What’s Spinning in Health Psychology

Jerry Suls, PhD, President

It is no big news that membership in the American Psychological Association and attendance at its annual meeting has fallen off in recent years (despite excellent Division 38 programming! Those who missed the “Grand Rounds” lectures at last year’s meeting missed something special – plan now to see them in San Diego.) All of behavioral science is experiencing centripetal and centrifugal forces – increasing specialization and increasing movement toward other fields. Some smaller organizations have more appeal, may be less expensive, or may not have approved policies or seek objectives that some find objectionable for scientific, financial or humane reasons. Of course, centripetal and centrifugal forces may be intrinsic to the development of all fields, and both tendencies need not be problematic, but at least they create a challenge. (The reader will note the positive primary appraisal.)

As for specialization, my view is that fundamentals and advances in psychology define health psychology and provide the rationale, intellectual rudder and distinctiveness of the field. If we become “health neuroscientists” then we will have lost something special,

(Continued on page 4)
Kevin S. Masters, Ph.D.

I am extremely honored that the nominating committee placed me on the ballot for President-Elect. I have been active in the Division for many years and consider it my professional home. The more I work with the members, the stronger is my appreciation and respect for the professionalism of this great group. Similarly, my recognition of the importance this Division has for health psychology has increased over the years. Thus, you can see why I consider this nomination such an honor.

My “official” work in the Division began 13 years ago as Associate Editor of *The Health Psychologist* and for the last eight years I served as Editor. In 2006-7, I co-chaired the Presidential Task Force on Education and Training in Clinical Health Psychology that initiated a process eventually leading to the resurrection of the Council of Clinical Health Psychology Training Programs and resulted in publication of several articles establishing competency guidelines in health psychology practice. I received a Presidential Citation from the Division for this work. In 2007 I became a Fellow of the Division and I am also a Fellow of the Society of Behavioral Medicine. I am Editor-in-Chief of the *Journal of Behavioral Medicine* and Associate Editor of *Annals of Behavioral Medicine*. My academic home is at Syracuse University where I am Professor and Director of Clinical Training. The Division is involved in many important activities and my goal is to see us grow and further solidify our position as worldwide leader in health psychology.

Elizabeth A. Klonoff, Ph.D., ABPP

I currently serve as the Co-DCT for the SDSU/UCSD Joint Doctoral Program in Clinical Psychology. As a faculty member in both academic medical centers and traditional university settings, I have seen “health psychology” become increasingly influential. However, we are at a pivotal time in our development as a field. Research dollars have become increasingly scarce; discussions about health care reform costs have caused many to reconsider the role that life style and other factors may play; and concerns about the relative value of science versus practice abound. The increasing balkanization in health psychology, both within research areas and across research and practice spheres, threatens to jeopardize the field’s very existence. Over the next few years, I believe there are three areas Division 38 must address. The first is to better “brand” and define the field of health psychology and clinical health psychology so that in discussions about integrated health care, “medical psychology,” and health care reform, we do not lose our distinctiveness and the value of our specialization. The second is to develop new and more innovative ways to facilitate the integration of research results and practice activities, so that our work both within the field and across disciplines is increasingly more translational and interdisciplinary. And finally, health psychology must become a leader among the health professions in efforts to decrease the persistent, widespread health disparities that negatively impact so many groups. I would be honored to be able to help the Division work on these issues.
Sonia Suchday, Ph.D.

It is a pleasure and a privilege to be nominated to serve as Member-at-Large for Division 38. I am currently the Director of the Clinical Psychology Ph.D. (Health Emphasis) Program at Ferkauf Graduate School of Psychology and Albert Einstein College of Medicine. I co-direct a multidisciplinary research and educational Institute of Public Health Sciences at Yeshiva University. My research career spans laboratory and epidemiological studies on cardiovascular health among diverse populations and the biopsychosocial aspects of anger/hostility, socioeconomic status, acculturation, and globalization. Recent research has focused on the health impact of terrorism, and factors that impact resilience in the face of adversity such as forgiveness and spirituality.

I was Program Chair for Division 38 in 2004, have been actively involved in Education and Training, and was the liaison to the task force that helped establish benchmark competencies in Health Psychology, and the liaison to the Committee on International Relations in Psychology. I serve on the US National Committee for the International Union of Psychological Sciences at the National Academies of Sciences. Additionally, I have been a guest-editor for Health Psychology and am currently on the editorial board of Annals of Behavioral Medicine. I have enjoyed my work with the Division 38 leadership in these roles and am excited about working with the Diversity and Nominations Committee as Member-at-Large. My work embodies a philosophy of diversity and leadership that I would bring to my role as member-at-large; everything global is best understood locally; and leadership is best developed bottom up.

Vanessa L. Malcarne, Ph.D.

I am honored to have been asked to run for re-election as Member-at-Large. My first term has been an exciting and productive one, with the opportunity to participate in long-range planning. I look forward to completing projects already started, and to developing new initiatives to help the Division.

Currently, I am a Professor of Psychology at San Diego State University, Core Faculty in the SDSU/UCSD Joint Doctoral Program in Clinical Psychology (behavioral medicine track), and a member of the UCSD Cancer Center. I completed my Ph.D. in Clinical Psychology at the University of Vermont before coming to SDSU. In my research, I study determinants of quality of life in chronic illness, and investigate the efficacy of prevention and intervention programs, with a focus on underserved communities. I am committed to reducing health disparities, and have a strong interest in developing and validating instruments for use in multicultural studies.

I’ve been a proud member of Division 38 since I was a graduate student. I’m just completing my term as Associate Editor for Health Psychology, and continue as Associate Editor for Cognitive Therapy and Research, in charge of their health psychology section. I’m on the Editorial Board of several journals and have twice received SBM’s Distinguished Service Award.

I love all aspects of my career as a health psychologist, but am most gratified by being a mentor to my wonderful students. My investment in their professional growth drives my commitment to the Division: I want them to benefit from the same vibrant organization that has helped me throughout my career.
just as we will if we become “medical psychologists” (see articles in this newsletter, pgs.5-10).

Consider that Division 38 is relatively unique among other APA divisions: We own our journal, Health Psychology, and select our Editor-in-Chief. This provides us with significant intellectual autonomy and financial resources to serve our members better. Moreover, both students and PhDs can be members of the Division, receive its journal, newsletter, listserv privileges without being a member of APA and on the cheap (just $23 for students; $50.50 for professionals; see elsewhere in the newsletter for an application).

Division 38 also has some new initiatives, which we hope to further nourish professionals and students. The general thrust, initiated by Past-President Karina Davidson, is to make the Division a resource for education and continuing education at all levels of the health psychology enterprise. For example, in late February 2010, the “Riverfront Conference” was convened in Jacksonville, FL (with Dr. Elizabeth Klonoff as Chair) to re-examine questions about what health psychology training in basic and clinical science/practice should look like in the 21st century. The last time this was done was the Arden House Conference in 1983, when Division 38 was in its youth. The Division is now “middle-aged” and it seems like a good time to re-think requirements, curricula and program needs. What does a health psychologist need to know?

Our student representatives – Don Lamkin and Kadian Sinclair – have started a new telephone conference series whereby interested parties can sign up for special hour-long conference calls. The most recent call featured Professor Sarah Pressman (of the University of Kansas) who spoke with participants about positive affect and physical health. More calls are being scheduled with different experts and will be announced on the Division 38 website and via the Division listserv. Please stay tuned.

Other things are also percolating. Some disciplines have begun to hold virtual conferences (even virtual “social cocktail hours”) through venues such as “SecondLife.” We are also considering developing virtual events. At minimum, we would like to follow the lead of our Student Representatives. One option is, after the publication of an issue of Health Psychology, we invite the author of one of the articles to participate in a telephone conference call/virtual conversation with interested parties, to answer questions, explore implications, and speculate about future directions; and/or to ask a clinical practitioner to discuss how the results of the research do or do not bear on intervention, treatment or policy more broadly. The goal is to reduce communication barriers, distribute knowledge and opinion and potentially inspire new collaborations, friendships and good feeling.

This is just the tip of the iceberg. For those of you who are already Division 38 members, please retain your membership and participate. For those who aren’t yet members, we are a bargain – and YES, you can get it wholesale!!!

Erratum:
In the Fall, 2009 issue of the Health Psychologist it was incorrectly reported on page 14 that Gary Montgomery was elected to Fellow status in Division 38. In fact it was Guy Montgomery who became a Fellow of the Division in 2009. Our apologies go out to Dr. Montgomery.
Prefatory Notes for the Interdivisional Healthcare Committee Statement (see pgs. 7-10, this issue)

Task Force on Medical Psychology & Prescriptive Authority: Jerry Suls (Chair), Dan Bruns, Helen Coons, Chris France, Bob Kerns, Beverly Thorn, Tim Tumlin

In recent weeks, members of Division 38 learned about a recently enacted law in Louisiana, which has implications for our Division and all health psychologists. In response, the current President of Division 38, Jerry Suls, created a Task Force.

First, we want to emphasize that our Division has taken no position about whether psychologists should or should not have prescriptive authority (i.e., the ability to prescribe medications).

The Task Force does, however, take exception that the term, “Medical Psychologist,” has been appropriated for exclusive use for a few prescribing psychologists in the new legislation. Further, because the term “Medical Psychologist” has also been advocated by some members of another APA Division, this problematic usage could be repeated through legislation in other states. In this issue, we have included a copy of a memo, which the Executive Committee of this Division approved unanimously.

That memo also has been approved by the Interdivisional Healthcare Committee, representing several other divisions of APA directly involved with health care (Division 12/Section 2, Society of Clinical Psychology/Clinical Geropsychology; Division 17, Society of Counseling Psychology; Division 22, Rehabilitation Psychology; Division 43, Family Psychology; and Division 54, Society of Pediatric Psychology). It has also been forwarded to relevant parties at APA Central, and shortly to other Division Presidents.

We recommend that you read the IHC statement. Some additional facts are presented below to place the rationale for the IHC statement in context.

The legislation mentioned above is ACT 251, which became law in Louisiana on January 1, 2010. This law is the first of its kind and represents a major shift for our profession, which could have sweeping implications nationally. Here are the bullet points:

*In Louisiana, ACT 251 creates a new profession, Medical Psychologist (MP), which is classified it as a medical profession.
* The MP can prescribe medications.
* MPs are licensed and regulated by the state Medical Board to both prescribe medications and practice clinical psychology.
* MPs do not need to retain licensing by the state psychology board, although they may.
* Because the term “Medical Psychologist” is a legally reserved term in Louisiana, other psychologists (even those with ABPP in rehabilitation or clinical health psychology) cannot legally use the descriptor of Medical Psychologist, unless they also prescribe.
* MPs are authorized to hire both psychology technicians and psychometricians, whose training and activities are undefined, but would also be controlled by the medical board. It is unclear what an

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MP technician would do (e.g., conduct biofeedback, practice psychotherapy, or make medical assessments).

* It appears that being licensed as a "medical psychologist" does not just have advantage over "prescribing psychologist." MP also has regulatory and business advantages over “health psychologist,” “rehabilitation psychologist,” “neuropsychologist,” “behavioral medicine specialist” and related specialties – all of whom are now "unlicensed medical psychologists."

In sum, our concern is that a radically new profession with exclusive rights to the term “Medical Psychologist” has been written into law with unclear limits and scope of practice and no oversight by our profession. As the IHC statement observes, the term “medical psychologist” has never been equated with prescription privileges. Furthermore, its adoption might obscure what a “health psychologist” is.

Other US states and territories (such as the Virgin Islands) are now considering adopting something similar to the Louisiana model that could have a major impact on the practice of psychology in medical settings. APA representatives have announced their intention to spread prescription privileges for psychologists to all 50 states, although currently only one state now allows psychologists to prescribe as psychologists (New Mexico). If this is done using the Louisiana model, however, it could have profound implications.

*Again, we want to reiterate Division 38 does not take a stand on prescriptive authority for psychologists, but we do oppose the use of the term Medical Psychologist (see the IHC memo in this newsletter) and equating it solely with having prescriptive authority.*

We encourage you to read the IHC statement. If you concur with that statement and reside in a state considering legislation to allow prescriptive authority for psychologists, make your concerns known to the state or national organization sponsoring that bill and contact your state representatives.

What a profession is called is important. Health Psychologists should not be disenfranchised by the actions of a few others who have appropriated another term (i.e., Medical Psychology) and given it an entirely new meaning.

For those health psychological researchers who might think that prescription authority is a tangential issue for them, we urge you to consider this more carefully. Even those who are far from patient care might find “health psychologist,” relegated to the hinterlands if the actions of the Louisiana legislature and a small group of local psychologists become a national trend.
From: Rob Glueckauf, Ph.D., Chair, Interdivisional Healthcare Committee

Re: Definition of Medical Psychology and Relevance for Prescribing Authority

Date: January 23, 2010

As many of you know, two state legislations are considering extending prescription authority to medical psychologists. Although the Interdivisional Healthcare Committee (IHC) does not take a stand on whether prescription authority should or should not be extended to psychologists, the IHC does have concerns about the use of the term “medical psychology” as preferred terminology to describe a psychologist with prescribing authority. The IHC wishes to formally express its concern with the use of "medical psychologist" as synonymous with "prescribing psychologist."

It is the opinion of the IHC that the use of the term “medical psychologist” as synonymous with "prescribing psychologist" could cause considerable confusion within the psychology training community, the broader health care community, and with the public. The use of the term, medical psychology has a long history; a history that has not been associated with medication prescriptions by psychologists.

The following is the definition of “medical psychology” from the online medical dictionary: “The branch of psychology concerned with the application of psychological principles to the practice of medicine; the application of clinical psychology or clinical health psychology, usually in a hospital setting."

Within the psychology community, medical psychology has been defined as: "the study of psychological factors related to any and all aspects of physical health, illness, and its treatment at the individual, groups, and systems level" (Asken, M. Medical psychology: Toward a definition. Professional Psychology, 1979, 10, 66-73).

Additionally, there are numerous doctoral training programs (including APA accredited programs), departments, and clinics using this term; in none of these cases does the term refer to prescribing psychologists.

For example (excerpts taken verbatim directly from their websites):

- The Department of Behavioral Neuroscience is one of six basic science departments in the School of Medicine at Oregon Health Sciences University. It was originally established in 1957 under the leadership of Joseph D. Matarazzo, Ph.D., as a freestanding medical school division (Division of Medical Psychology) affiliated with the Department of Psychiatry. Four years later (1961), the school's Executive faculty unanimously recommended conversion of the division into a basic science department, thus completing the process of establishing the first Department of Medical Psychology within a medical
school in the United States. See the following link for a historical article by Joe Matarazzo entitled, "Psychology in a Medical School," http://www.ohsu.edu/behneuro/pdf/jMatarazzoArticle.pdf

- **University of Alabama at Birmingham’s Medical/Clinical Psychology** program is an APA-approved program. Each student receives intensive training in the psychological bases of behavior. Biomedical bases of behavior, health psychological theories, and clinical applications are emphasized with courses in psychophysiology, health psychology, and neuropsychology. Courses in medical sciences and public health are also available. A second level of training involves generic clinical professional skills, including assessment, intervention, consultation, and evaluation. These skills are applied in both mental health settings but with emphasis on medical applications and medical/surgical settings. http://www.psy.uab.edu/medpsych.htm

- **Uniformed Services University of the Health Sciences Medical Psychology** program is designed to provide systematic research training in biobehavioral and psychosocial factors involved in the etiology, pathogenesis, and treatment of physical disease and mental disorders, disease prevention and public health. The clinical track within the Medical Psychology Program is aimed at training psychologists who are both academically and clinically prepared to work as researchers in academic or medical settings. The program is designed based on the premise that psychologists conducting physical and mental health-related research and research in health settings need skills in clinical psychology to complement their strong foundation in areas related to physical and mental health, disease processes, and research. This track emphasizes combined year-round training in health psychology research and the development of skills in the clinical application of health psychology. The medical psychology clinical track requires completion of all Medical Psychology Program requirements plus completion of a one year internship to be eligible for clinical licensure. http://www.usuhs.mil/mps/clinindex.html

- **Duke University Medical Center’s APA-approved Clinical Psychology Internship Program,** part of the Department of Psychiatry’s **Division of Medical Psychology,** provides one year of doctoral-level internship training in the essential skill areas of Clinical Psychology: assessment and diagnosis, effective intervention, consultation and evaluation, and supervision. Training takes place in a health care setting and offers all interns training in general Clinical Psychology, as well as the opportunity to concentrate on specific areas of Health Psychology. Training takes place within the context of the scientist-practitioner model and has as its overarching goal, to produce a Psychologist who is able to integrate science with professional practice knowledge, attitudes, and skills. At the completion of the program interns are expected to have developed proficiency in observation, interviewing, assessment, report-writing, short-term psychotherapy, cognitive-behavioral treatment, family therapy, and group therapy, which will serve them well in subsequent clinical practice. Graduates of the program may function as clinicians, as researchers, or as both. http://psychiatry.mc.duke.edu/Education/Psychology/Psychology.htm

- **University of California at Los Angeles Medical Psychology - Neuropsychology Program** is charged with oversight of the activities of psychologists throughout the UCLA Healthcare Enterprise. Its principle activities are conducted within the UCLA Neuropsychiatric Institute and Hospital, where faculty, staff, and trainees contribute to a broad spectrum of clinical, research, and educational activities. The program offers an APA accredited internship and postdoctoral training. http://psychology.npih.ucla.edu/

- **The two-year APA accredited Postdoctoral Medical Psychology Fellowship Program at Mayo Clinic** in Rochester, is designed for recent graduates of an American Psychological Association (APA) -Accredited Clinical or Counseling Psychology Doctoral Program and an APA-Accredited Predoctoral Psychology Internship who wish to acquire specialty training in one of three Substantive Specialty

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Practice Programs offered in this fellowship: Clinical Child Psychology; Clinical Health Psychology; Clinical Neuropsychology. http://www.mayo.edu/msgme/psychology-rch.html

- **Johns Hopkins Medical Psychology Clinic** offers a full range of psychological services for adults. These include: psychological and neuropsychological assessment; consultation with physicians, other health professionals, educators, social service agencies and attorneys; counseling of medical patients; individual, couples, and group psychotherapy. It serves patients with a wide variety of conditions, including: memory disorders; cognitive impairment due to brain injury or neurological disease; emotional and behavioral disorders; relationship problems; stress-related disorders; learning disabilities and attention-deficit disorder; problems adhering to medical treatment regimens; problems adjusting to chronic illness; alcohol and other substance abuse.

  http://www.hopkinsmedicine.org/Psychiatry/med_psychology/

- **Drake’s Medical Psychology Services**: Traumatic injury, chronic illness, or disability can cause emotional upheaval that can be difficult and challenging for both patient and family. The patient is often faced with the reality of reduced independence and an altered lifestyle. Research has shown that attitude, outlook, and coping skills are essential foundations of effective rehabilitation, and non-treatment of these emotional issues can lead to further disability. Drake Center’s medical psychology professionals are trained and experienced in treating the overlapping area between medical illnesses and psychological problems. In fact, we are a unique resource in the region for this kind of service.


A search of Amazon books using the term "medical psychology" located the following five top listings; none are focused on prescriptive authority for psychologists:

- Medical Psychology by Lydia Ross
- Clinical Health Psychology in Medical Settings: Practitioner’s Guidebook by Cynthia D. Belar and William W. Deardorff
- Handbook of Clinical Health Psychology: Medical Disorders and Behavioral Applications (Handbook of Clinical Health Psychology) by Thomas J. Boll, Nathan W. Perry, Ronald H. Rozensky, and Suzanne Bennett Johnson
- Medical and Psychological Aspects of Sport and Exercise by David I. Mostofsky and Leonard D. Zaichkowsky
- Medical Psychology: Contributions to Behavioral Medicine by A. A. Bradley and Charles Prokop

Further, there are numerous medical psychology departments throughout the world, and medical psychology courses are taught to medical students in the U.S. and worldwide. The IHC is concerned that the proposed use of "medical psychologist" as synonymous with "prescribing psychologist" is inconsistent with the historic use of the term both within the United States and worldwide.

Through the Commission on the Recognition of Specialties and Proficiencies in Professional Psychology, APA recognizes proficiencies and specialties within professional practice (http://www.apa.org/crsppp/rsp.html). Currently, 11 specialties and 6 proficiencies are recognized; "medical psychology" is not one of them.

Therefore, the IHC advocates that the words, "medical psychologist" or "medical psychology," not be conflated with “prescribing privileges authority.” We are not opposed to psychologists seeking prescriptive privileges, only to the misuse of the term, “medical psychologist.” We request that these
concerns be considered by CAPP, and ask that the language of the Model Legislation for Prescriptive Authority be rectified to address this concern.

Thank you for considering this matter.

Sincerely,

Robert L. Glueckauf, Ph.D., Chair, Interdivisional Healthcare Committee

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From the Student Representatives

Donald M. Lamkin, M.A.
Kadian S. Sinclair, M.S.

What a great start to the year! We have made significant progress on previously established goals for the upcoming year. Thus far we have conducted two conference call discussions to provide trainees with guidance in professional development and health psychology topics.

The first conference call was held in October 2009 on Applying to/Interviewing for a Health Psychology Clinical Internship. The expert presenter was Dr. Bruce Rybarczyk, the Director of Training for the Clinical Psychology Program in the Department of Psychology at Virginia Commonwealth University. Dr. Rybarczyk made excellent recommendations for tailoring your graduate work for internship, spoke about how to make your internship application stand out, and offered tips regarding the "Do’s and Don’ts" of interviewing.

The second conference was held in January 2010 on the Relationship between Positive Affect and Physical Health. The expert presenter was Dr. Sarah Pressman, the Beatrice Wright Scholar and new assistant professor in the Department of Psychology at the University of Kansas. Dr. Pressman gave a brief overview of the research of positive affect and physical health with specifics on past and existing research as well as rich areas for future research that graduate students could pursue.

We would like to alert you to the upcoming division events geared towards students at the 2010 APA convention. Start planning to join us in San Diego, August 12 – 15 for these events!

Symposium: "The Various Faces of Health Psychology: A Panel Discussion of FAQs about Education and Training in Health Psychology."

Conversation hour: "Making the Leap: Meet New and Senior Professionals Who Have Transitioned from Graduate School to a Career in Health Psychology." (drinks and h'ordeuvres will be served)

Poster Session: "Health Psychology: HIV, Obesity and Health Behaviors, Social Support, Ethnicity and Health, and Sleep."

Poster Session: "Health Psychology -- Chronic Pain and Illness, Pediatric Health, Health Care, Substance Abuse, and Measurement."

Poster Session: "Health Psychology -- Stress and Coping, Cancer, Diabetes, and Cardiac Health, Eating Disorders, Sexual Health, and Health Behavior."

Division 38 Annual Party (drinks and h'ordeuvres will be served)

There will also be a number of research symposia on health psychology related topics.

Finally, please sign up for our listservs to stay informed about Division events. Members are not automatically signed up for the listservs. To subscribe to the main division listserv, send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38 (your name). To subscribe to the student listserv, send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name).
This spring, the Health Disparities Committee of Division 38 will open a website aimed at disseminating the latest research on health disparities (http://www.health-psych.org/APADivision38HealthDisparities.cfm). We hope to provide a forum for the discussion of issues related to a range of disparities, with a special emphasis on those that emerge as a function of socioeconomic status (SES) and race/ethnicity. There is a wealth of new high quality information emerging about the ways in which social stressors, including racism and poverty, affect mental and physical health (see Myers, 2009). We will disseminate this knowledge to the public, other scholars, clinicians, and policy-makers. We hope to meet three important goals: to increase awareness among the public about the scope and causes of health disparities, to increase knowledge among investigators about new findings and new methods, and to provide state-of-the art, evidence-based guidance for policy makers and clinicians who can directly address health disparities.

The first generation of studies documented disparities, bringing to light substantial differences in the risk and the course of a wide range of health conditions (Williams & Collins, 1995). Evidence from a wide variety of studies suggests that there are race/ethnicity and social class differences at every stage of the disease (or health) process, including the prevalence of specifiable risk factors, in the effects of those risk factors, in the course of the disease, and in mortality (Williams & Mohammed, 2009); as well as in access to treatments, in the quality of health care, and in the benefits of the treatments (Klonoff, 2009). These findings underscored the national importance of addressing these health disparities, and highlighted the broad scope of the problem.

These studies also created a sense of possibility. Systematic empirical research could bring clarity, even to such seemingly intractable and disturbing social problems as racism. The next generation of studies includes investigations into the biopsychosocial processes that link social forces to individual outcomes. Researchers are developing new intervention strategies, targeting individuals and communities.

One of the thorniest issues facing researchers in the area of racism research involves its measurement. In the American Psychologist, Rodney Clark and colleagues defined racism as “the beliefs, attitudes, institutional arrangements, and acts that tend to denigrate individuals or groups because of phenotypic characteristics or ethnic group affiliation” (Clark, Anderson, Clark, Williams, 1999, p. 805). This definition recognizes that messages about the relative status, rights, and privileges accorded to a particular group can be communicated through a variety of media, via institutional rules, in the context of interpersonal exchanges, and during the internal conversations we have with ourselves. But how can we capture all of these different expressions?

Several investigators and theorists have suggested examining four different levels when considering the effects of racism: cultural, institutional, interpersonal or individual, and internalized (e.g., Krieger, 1999). Cultural racism occurs when the methods widely used to communicate information (e.g., films, advertisements, etc.) serve to create or reinforce attitudes and practices that perpetuate race-related maltreatment. For example, as Weisbuch and colleagues (2009) recently reported, characters on TV shows communicated less positive regard through their non-verbal behavior to Black characters than to White characters. Watching these exchanges influenced research participants’ attitudes towards Black (and White) individuals, even when they were unaware of these effects.

Institutional racism refers to specific policies and/or procedures of institutions (i.e., government, business, etc.) which consistently result in unequal treatment for particular groups (Gee, Ro, Shariff-Marcos, & Chae, 2009). Race-based residential segregation is one outcome of both interpersonal racism and discriminatory institutional practices by banks and the real estate industry (see review by Kramer & Hogue, 2009). New research investigates the types of social and material resources that are affected by residential segregation and...
are most closely linked to health practices and outcome.

The bulk of research on the health effects of racism has focused on individual level-racism or ethnicity/race based maltreatment that is directly perceived by the individual. Individual-level racism is generally assessed with self-report surveys assessing exposure to unfair treatment, but electronic diaries can also be used to assess these experiences. There are many different types of unfair treatment – some episodes involve social rejection or exclusion, others involve obstacles to achievement or threats to safety (Brondolo, Kelly et al., 2005). We have found that these different types of racism vary both in their predictors and in their psychological and biological correlates (Brondolo, Brady, et al, 2009; Brondolo, Libby et al, 2008).

Internalized racism or self-stereotyping concerns the ways in which our ideas about our own capabilities and attributes are shaped by exposure to racism. Recent studies have used methods from cognitive psychology, including the Implicit Attitudes Test, to evaluate the ways in which we internalize discriminatory stereotypes (Rudman & Goodwin, 2004; Rivera, L., personal communication).

How does racism affect health? Cutting edge research from many different laboratories suggests different types of race-based maltreatment may affect health through a variety of interpersonal processes, including effects on self-regulation and identity (Inzlicht, McKay, & Aronson, 2006; Oyserman, Fryberg, & Yoder, 2007). We plan to highlight these new mechanistic research findings in the website, presenting the work of experienced scientists as well as our junior colleagues. We hope to have a special section for research by graduate students and training fellows. By presenting new knowledge about the mechanisms through which social forces affect individual-level mental and physical health outcomes, we hope to identify key targets for interventions and leverage points for social change. Let us know if you have science you would like us to communicate, and share your ideas for the groups or individuals we need to include in our list-serv for dissemination.

POST-DOCTORAL FELLOWSHIP AT UCONN

The University of Connecticut Health Center is seeking applicants for a post-doctoral fellowship position. Depending on interests, the fellow can participate in behavioral therapy studies for:

- substance use disorders
- weight loss
- exercise adherence
- smoking cessation, and/or
- pathological gambling.

Some trials combine behavioral and pharmacotherapy approaches, and some focus on cardiovascular endpoints. Large existing databases are also available for analyses.

The fellow will devote the majority of his/her time to writing papers for publication and also will learn the grant writing process. Some supervised clinical work is possible. Excellent opportunity for experimental or health psychologists interested in applied work and for clinical psychologists with strong research backgrounds.

To apply, send CV, contact information for 3 references, and cover letter describing research interests and career plans to: Nancy Petry, Ph.D., Professor, Calhoun Cardiology Center (MC-3944), University of Connecticut School of Medicine, Farmington, CT 06030-3944. PH: (860)679-2593. Email: Npetry@uchc.edu. Start dates are open, and position contingent on funding. Fellows must be US citizens or permanent residents. University of CT is an affirmative action/equal opportunity employer.
Increase in Ethics Funding Opportunities

Ethics research was moved to the front burner at NIH when stimulus funds were designated for studies on the ethics of research. NIH issued a funding opportunity announcement to support bioethics research, one of the areas supported by the President’s stimulus program. The funding announcement identified commercialization and conflict of interest, and blurring between treatment and research as areas of concern. Although the specific funding opportunity is no longer in effect, it is reasonable to assume that NIH continues to be interested in applications in these areas.

Currently there are four active Funding Opportunity Announcements: Research on Research Integrity, RFA-RR-09-04, an Exploratory/Developmental Grant (R21), and the just issued Research on Integrity in Collaborative Research, RFA-RR-10-001. This solicitation also is for R21 applications and has an April 7 deadline.

The Fogarty International Center periodically issues requests for applications involving collaborative research with ethics committees and/or investigators in developing countries to help build infrastructure and to enhance ethical practice. A just issued announcement is Recovery Act Limited Competition: Program to Enhance NIH-supported Global Health Research Involving Human Subjects at http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-10-006.html. The deadline for applications is March 22.

Other still active announcements that focus on ethical issues in human subjects research, including research on conflicts of interest, are program announcements: PA-07-277 (Research Project R01); PA-06-367 (Small Research Grant R03); and PA-06-368 (Exploratory/Developmental Grant R21)

Three psychologists, Gerald Koocher, Patricia Keith-Speigel and Joan Sieber, were successful in getting one of these awards under a previous funding announcement for their research about what researchers do when they are aware of irresponsible conduct. Division members should be made aware of these opportunities and encouraged to consider working on aspects of responsible science and ethics of research.

Ethics Task Force:

The NIH convened a Task Force on NIH’s Role and Investment in Bioethics Research, Training and Translation in May 2009. The purpose of this task force is to evaluate the current NIH commitment to, and support of bioethics research, training, and translation. The group will develop a strategic plan to leverage current investments and increase the role of NIH in promoting bioethics research and training.

This means that NIH is deciding how much to invest in research on ethical issues and on where research ethics programs should be housed. For years, funding initiatives have been supported by different institutes, each doing its civic duty, but without much enthusiasm or commitment to the area.
Current and Emerging Issues

A. IRBs:
Several reports have been published that are critical of IRBs. They range from General Accountability Office reports to Congress to law journal articles. Some of the issues being discussed are:

1. Mission creep – IRB review may be the only review a research proposal gets, particularly if the investigator is not seeking external funding and the institution does not require internal scientific review. To what extent should IRBs discuss scientific issues as well as ethical ones? If the science is faulty, the research, at the very least, might be disrespectful of the subjects’ time and effort.

2. Are delay and censorship (of freedom to do research that the investigator wants to do) among the consequences of IRB review?

3. What is an effective IRB? There is no consensus on evaluation criteria. The Secretary’s Advisory Committee on Human Research Protections is running panels on IRB effectiveness. Do IRBs improve how people are treated in research? Does IRB action result in protocol changes? It is likely that efforts will begin to study effectiveness of IRBs, perhaps using clinical networks. This is another area in which research opportunities for psychologists can reasonably be expected.

4. IRBs focus on procedures: Is this useful to fulfilling their object to protect human welfare?

5. What can be done to encourage IRBs to use the flexibility they have under the current regulations? How often do IRBs tie their own hands by their local interpretations of the regulations and/or their own self-imposed rules? Should the regulations be changed?

6. Does review of some kinds of behavioral/social research need to be reassessed?

7. Are different regulations needed for non-biomedical research? What are the substantial risks to research subjects? Is research being over-regulated with little knowledge of major risks, if any?

8. What are the advantages/disadvantages of flexibility vs. uniformity? How can institutions be encouraged to accept alternative IRB models, e.g. single IRB review for multi-site trials?

B. Regulatory Requirements:
How can we achieve integration/harmonization of regulatory requirements?

C. Scientific Integrity/Responsible Research
1. Need to do better job educating researchers and institutional officials on importance of being very clear about what constitutes responsible research and about behavioral expectations

2. Need to educate researchers and institutional staff on best practices.

3. Foster responsible research programs that encompass animal, human and environmental welfare, responsibilities of mentee and mentor, authorship, and responsibilities as leader/member of scientific team.
American Psychological Association
Division 38
Health Psychology
Membership Application

The Division of Health Psychology facilitates collaboration among psychologist, health science professionals, and the health care industry to promote the psychological and behavioral aspects of physical and mental health. Division 38 values the educational, scientific, and professional contributions of psychology to health and well-being.

Members participate in an exciting professional organization that is actively applying psychological and behavioral science to research questions and service problems in health care.

Members belong to a community that facilitates professional development in all areas.

Members are encouraged to become active participants in the Division’s special interest groups and develop professional contacts in the field.

Members communicate with other health psychologists on Division listservs.

Members receive Health Psychology six times per year—at considerable savings.

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For more information, consult our web page:

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APA Division 38
The focus of 2010 Division 38 Program at the APA Convention in San Diego is to highlight the very best of what the field of Health Psychology has to offer in both science and practice. Consistent with that focus, this year’s program has many sessions that will appeal to the broad interests of the membership of Division 38.

Highlighting the program, three world-renowned psychologists will deliver invited addresses on their cutting-edge research. Angela Bryan, Ph.D., will present findings from her transdisciplinary work on exercise behavior in a talk titled, “Integrating Psychological, Physiological, and Genetic Methods to Facilitate Exercise Behavior Change.” Howard S. Friedman, Ph.D., will discuss his work on stress and longevity in a talk titled, “Get Stressed, Worry, Live Long.” Peter H. Ditto, Ph.D., will discuss his work on the highly relevant topic of end-of-life decision making in a talk titled, “Is the Living Will Dead? The Psychology and Politics of End-of-Life Medical Decision Making.”

At last year’s meeting in Toronto, the Division 38 Program offered a new feature wherein invited speakers provided evidence-based case presentations on different health psychology topics. The response to these case presentations was enthusiastic, and we have included them on this year’s program as well. Three distinguished psychologists will deliver evidence-based case presentations in the Clinical Health Psychology Ground Rounds. Perry M. Nicassio, Ph.D., will present “A Biopsychosocial Framework for the Treatment of Insomnia.” Dolores Gallagher-Thompson, Ph.D., will present, “Treatment of Late Life Depression: Strengths (and Limitations) of Traditional CBT for Patients with Chronic Medical Illness and for Caregivers of Patients with Cognitive Impairment.” Tu Ngo, Ph.D., will present, “Mindfulness in the Treatment of a Veteran with Chronic Pain and Multiple Co-morbidities.”

This year’s program will also include symposia that represent the breadth and impact of health psychology. Highlights of this year’s symposia include “San Diego: A Case Study of the Public Health Impact of Health Psychologists” chaired by Robert Kaplan, Ph.D., the outgoing editor of the Division’s journal, Health Psychology, “Ethical Issues in Clinical Health Psychology: Challenges and Strategies” chaired by Helen L. Coons, and “Minority Health and Health Disparities: State-of-the-Science and Intervention Pathways” chaired by John Ruiz.

(Continued on page 18)
The 2010 program will again place special emphasis on students, education and training. “The Various Faces of Health Psychology: A Panel Discussion of FAQs about Training and Careers in Health Psychology” will feature a diverse panel of participants discussing questions and issues regarding different career paths in health psychology. Graduate students will have the opportunity to meet and network with health psychologists at an informal event “Making the Leap: Meet New and Senior Professionals Who Have Transitioned from Graduate School to a Career in Health Psychology.” Finally, there will be a discussion about on-going changes in training guidelines, “How Should We Train Health Psychologists?: A Report and Conversation about Health Psychology Training Guidelines.”

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

Finally, plans are underway for Division 38’s Social Event on Saturday evening of the conference in San Diego’s vibrant Gaslamp Quarter.

See you in San Diego!

Austin S. Baldwin, Ph.D.
Division 38 Program Chair

Mission San Diego

Imperial Beach Pier

Gaslamp Quarter
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APA Convention
August 12-15
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