

Official Newsletter of the American Psychological Association,
Division 38

The Health Psychologist

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President's Column

We are truly at a crossroad for our profession, our science, and the care of our patients. As I write this column today, I wonder (and worry) about the stimulus package that will likely be enacted by the time you read this. Some of the highlights relevant to health psychologists:

* \$10 billion for the National Institutes of Health (NIH), with some funding allocated to construction and renovation of extramural research facilities and for shared instrumentation and other capital equipment

* \$500 million to the Health Resources

Karina Davidson, Ph.D.



and Services Administration for health professions workforce development through scholarships, loan repayment, and grants

* \$700 million to the Agency for Healthcare Research and Quality for comparative effectiveness research (\$400 million of that funding is to be transferred to the NIH to conduct or support such research)

* \$400 million to support comparative

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From the Editor's Desk

An Update on Training in Clinical Health Psychology

Kevin S. Masters, PhD



In January at the precise time the rest of the country was shivering in a major deep freeze, the Council of University Directors of Clinical Psychology (CUDCP) and the Council of Clinical Health Psychology

Training Programs (CCHPTP) gathered in sunny and reasonably warm Albuquerque for our annual meetings. I had heard rumor that there was some grumbling among group members who thought Albuquerque would not be warm enough for them but the days were filled with bright clear blue

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2009 APA Division 38 Candidates for President-Elect



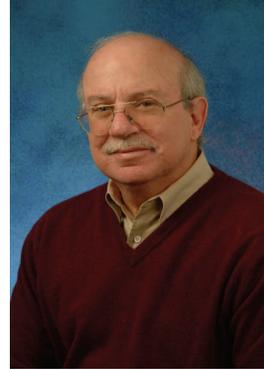
Christopher R. France, Ph.D.

I have a strong commitment to Division 38 and to the advancement of health psychology as a science and a profession. I have served our 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 Presidential Task Force on Doctoral Training in Clinical Health Psychology, representative to the APA Council of Representatives, and as a member of the APA Central Program Committee. I was honored to be recognized for outstanding service to Division 38 in 2003 and again in 2007, and to be elected to APA Fellow status in 2005.

I joined the Ohio University Department of Psychology in 1990 after completing my PhD at McGill University. I am currently a Full Professor at Ohio University and I have previously served as the Department of Psychology's Director of the Health Psychology Program and Director of Clinical Training.

My research focuses on assessment and treatment of pain, risk for hypertension, and interventions to enhance blood donor recruitment and retention. These interests extend from basic mechanisms to real-world applications and my experience has taught me the value of multidisciplinary collaborations. Accordingly, I have worked to promote a multidisciplinary perspective as the Editor-in-Chief of the *Journal of Behavioral Medicine* and as an Associate Editor for *Annals of Behavioral Medicine*.



Perry M. Nicassio has had a career in health psychology that has spanned over 25 years as an administrator, researcher, and practicing clinician. Currently, Dr. Nicassio is a Clinical Professor and Senior Research Scientist of the Norman Cousins Center for Psychoneuroimmunology in the Department of Psychiatry at

UCLA. He received his BA in psychology from the University of Southern California (1969) and his Masters (1971) and Ph.D. (1973) in clinical psychology from Northwestern University. From 1988 to 2003, Dr. Nicassio was an associate professor in the Department of Psychiatry at the University of California, San Diego and professor of psychology and founding director of the Health Psychology Ph.D. Program at the California School of Professional Psychology, San Diego. His research activities have addressed the role of illness cognition and coping processes in patients with chronic illness and on the development and implementation of behavioral interventions for patients with rheumatic disease. His current interests focus on mechanisms for implementing effective behavioral interventions in health care settings. His numerous scientific publications and paper presentations in health psychology and behavioral medicine include (with Tim Smith) *Managing Chronic Illness: A Biopsychosocial Approach* (APA, 1995).

Dr. Nicassio has served Division 38 in many capacities, including two terms as treasurer, Chair of the Health Services and Nomination Committees, co-editor of the division book series on clinical health psychology, and co-chair of the Future of Health Psychology Conference in 2000. In 2008, he received Division 38's Career Service Award for his contributions to the field.

2009 APA Division 38 Candidates for Council Representative



**Helen L. Coons, Ph.D.,
ABPP**

As a Division of Health Psychology representative to APA's Council (COR), I would be a strong advocate for critical issues highly relevant to our dynamic field as well as our diverse research

and practice membership. Experience in APA leadership (CAPP; CWP; Leadership Institute for Women in Psychology; Division 38), decades of practice as a clinical health psychologist, six years in public health, advocacy efforts for improved health care and media work underscore my commitment to represent key Divisional interests on APA's and our national agenda. Some of the most pressing issues at this time include: 1) promoting health psychology science, education, practice and policy across the APA Directorates; 2) ensuring that APA is carefully positioning psychology in health care reform legislation which emphasizes the role of health psychology services; the role of psychologists in proposed integrated care models; payment for Health and Behavior Codes as well as Evaluation and Management Codes related to treatment and prevention; and certainly funding for and application of health psychology research; 3) promoting health psychology's contribution to science, education, practice and policy within APA's new strategic plan as well as its implementation; 4) advancing Health Psychology's contributions in the APA Public Education Campaign on behalf of the public's health; and 5) effectively collaborating with COR Representatives across other APA Divisions to promote shared interests in health psychology research, practice, education and policy.



Nancy A. Hamilton is an Associate Professor of Psychology at the University of Kansas and the coordinator of the Health and Rehabilitation Specialty in Clinical Psychology. Nancy is a member of Div. 38 and also an active member of the Society of Behavioral Medicine.

Nancy has been the Div. 38 Representative to the Board of Educational Affairs for the past year and a half.

I received my clinical training at Arizona State University, and interned at the South Texas Veterans Health Care Center and have held academic tenure-track (now tenured) positions since graduating in 2001. My research primarily focuses on the relationship between sleep and chronic pain. Right now I am conducting two studies examining how sleep affects functioning in patients with fibromyalgia. The first study is designed to investigate whether sleep is related to overnight memory consolidation and attentional biases (as measured by an ERP EEG task). The second study, funded by NIH-NIAMS is an RCT sleep intervention.

I am honored to have been nominated for Division 38 Council Representative. I believe that my experience in academic health psychology and experience with BEA will enable me to be an effective representative. Given the impending changes to our health care system, it is critical that Division 38 have a strong representative to APA council to advocate on behalf of the Division on issues related to clinical training and the intersection between training and public policy.

2009 APA Division 38 Candidates for Member-at-Large



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.



Linda C. Gallo, Ph.D.

I am honored to be nominated to serve as Division 38 Member-at-Large, Publications/Communications, and Research.

After completing my Clinical Psychology doctorate at the University of Utah, and postdoctoral training at the University of Pittsburgh, I joined San Diego State University's faculty in 2001. Currently I am Associate Professor of Psychology, core member of SDSU/UCSD's Clinical Psychology Joint Doctoral Program, and co-director of SDSU's Center for Behavioral and Community Health. I am actively involved in education and mentorship of students in our undergraduate, masters, and doctoral programs. My research--funded by NIH--examines psychosocial factors underlying health disparities and culturally-tailored interventions to improve health in underserved populations. I am honored to have received early career recognitions from Division 38 (2004), the Society of Behavioral Medicine (2005), and APA (2008).

I have been an active member of the Division and have participated in leadership roles since early in my career. I have served as Division Program Chair (2003), Health Research Council Chair (2005-2008), Health Disparities Committee Chair (2007-present), and as representative to APA's Public Interest Network (2008-present). I am Associate Editor for *the Journal of Behavioral Medicine*, and I have served on editorial boards including *Psychological Bulletin* and *Psychosomatic Medicine*. I have also contributed to program planning for the Society of Behavioral Medicine. I feel that my experiences are well suited to serving the membership in the areas of Publications/Communications and Research. If elected, I would look forward to working with the Division members and leadership to represent our diverse interests!

President's Column

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effectiveness research at the discretion of the Secretary of Health and Human Services

* \$2.5 billion for the National Science Foundation for research and related activities

Comparative effectiveness research, as many of you know, asks if one intervention is more efficient/effective than another active intervention. Some think this will be used to detect which health care services should be reimbursed, because they are useful. Critics believe that this research will ultimately lead to rationing of health care options, and allow politicians to limit our access to critical services. When most think about comparative effectiveness, they think of comparisons between two drugs, or between two medical devices, but I think of health psychology interventions that might compare favorably to pharmaceutical and interventional techniques. Whether we are included in this research and practice debate may be up to us, and our ability to effectively lobby when these decisions, and research directions, are chosen.

Moving to another topic, many of you know that we recently asked you to complete a survey about Division 38, and we asked you about the services/directions we can engage in to serve you better. The results are just in, and will inform the Long-range Strategic planning retreat that will occur in just a few weeks. (Editor's note: The retreat took place at the end of February-beginning of March). Some highlights from the survey so far include high enthusiasm and recognition for *Health Psychology*, our journal under Robert Kaplan's editorship -- and this response was found for both researchers and practitioners, and across all age ranges. Lobbying for Health & Behavior code reimbursement, and representing Health Psychology on APA Council, Boards, and Committees, were also seen as uniformly important activities for Division 38 to continue to pursue. We will have an extensive report of the survey results available in the next few weeks.

Our Student representatives, Laura Pence and Amber Davis, with the leadership of Beverly Thorn, PhD., recently completed a national set of focus groups of graduate students interested in health psychology. There were some pretty interesting findings from this exhaustive work, including tidbits like: *Having a top journal and interest in health psychology were the most frequently reported reasons for joining Division 38, although few reasons (for joining) were cited overall.* Cost, and a lack of understanding of what Division 38 does were the most highly-cited barriers to joining Division 38. The most commonly cited perceived roles for trainees in professional societies were: to attend conferences and to network with other professionals. We will examine these results carefully as we plan for the next ten years.

As I mentioned in my last column, we are attempting a new APA annual convention format this year. We have chosen five Master researchers/clinicians to provide Evidence-based Case rounds in differing health psychology topics during the new convention initiative: the 'Convention within the Convention (CwC)'. Robin Masheb, PhD, our Division 38 Program Chair, and Christopher France, PhD with Barbara Keeton are to be thanked for working tirelessly to get Division 38 programming, and CwC programming, successfully completed.

Clinical Health Psychology Grand Rounds:

Evidence for Assessing and Treating a Work Disability Patient; Daniel Bruns

Evidence for Treating Women with Breast Cancer; Helen Coons

Evidence for Treating a Depressed Cardiac Patient; Karina Davidson

Treatment of a Veteran from Operation Iraqi Freedom with Chronic Back Pain and Multiple Medical

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From the Student Representatives

Donald M. Lamkin, M.A.

Laura B. Pence, M.A.

We would like to introduce one of us as a new student representative for Division 38. Don Lamkin has recently come on board and is a 4th year graduate student in the Health Psychology program at the University of Iowa. Don studies biobehavioral processes in cancer under Dr. Susan Lutgendorf, Dr. Alan Kim Johnson, and Dr. Jerry Suls, the current Division 38 president-elect.

We are enthusiastic about 2009! Our main goals for the year are to make the division more relevant for trainees and to increase opportunities for mentoring and networking through the division. In addition to collecting information from graduate student focus groups on their needs, we are considering ways to facilitate consultative communication between trainees and other members of Division 38 on matters relating to professional development in the field of health psychology. Applying for internship or post-doc, giving a job talk, applying for grants, and balancing professional and personal life are just a few areas in which trainees have expressed a desire for more guidance. We know that members of the Division gain valuable knowledge and experience as they progress along their own professional path. Whether it be from graduate school to post-doctoral fellowship or from assistant to associate professorship, the knowledge one gains from such experiences can be very helpful to others in the Division who have yet to cross such milestones. As we continue to work on this initiative, we welcome your ideas and suggestions on improving opportunities for mentoring and networking. Please let us know your needs or ideas related to mentoring and networking by emailing us at div38studentreps@gmail.com.

We would also like to alert you to the upcoming division events geared towards students at the 2009 APA convention. Start planning to join us in Toronto Aug 6 – 9 for these events!

Conversation hour: Meet the Health Psychology Internship and Post-doc Training Directors

Conversation hour: Diapers, Deadlines and Dinner Parties: How Psychologists Handle the Work Life Balance

Symposium: Building a Successful Career From Internship Through Junior Faculty: Key Advice From Senior Scientists

Discussion on mentoring and networking, with social hour and reception to follow

Poster Session: Health Psychology: Cardiac, Stress and Coping, Health Behaviors and Mindfulness

Poster Session: Health Psychology: Pain; Obesity, Eating and Exercise; HIV, Sexual Behavior and Fertility

Division 38 annual party (drinks and hors d'oeuvres will be served)

There will also be a number of research symposia on health related issues and talks by senior clinicians on evidenced based treatments in health psychology!

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

From the Editor

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sunny skies and I was able to comfortably take a jog in t-shirt and shorts. That's good enough for me!

Some of you may not be familiar with CCHPTP so here is a little background (borrowing heavily from information provided by Kevin Larkin at http://www.wvu.edu/~psychology/departmentinfo/News%20Items/News%20Items/Larkin_CCHPTP.htm). As readers of this publication are well aware, there has been considerable growth among training programs providing specific training in Clinical Health Psychology. Further, the professional practice of Clinical Health Psychology was recognized as a formal specialty area by APA in 1997. Despite this growth, very little organized attention at the national level had been paid to the maintenance of an active training council. A major task of a training council is to assure that appropriate standards of training are developed and disseminated; thus it seemed likely that given the growth in the field such a training council was needed. APA Division 38 provided seed funding for a conference in Tempe, AZ in 2007 to determine the need and feasibility of re-invigorating the previously existing training council in health psychology. It was determined that an active training council in health psychology was both necessary and possible. Subsequently, the council was reformed (and renamed to now specify that it represents clinical or applied, including counseling, health psychology) and is now chaired by Kevin Larkin of West Virginia University. The council has representation at national education and leadership meetings and a new Board of Directors has been formed. New members are actively being recruited and unlike some other training councils, CCHPTP is comprised of pre-doctoral, internship, and post-doctoral clinical health psychology training programs. This enables open communication among educators involved in the various levels of professional development of clinical health psychologists. Like other training councils, membership is open to programs, not individuals.

The purpose of the Council of Clinical

Health Psychology Training Programs (CCHPTP) is to promote the advancement of graduate and post-graduate education and training within the field of clinical health psychology. Consistent with this purpose, CCHPTP member programs strive to educate and train future clinical health psychologists to promote human welfare and to advance the growth of health psychology science and practice. CCHPTP espouses graduate and postdoctoral education and training that produces a clinical health psychologist capable of functioning as a scientific investigator and as a practitioner, consistent with the highest standards of clinical health psychology. For more information about CCHPTP or if you have interest in having your organization join feel free to contact Kevin Larkin, Chair at klarkin@mail.wvu.edu, Mary Davis, Secretary/Treasurer (Arizona State University) at mary.davis@asu.edu, or yours truly as a member of the board at kemaster@syr.edu. CCHPTP's web site is at <http://community.wvu.edu/~ktl000/CCHPTP/index.htm>

Since the 2007 meeting in Tempe, CCHPTP has held yearly meetings in San Antonio and this year in Albuquerque. Next year's meeting will occur concurrently with Council of Chairs of Training Councils (CCTC) meeting, the umbrella group for all training councils in psychology. The larger CCTC meeting will take place from February 10-14, 2010 in Orlando, FL and the CCHPTP portion of the meeting will be held on Saturday, February 13. I think it is fair to say that the three previous meetings have been very productive; time well spent for anyone interested in clinical health psychology training. In addition to formal presentations on important topics by nationally prominent speakers, the meetings have been focused and organized around active involvement by the participants through small working discussion groups and subsequent presentations and larger group discussion. This led to an important publication (France, Masters, Belar, Kerns, Klonoff et al., 2008) based on the Tempe meeting and a series of articles from the San Antonio meeting that is

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Let's Debate about the Suleman Eight

Lisa Maria E. Frantsve, Ph.D., Assistant Editor



Perhaps by now you've heard the story: On January 26, 2008, Nadya Suleman gave birth to octuplets at Kaiser Permanente Bellflower Medical Center in Southern California. Within days, the typical initial public intrigue with any higher-order multiple birth was quickly replaced with a cascade of questions. How were the babies conceived – naturally or with reproductive assistance? Where and with whom will the babies live once they leave the hospital? Curiosity surrounding the octuplets and their circumstances was building. The media set out to get the story...

Within weeks, news reporters revealed that the octuplets – as well as their 6 elder siblings – were all conceived with the assistance of reproductive technology. Their mother, Nadya, was unmarried, unemployed, and had been living with her parents in a Los Angeles suburb while studying psychology in a Masters Degree Program. These octuplets did not have the idyllic family scenario nor the dreamy “happily ever after” forecasted future that so many other higher-order multiple births preceding them seemed to have. The story of Nadya Suleman and her children quickly transformed into heated debates and public outrage aimed at octuplet's mother and her reproductive specialists. As this story continues to unfold, the ethics and practice of reproductive medicine continues to be debated and discussed.

But this column is not entirely about Nadya Suleman or reproductive medicine. It's about us: The members and representatives of the field of health psychology and APA's Division 38. What debates and discussions – if any— should we be having concerning our profession and its interface with reproductive medicine or other issues of current public interest?

The field of health psychology is not only firmly rooted in the biopsychosocial model, but also regularly serves as a liaison between psychology and medicine. We strive to understand human behavior and health behaviors. Our education, training, advocacy and clinical practice are informed by a large and rapidly-emerging body of empirical research on a wide array of health issues across the lifespan. Division 38 has been around for 30 years, continually growing in number and influence. So, I ask: What contributions has the field of health psychology made to the similarly rapidly-emerging field of reproductive medicine? Moreover, what contributions should our field make in this area of medicine?

As many can probably recall, *Health Psychology* published a special issue on reproductive health and stress in 2000 (See *Health Psychology*, volume 19, issue 6 (November)). In this issue, findings related to the deleterious impact that psychological factors – such as depression, stress, homelessness, and poor social support – can have on pregnancy and birth were presented. Protective factors – such as optimism, health promoting behaviors such as exercise, diet, and remaining nicotine-free – continued to be associated with improved outcomes in reproductive health. Cognitive-behavioral interventions were successful in reducing emotional distress among women who were having trouble conceiving. Not surprisingly, several lines of research prior to and subsequent to our flagship journal's special issue have revealed generally consistent findings: psychosocial factors can influence the health and wellbeing of mothers and their infants.

Similarly, *Health Psychology* also published another special issue on the Future of Health Psychology (See *Health Psychology*, 2004 volume 23, issue 2 (March)). Interwoven throughout this particular special issue were several examples of the anticipated developments for research, practice, education, training, and policy within the field of health psychology. For example, the influences of technical and medical advances – such as telemental health, health informatics, and organ transplantation – as well as the impact of health care economics

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Sulamen Eight

were reviewed. Clearly, the field of health psychology has much to offer as well as many important issues to face in the upcoming years.

Upon further reflection, there may be some interesting parallels between organ transplantation and reproductive issues such as Nadya Suleman's case as well as some prime opportunities for health psychology. Both organ transplantation and higher-order births pose significant medical risks, require considerable lifestyle changes, and highlight the need for sufficient social support in the face of these challenges. Psychosocial factors can clearly influence outcomes – either in a positive or negative fashion. Interestingly, biopsychosocial evaluations are often a pre-requisite for organ transplantation. Such evaluations are often conducted by health psychologists with training in clinical or counseling psychology who thoughtfully assess the dynamic interplay between social, emotional and medical factors to determine if there is an appropriate equilibrium among these factors to suggest that outcomes will be favorable. However, it is not clear if such evaluations are also required for reproductive procedures such as those that produced the Suleman octuplets. Thus, I ask: Should biopsychosocial evaluations be a pre-requisite for in-vitro fertilization and other reproductive procedures? If so, what type of evaluation should be conducted by what type of mental health professional?

Moreover, is there anything that we – as Division 38 – can or should offer in response to the ongoing debate concerning multiple births and artificial reproductive technology? If so, what would be the implications for the future of health psychology if we get involved in public debates related to this and other “hot” issues in healthcare? As we all know, today the public is focused on the octuplets but tomorrow the public will be focused on a completely different issue.

Once again, the case of the octuplets spurs curiosity and additional questions to ponder. In the meantime, it would be interesting to hear from our readers regarding their views on what our role – as individual health psychologists, as a collective discipline, or both – should be in reproductive matters as well as any other health issues that pique national interest.

2009 APA Convention

Toronto, Canada



President's Column

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and Psychiatric Comorbidities; Robert Kerns

Evidence for Treating Eating Disorders in Adolescents; Daniel LeGrange

I end once more encouraging you to visit our new website: <http://www.health-psych.org/>

From the Editor

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currently under review. The group has been guided by the assumption that “what happens at the meeting, doesn't stay at the meeting” and thus we are working to enter into the scholarly public record the ideas and issues discussed.

I personally found the most recent meeting quite fascinating. How many of you are keeping up with the developments and innovations in the use of standardized and virtual patients as ways of assessing clinical competence? Are you aware that standardized patient interviews are now a national requirement in medical schools with students actually being required to travel, at their own expense, to one of five sites around the country where the standardized patient examinations are administered? These are referred to as Objective Structured Clinical Exams (OSCE) and their successful passage is a prerequisite for advancement in the medical program. Web sites now also offer access to training by standardized patients. Special thanks to Barbara Cubic from Eastern Virginia Medical School for a most interesting presentation on this topic. Thomas Parsons from the Institute of Creative Technologies at the University of Southern California provided a multimedia presentation on developments with virtual patients. This is quite fascinating work and a long way from the early efforts in this area. Though they are perhaps not quite ready for prime time, the advances in these training technologies are so great that it is not hard to imagine a day when use of vir-

Kim Dixon, PhD and Ted Robles, PhD have added many new useful features to this website, and should be congratulated on their hard work. Please send us feedback on our new website, convention programming, and the directions that will most help you grow your career as a health psychologist.

tual patients will be commonplace in training programs, particularly programs that train for work with children and adolescents where it is much more difficult to recruit professional actors to serve as standardized patients. I don't think I am overstating it when I say that all of us in attendance felt challenged to assess our own programs' efforts at assessing competence and we left feeling the need to initiate discussions back home regarding how we might be better able to take advantage of these standardized ways of assessing clinical health psychology competencies. We all know that it is one thing to answer a test question correctly about the nature of empathy or how to properly engage a non-adherent patient with Type 2 diabetes and it is quite another to actually display the skills involved to be effective in working with these individuals.

See what you missed by not being there? Don't make that same mistake next year. See you in February, 2010. Again, for further information please contact Kevin Larkin, at klarkin@mail.wvu.edu, Mary Davis at mary.davis@asu.edu, or yours truly at ke-master@syr.edu.

France, C.R., Masters, K.S., Belar, C.D., Kerns, R.D., Klonoff, E.A., Larkin, K.T., Smith, T.W., Suchday, S., & Thorn, B.E. (2008). Application of the competency model to clinical health psychology. *Professional Psychology: Research and Practice*, 39, 573-580.

Developmental Health Award

Dr. Margaret Gatz has won the 2009 Developmental Health Award from the American Psychological Association in recognition of her research contributions to the fields of health and aging. Dr. Gatz is Professor of Psychology, Gerontology, and Preventive Medicine at the University of Southern California.

Margaret Gatz's research focuses on predictors, correlates and outcomes of physical and mental health problems across the adult lifespan. Her research includes studying risk factors for dementia, examining both biologically-based (e.g., APOE, earlier physical illnesses) and environmental risk factors. Her research in mental health has included studying changes in depressive symptoms with age, the coupling of depression and anxiety over time, associations between depression and physical health and functioning, and the relative environmental and genetic influences contributing to depressive symptoms. She has written articles, chapters and books regarding mental health treatment for older adults and has actively been involved in conferences and working groups informing the public of mental health needs among the elderly.

Dr. Gatz will give an invited address at APA's Annual Convention in Toronto. This invited address is tentatively scheduled for Friday, August 7th, 2009 from 4:00 to 5:00 p.m.

Call for Nominations: *Health Psychology*

Division 38 (Health Psychology) is currently accepting nominations for the editorship of *Health Psychology* for the years 2011-2016. Robert M. Kaplan, Ph.D. is the incumbent Editor.

Candidates should be members of Division 38 and of APA, and should be available to start receiving manuscripts in 2010 to prepare issues to be published in 2011. Division 38 encourages participation by members of underrepresented groups and would welcome such nominees. Self-nominations are also encouraged.

Kevin D. McCaul, Ph.D., has been appointed as Chair for this search.

To nominate candidates, prepare a statement of two pages or less in support of each candidate, and provide a current CV. Submit all materials electronically to: apadiv38@verizon.net.

The deadline for receipt of nominations is April 15, 2009.

February 2009 Council of Representatives Report (COR)

This is a summary of proceedings of the February, 2009 COR meeting held in Washington, DC, held Feb. 20-22, 2009.

1. APA President James Bray presented information on two of the goals for his presidential year. First, he discussed his concept for the “Convention-within-the-Convention” in Toronto. This will be held during the annual convention and will include 16 hours of CEU programming. The topics will include Health, Neuropsychology, Child & Family Psychology – as well as the business of psychology practice – to just name a few of the programs. This mini-convention will be a result of feedback he has received from members around the country requesting more CEU programming. Second, Drs. Bray and APA President-Elect Carol Goodheart are Co-Chairs for the “Future of Psychology Summit.” Indeed this will be an exciting meeting to be held in San Antonio, Texas (November 14-17 2009). As the program is finalized, more information will be provided.
2. The APA Budget received a considerable amount of spirited discussion and debate. The APA Board of Directors and the Executive Management Group have made \$10 million of budget cuts thus far. The total APA staff is 60 employees smaller than two years previously. The following measures have been taken to offset a \$3.4 million deficit:
 - a. a hiring freeze
 - b. reduction of employees by 60
 - c. no Fall, 2009 consolidated meetings (both rounds)
 - d. decreased Educational Leadership Conference
 - e. \$10 million of budget cuts
 - f. no salary increases for the executive management group
 - g. APA minority fellowship will be decreased
 - h. no discretionary funds

It is believed that with these fiscal management procedures, APA will have a modest \$300,000 surplus by the end of the fiscal year. The Council of Representatives voted to approve the budget for APA.

3. There is continued progress on APA’s strategic plan. A vision statement was voted on and approved by the COR.
4. Council voted to continue to fund the representatives from the four ethnic minority psychology associations (these include African-American, Asian, Latina/o and Native American) to attend COR meetings.
5. The Presidential Advisory Group on Psychologists Working in Unlawful Detention Facilities was received by the COR. The report will be forwarded to the appropriate APA Boards & Committees for review and comment. This was approved by the COR.
6. Dr. Nadine Kaslow chaired the Health Care Caucus during the COR meeting.

- a. It was announced that this year's Work Stress conference will be held in San Juan, Puerto Rico in November, 2009.
 - b. APA is aggressively lobbying on Capitol Hill for increased research funding for psychology. Thus far, it appears that there will be approximately \$10 billion in the stimulus bill for NIH research.
7. Dr. Ellen Garrison provided detailed information on APA's Healthcare Reform priorities. These eight priorities include the following:
- a. Integrate mental & behavioral health care into primary care.
 - b. Ensure access to quality mental health promotion, screening and prevention.
 - c. Develop & maintain a diverse psychology workforce.
 - d. Ensure that access to quality psychology providers are included in benefit plans.
 - e. Eliminate disparities in mental health care.
 - f. Increase funding for psychological and behavioral research.
 - g. Include privacy & security protections in the development of health information technology.
 - h. Enhance the involvement of psychologists & other health care professionals with consumers, families and care givers.

Submitted by Larry C. James, Ph.D.

Call for Applications: The National Mentoring and Fellowship Program of the Center for Population Research in LGBT Health. The Center is seeking applications from **pre-doctoral** and **advanced masters' students** interested in careers in LGBT health research. The program connects students with expert faculty mentors from the national network of faculty of the Center. Mentors are closely matched to students' research interests and will assist students who are developing or working on a research project in the study of LGBT health or same-sex families/households. An ideal candidate will have an interest in working with a mentor to better incorporate population health research methods and/or concerns in their projects. Post-doctoral training and mentoring opportunities are also available through the Center. Contact Aimee Van Wagenen (Avanwagenen@fenwayhealth.org) and visit fenwayhealth.org/populationcenter for more information. Applications for pre-doctoral mentoring are accepted on a rolling basis.

2009 APA Convention

The 2009 APA convention in Toronto promises to be one of the best yet for Division 38! The theme for this year is “Building Health Psychology Competencies: The Next Generation of Evidence-Based Practice.”

Our current healthcare system suffers from rapidly escalating costs, high rates of medically uninsured Americans, and lack of accountability for utilizing expensive treatments and medications with little or no empirical support. The importance of evidence-based healthcare has finally risen to the fore nationally, with over \$10 billion of the recently passed federal stimulus bill dedicated to the NIH. The hope is that this money will be used for effectiveness research.

Health psychology has always been at the forefront of evidence-based practice, and this year’s conference has many sessions that speak to this theme.

Six world-renowned invited speakers will deliver “Grand Rounds”: case presentations informed by the research literature. Daniel LeGrange, Ph.D. will present, “Evidence for Treating Eating Disorders.” Helen L. Coons, Ph.D. will discuss her work in “Evidence for Treating Women with Breast Cancer.” Daniel Bruns, Ph.D. will address “Evidence for Treating a Work Disability Patient.” Robert D. Kerns, Ph.D., “Evidence for Treatment of a Veteran from Operation Iraqi Freedom with Chronic Back Pain and Multiple Medical and Psychiatric Comorbidities.” Patrick McGrath will focus on Child Clinical Psychology with “Evidence-Based Distance Treatment of Children with Conduct and Anxiety Problems.” Finally, Karina W. Davidson, Ph.D. will present, “Evidence for Treating a Depressed Cardiac Patient.”

Utilizing evidence-based practice across the life-span will be a cornerstone of this year’s convention as well. “What’s Cooking in Eating Disorders and Childhood Obesity?: Community Evidence” chaired by Barbara H. Fiese, Ph.D., and “Innovative Measurement and Treatment of Adherence in Pediatric Chronic Conditions” chaired by Alexandra L. Quittner, Ph.D. will present evidence-based symposia for childhood disorders. Two symposia will address growing problems among our aging population. “Sex and Intimacy after Cancer: The State of the Science” will be chaired by Tracey A. Revenson, Ph.D., and “Cardiac Psychology and Rehabilitation” will be co-chaired by Jane Irvine, Ph.D. and Robert P. Nolan, Ph.D.

The 2009 program also places special emphasis on students, education and training. “Building a Successful Career from Internship through Junior Faculty: Key Advice from Senior Scientists” will have internship directors and faculty members from top institutions speak about how to navigate the early career process. Graduate students may informally meet training directors from around the country at “Meet the Health Psychology Training Directors.” Finally, for female and male psychologists wanting to know how to juggle work and family, there is a review of the research followed by a conversation hour in a program entitled, “Diapers, Deadlines and Dinner Parties: How Psychologists Handle the Work-Life Balance.”

Also, please note that we have applied to APA for continuing education approval, and are anticipating that many sessions will provide attendees with valuable CE credits!

But of course, we know Division 38 members like to socialize as much as they like to work. The city of *Toronto* is the cultural, entertainment and financial capital of Canada – and plans are underway to help attendees take full advantage of this wonderful city.

See you in Toronto!

Robin M. Masheb, Ph.D.
Division 38 Program Chair

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