Dr. Petrie also noted that “policy” is unlikely to change at *Annals* and *Health Psychology*. I don’t know what policy he was referring to. Though I am not on either of their editorial boards, I am well-acquainted with the journals as well as many of the editorial board members and believe they are eager to publish the best research regardless of its point of origin. Drs. Christensen and Kaplan provided an able defense of such in their response and I refer the reader to their reply for specific data.

To be sure, Dr. Petrie has sounded an alarm that should serve to keep all of us US folks on our toes. It is easy for us, perhaps (though I’m not certain of this) more than others, to become complacent and a bit too confined in our views and actions. My anecdotes above demonstrate that this happens to us as citizens and it would therefore be surprising if it didn’t also happen to us as scientists and professionals. I appreciate Dr. Petrie’s challenge and believe that his contributions will raise awareness that will help all of us maintain a focus on the big picture, i.e., quality contributions from wherever we can find them. I also believe that the journals in question make a determined effort to publish the very best research that they receive. Too bad my audience is primarily American because at this point in my little essay I want to encourage all authors, worldwide, to send us your best. Though I shouldn’t speak for them, I’m sure Drs. France, Christensen, and Kaplan echo that sentiment; in fact they said so in their papers.

So I give my thanks to all for their thoughtful contributions to this important discussion. I trust that focusing on these issues will only serve to improve our work in the future and flavor our work with a stronger international taste. By the way, I’m a member of the European Health Psychology Society, and perhaps my memory is failing me, but when was the last time that meeting was in the US? Oh never mind – I’d rather go to Europe anyway – anyone have a few Euros to spare?

References to Series in *European Health Psychologist*

Original article:


Replies:


Reply to replies:


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Division 38,
Health Psychology

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DIVISION 38 WEB SITE
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The Division of Health Psychology Career Service Award has been renamed in honor of Nathan W. Perry, Jr. Dr. Perry’s leadership in the development of education, training, research and practice in health psychology has fostered its maturation as a discipline and profession.

Nathan W. Perry, Jr., died from cancer on December 1, 2007 in Tallahassee, Florida. At the time of his death he was Professor Emeritus of the Department of Clinical and Health Psychology at the University of Florida, where he had begun work after receiving his PhD from Florida State University in 1963. Dr. Perry was a Fellow of three divisions of the American Psychological Association (APA) -- Divisions 3 (Experimental), 12 (Clinical), and 38 (Health). He was also board certified by the American Board of Clinical Health Psychology of the American Board of Professional Psychology.

When Nathan Perry became chair of the Department of Clinical Psychology in 1978, he was immediately supportive of new faculty developing roles for psychology in research and practice with medical, surgical and dental populations. Through his support the Medical Psychology Consultation Service and the UF Pain and Stress Management Laboratory were established as well as training tracks in medical psychology at the doctoral and internship levels. For years Dr. Perry himself had conducted vision research in collaboration with the Ophthalmology Department, and as health psychology became increasingly formalized in American psychology, he became one of its strongest advocates. After attending the Arden House Conference in 1983, he became convinced that health psychology was an important growth area within psychology, permitting the discipline to better meet societal needs.

Dr. Perry chaired the UF department for over 20 years, transforming it from a department of clinical psychology into the Department of Clinical and Health Psychology that was nationally recognized for its scientist-practitioner education, training, research and practice. He fostered the development of strong tracks in clinical health, child and neuropsychology within the department’s APA accredited doctoral program and its APA accredited internship. The department was also a site for training many postdoctoral fellows in health psychology. Housed in an academic health center (AHC) the department was also responsible for Shands Teaching Hospital's Psychology Clinic – a clinic that was the primary teaching clinic for psychology graduate students, interns and residents, and also a service center for psychological consultation and referral for attending faculty from the College of Medicine as well as the College of Dentistry. By the 1990’s, the Psychology Clinic was a frequently consulted service at the Shands Teaching Hospital, more often consulted than the Department of Psychiatry.

Over the years Dr. Perry hired and mentored psychology faculty with research and clinical expertise in areas such as anxiety, cancer, cardiology, dentistry, diabetes, dialysis, memory, neurology, obstetrics-gynecology, obesity, organ transplantation, pain, pediatric psychology, primary care, and rheumatology as well as stress, coping and health promotion/disease prevention. To accomplish these goals, Dr. Perry fought for resources, and invested them wisely. At the time of his retirement in 1998 the department had grown from a small unit to a multimillion dollar enterprise with nearly 1 million dollars in reserve funds, a fact of which he was very proud.

Dr. Perry’s career was distinguished by his longstanding commitment to the integration of science and practice and his advocacy for psychology’s role in all aspects of health care -- not just in mental health care. He was committed to the autonomy of psychology and to seeking parity among other doctoral health professions. He believed strongly that psychology must have its own administrative home in AHCs, with full authority over its own practice, research and vision for the future. He was a man committed to quality and to principle. Dr. Perry also facilitated the career achievement of others, serving as sage advisor and mentor to many. He was well-known as having great wisdom and skill in navigating AHC’s, academic bureaucracies, and APA politics; many leaders sought his advice.

Among his many roles in regional and national professional organizations, Dr. Perry was elected president of the Florida Association of Applied Psychologists (1979), Florida Psychological Association (1983), American Board of Health Psychology (1987-1990), Assembly of Scientist-Practitioner Psychologists (1990-95), Society of Clinical Psychology (1996), Southeastern Psychological Association (1997-98), and Association of Medical School Psycholo-
Nate Perry continued

gists (1999). He served for seven years on the APA Council of Representatives and was a member of the APA Board of Directors from 2000 through 2003. Among his numerous awards were the Karl F. Heiser Presidential Award for Advocacy on Behalf of Professional Psychology (1993), and the Lifetime Contributions Award and the Outstanding Achievement Award from the Florida Psychological Association (1998, 2007). He received the Career Service to Health Psychology Award from the APA Division of Health Psychology in 2000, an award that has now been renamed in his honor.

In addition to psychology, Nate loved cars, all kinds of technology, gardening, raising koi and the Florida State University Seminoles. His greatest passion was for his wife of 29 years, pediatric psychologist Suzanne Bennett Johnson. He loved being introduced as “the husband of” and was immensely proud of her achievements. Drs. Perry and Johnson were true life partners who loved to talk, travel and just be with each other and their two girls, Erika Marion and Marissa Clara. He thrived on the happiness and successes of his children, including four from a previous marriage (Kathy, Keith, Karol and Kevin). His life as a husband and father gave him his deepest pleasures.

Nathan Perry’s professional legacy includes institutionalized values and programs as well as the contributions from faculty, students and patients whose lives he impacted. His leadership in the development of education, training, research and practice in health psychology has fostered its maturation as a discipline and a profession.

Cynthia Belar
American Psychological Association

1 Based in part on the eulogy prepared by the author for a memorial service December 16, 2007 (http://www.celebratenate.com/?page_id=3) and the subsequent obituary prepared for the American Psychologist.

New Kid continued

As my first column, it is apropos that I spend a few moments introducing myself to the readership. Perhaps the best place to start is to begin with select tidbits from my CV. I earned my doctoral degree in 2002 from Virginia Commonwealth University where I was within the Behavioral Medicine/Health Psychology Track in the Clinical Psychology Program. From there, I went to the Miami VA Medical Center as a behavioral medicine intern and then came to VA Connecticut as a Clinical Health Psychology Postdoctoral Resident. It’s been a bit like the Hotel California song by the Eagles for me here at VA Connecticut (”You can check out any time you like, but you can never leave.”) – BUT in a significantly more positive way: I am an eager captive to my little corner of the world here in New England and wouldn’t escape even if I could!

Before this column starts sounding too much like a New England Vacationing commercial (and no, I am not funded by the local tourism council), let me redirect my comments to a passion we all share: health psychology. Given the relatively short history of our field, it’s amazing how diverse and dynamic we have become. There are certainly many exciting frontiers within our field – some are just emerging, others yet to be discovered. I am simply excited to be part of this journey. I certainly look forward to learning from all of you where our future may take us.

As for some of the current topics within the field that are of particular interest to me, education and training certainly excite me – and I’m even more jazzed now that I was fortunate enough to attend the recent Council of Clinical Health Psychology Training Programs Meeting in San Antonio, TX. In my current role at VA Connecticut, I am actively involved in our site’s training mission: In addition to being the Director of Training for our Clinical Health Psychology Postdoctoral Residency Program, I also provide training to future psychologists and psychiatrists. Another area of particular interest to me is translating research into practice. One of my new roles here at the VA is being the Firm Director for our newly-established series of "Integrated Care" clinics throughout Connecticut focused on integration of mental health services within primary care environments. In essence, I help to roll-out evidence based practices to serve the current and future needs of our veterans.

In summary, consider this column to be my first welcoming “hand-shake” to the readership of The Health Psychologist. I am looking forward to learning more about your interests and helping to disseminate information through the newsletter. Till next time …
**Women and Health Committee**

My name is Catherine Schuman, Ph.D. and I have recently accepted the opportunity to harness the amazing experience and power of the women and men of Division 38 to resurrect the Women and Health Committee. Are you wondering what the women and health committee does? If so, get involved by sending me an email! cschuman@cha.harvard.edu. Let’s work together to define the direction of this committee. The committee will have two general focuses, first to highlight and promote research, treatments and resources for women’s health and second to promote the role of women in psychology. The committee is also responsible for making nominations for Division 38 offices, nominating fellows and suggesting programming for the Annual Meeting. I am looking for six to eight motivated members to join me in this task.

Since I am new to leadership in the division I thought I would give a brief introduction. In January I left my position as director of sleep psychology at Fletcher Allen Health Care and clinical associate professor in the departments of Neurology and Psychiatry at the University Of Vermont College Of Medicine to accept the position of director of Health Psychology at Cambridge Health Alliance (CHA). I will also be the training director for the Behavioral Medicine training program at CHA starting with the 2008-2009 trainees.

I look forward to working with you and hope to hear from you soon.

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**With support from a grant by the Arcus Foundation National Fund, AFFIRM: Psychologists Affirming Their Lesbian, Gay, and Bisexual (LGB) Family has been working on a project to enhance the training of graduate students in clinical psychology. Voicing their concern about the lack of exposure to LGB issues in their training, graduate students have written to the APA Committee on Accreditation, urging them to recognize exposure to the literature on sexual minorities as an important part of the APA diversity requirement. AFFIRM has put together a carefully selected list of readings on LGB issues and sent them to Directors of Clinical Training, asking them to distribute it to their faculty. The topics covered include child/development, couples/family, ethics, psychopathology, and therapy.

In order to make these references available to an even larger audience, AFFIRM has also just posted them on its Web site, together with abstracts for each. To facilitate ease of use, a PDF can be obtained for each reading through PsycINFO, by contacting the author, or by emailing marvgoldfried@gmail.com.

You are invited to visit the AFFIRM Web site at: www.sunysb.edu/affirm. Go to "Announcements" for further information on the project, and then click on "Bibliographies."

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**From the Student Representatives**

Laura B. Pence, M.A.
Amber M. Davis, B.A.

We would like to take this opportunity to alert you to the upcoming division events geared towards students at the 2008 APA convention. Programming specifically geared towards students will include a symposium called Care and Feeding of your Career from Student to Faculty, a meet-and-greet with training directors of internships and post-docs in health psychology, and a breakfast roundtable discussion. We will also have student poster sessions, featuring small group discussions with experts in different areas of research and poster awards judged by members of the Division 38 student committee. You are also encouraged to join us for a night of networking and fun at the Division 38 30th anniversary party. The specific dates and times of these events will be advertised once the schedule is finalized. We are looking forward to having a great student showing at all of the Division 38 events!

A few reminders: Contact us directly at div38studentreps@gmail.com with questions or if you are interested in becoming a member of our student committee. The address to post on the student list serv is div38stu@lists.apa.org. To subscribe to the student list serv send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name).