As we celebrate our division’s 35th year, Division 38 members can take pride in numerous advances in the science and evidence-based practice of health psychology over the past decades. Building on this robust foundation is crucial. Particularly in today’s climate of scarce funding for research, what can we, as health psychologists, do to promote continued support of research in our field? I decided to ask trusted colleagues and experts for their recommendations. I asked them to respond to three questions: (1) What can health psychologists who serve as grant reviewers do to promote support for worthy research?; (2) What can health psychologists who are researchers do to increase the likelihood that their research will be funded?; and (3) What can health psychologists, as practitioners, policy makers, and citizens, do to promote support for research? I asked health psychologists who have served in career positions or as grant reviewers for the National Institutes of Health and other organizations, health psychology scientists who are successful in garnering support for their research, and leaders in the APA.

(Continued on page 4)

As I was driving into work recently, the local radio station was doing a segment on the newest words just added to the English dictionary. It’s been decades since we’ve become accustomed to a window being more than a pane of glass through which we can see the outdoors. Now there are clouds where we can store information, e-books to read in addition to our long standing familiarity with reading e-mail, and the joys of geocaching in our...
2013 APA Division 38 Candidates for President-Elect

Kim E. Dixon, PhD, MBA

After serving Division 38 for many years, I am honored to be nominated for President-Elect. In my day job, I am the Health Behavior Coordinator and Director of Internship Training at the Tuscaloosa VA Medical Center in Tuscaloosa, Alabama and I hold a graduate faculty appointment in the Department of Psychology at the University of Alabama.

My service to the Division began as co-editor of the Division website. I am privileged to serve as the Chair of the Clinical Health Psychology Synarchy on the Council of Specialties, as a Division representative to APA Council, and as a member of the Division’s Clinical Health Services Council, Guidelines Advisory Committee. I am completing my second term on the APA Commission on Accreditation and as Treasurer of the Association of Psychologists in Academic Health Centers.

While my research and clinical interests lie in the areas of chronic pain, chronic disease management, integrated primary care, and health disparities, I remain passionate about training and education issues in specialty practice, especially health psychology. The advent of healthcare reform and implementation of the Affordable Care Act provide many opportunities for Health Psychology in terms of research, interprofessional training and practice. However, we must be alert and vigilant in monitoring changes that may affect us and we must be proactive in establishing ourselves as essential healthcare providers in the emerging healthcare system.

I would enjoy continuing my service to the Division if elected as your President-elect. Thank you for your support.

Kevin T. Larkin, PhD

As the vision of access to affordable health care draws closer to reality, it is essential for the science of health psychology to provide direction for a health care system that has often overlooked behavioral healthcare. Based on the scientific resources that Division 38 has through its membership, we are uniquely positioned be leaders in the emerging healthcare system and address the full range of behavioral risk factors that cause our nation’s biggest health problems, the health disparities that limit access to appropriate care, and the development of effective policies that promote public health. To achieve these goals, it is essential for Division 38 to promote efforts to assure that all health service psychologists possess the competencies to function in interdisciplinary healthcare environments.

As director of the doctoral program at West Virginia University and an internship faculty member, I have trained psychologists within the interdisciplinary environment at the Robert C. Byrd Health Sciences Center. Although I have worn many hats in this role – researcher, teacher, administrator, and clinician – my heart is in education and training. Over the past six years, I have served as chair of the Council of Clinical Health Psychology Training Programs (CCHPTP) and directed their efforts to define the competencies required for entry-level practice of clinical health psychology. Through work of this type, the Division can assure that the next generation of healthcare providers will possess the competencies to practice in our evolving healthcare system, particularly those needed for practicing in primary care settings.
I am very happy to accept the nomination for Division 38 Member-at-Large.

I am an Associate Professor in the Departments of Medical Social Sciences and Surgery at Northwestern University Feinberg School of Medicine. The lion’s share of my work is in the development and application of patient reported outcomes in the post-surgical context, with specific focus on organ donation and transplantation. (For more information on my professional background, please visit: www.about.me/zeeshanbutt).

In late 2010, I was appointed the first Chair of our Early Career Professionals’ Council (ECPC). Since then, the 20+ ECPC members have developed a regular newsletter column, a moderated listserv, and a podcast series. Additionally, we have helped to expand the training/teleconference series. Our presence on Twitter and Facebook is the result of ECPC leadership and this year, we will be hosting two ECP networking events. These notable accomplishments have been in addition to our integration in the standing work of the Division.

If elected as Member-at-Large, my overarching goal will be to build lasting value of Division membership for students, ECPs, and longer-standing members. I believe this can be accomplished by: (1) listening to what members say they want and need; (2) forming nimble teams to get work done; and (3) being aggressively outcomes-focused. While these may be daunting tasks for a volunteer organization, I know from my experience on ECPC that our members want Division 38 to grow as the professional home for health psychologists. I look forward to the possibility of assisting in that charge.

It is my pleasure and privilege to be nominated to represent our membership as Member-at-Large on the Division 38 Board of Directors. As a member of the Board from 1999 to 2012, including terms as Member-at-Large, President, and Council Representative, the Board has long been an important part of my professional identity, and frankly I miss it. I wish to return to the Board to partner with all of you in advancing a strong Division Strategic Plan created over the past several years.

I am particularly proud of the leadership of the Division in formulating an APA Strategic Plan that is entirely consistent with that of our Division, and I am excited about the opportunity to have a voice during these exciting, and challenging, times as APA works to enact its plan.

As many of you know, my professional interests have spanned the domains of practice, science, education, administration, policy, and advocacy, and I hope to contribute broadly as a Member-at-Large to the Board’s discussions and decisions. At the same time, consistent with my current professional roles and priorities, I hope to focus on the domains of research and science, and policy and advocacy. In particular, I will work with colleagues on the Board to identify strategic and tactical objectives and plans that can advance an agenda supporting science, the scientist-practitioner model of education and training, and evidence based practice, and promote these initiatives through advocacy within the Division, and within and outside APA.

I welcome your support.
President’s column (continued from page 1)

Note that my sample of a dozen respondents is decidedly biased, composed primarily of Fellows and award recipients in Division 38 who are intensively involved in research in some capacity and who I thought might give me 20 minutes. I am grateful for their thoughtful responses, which I attempt to characterize by offering the most frequently voiced replies to each question. The repetition in some paragraphs is intentional and reflects the respondents’ strong consensus. Please also assume that there are large quotation marks around much of what follows: I guaranteed the respondents anonymity, and I am using many of their words.

What can health psychologists as grant reviewers do to promote support for worthy research?

1. In reviewing proposals, place emphasis on the importance of the work.

Ask yourself if the research – whether basic or translational – will move our science and evidence-based application forward. Do not focus on the researcher’s getting every little detail of the grant “right.” Trust that the researcher will consider your recommendations carefully and will hone the research plan. Remember that there often is more than one valid approach. Distinguish between fixable problems and fatal flaws, and score applications accordingly. Too often, reviewers believe that their role is to find what is “wrong;” finding a number of small flaws can become “death by a thousand cuts.” You can state that you “found a number of minor issues, none of which dampens your overall enthusiasm for the work.” Find the importance and innovation in the proposed research rather than only the fault.

2. If you think the proposed research is worthy, do not hesitate to give it a very high score.

Respondents uniformly “shouted” a similar message: (1) “We are our own worst enemies!”; (2) “We shoot ourselves in the foot!” and/or (3) “We eat our young (and our middle-aged and older colleagues)!” In contrast, one respondent remarked, “In the biomedical community, there is much more support of good ideas.” When they are unwarranted, poor and even less-than-stellar scores hurt us in so many ways. They lead our medical colleagues and others to believe that our science is not worthy of better scores. They demoralize good researchers and undermine careers. They delay excellent science. If you do give a poor score, be sure to justify the specific issues that contributed to the score and ideally, suggest how the problems might be addressed. Be an advocate for studies that are highly innovative and significant. In the current NIH system, give important and innovative science a “1.”

3. Take the opportunity to represent the importance of health psychology.

As a grant reviewer, you will have the opportunity to review proposals that do not incorporate research in health psychology, but should. Argue that health psychology be included in proposals where the research can be improved substantially via its inclusion. Suggest that appropriate consultants or co-investigators be added to provide expertise relevant to health psychology.

4. Serve as a reviewer when asked.

If you are a senior investigator, serving as a reviewer is an important way to give back to the profession. Your background and experience can give you an excellent grasp of which investigations represent significant and innovative contributions. If you are a junior investigator, you will learn a great deal about the review process and good research.

What can health psychology researchers do to increase the likelihood that their research will be funded?

1. Devote ample time to sharpening your ideas and crafting your proposal.

Develop an exhaustive understanding of a literature and associated bodies of work, with the surrounding literatures identified creatively and with an eye toward innovation. Base your work on clear theoretical frameworks. Respondents endorsed the value of several approaches to research (e.g., basic, translational, applied, dissemination) and emphasized the need for the researcher to convey the importance of the investigation clearly, without over-selling it. Paint a clear picture of the health/public health relevance of the work. Propose meticulous methods, and address the limitations of your
approach. Consider outcomes that are important to the biomedical and public health communities. Work with mentors and colleagues to help you hone your ideas. Cultivate relationships with researchers in other fields. Being a co-investigator can be just as exciting and valuable as being a principal investigator. Much of the most exciting research involves team science at the intersections of distinct disciplines.

2. Prior to submission, have your application reviewed by as many people as you can.

They will save you a lost round, which is crucial when you are allowed only one or two attempts at funding. Include researchers outside your area and quantitative experts. This means that you need to start early. One department requires that a proposal go to at least three reviewers approximately a month prior to submission. Not only does that allow the researcher to receive suggestions and revise accordingly, but it also enables a break so that the researcher can return to the proposal with a fresh perspective.

3. Do your homework on funding entities.

Learn about the current priorities of various funding agencies and seek opportunities to match your research interests with a funding initiative. Diversify your potential sources of support by considering foundations and local or national non-profit entities, in addition to federal agencies. Talk to a program officer or representative of the funding agency early in the process. Their role is to find support for meritorious science and they can provide insight into what science is being solicited actively, which review panels might be best equipped to review the application, and what key words to use in the abstract and what to write in the cover letter to ensure that your proposal goes to the best-fitting review panel (for NIH study sections, go to http://public.csr.nih.gov/).

4. Persist, and take heart!

Persist in seeking funding for research you believe is important. Seek funding from multiple entities. Several respondents have been through dismal funding years and expressed optimism that the climate will improve (Admittedly, based on their past experience rather than much current evidence). They encourage early career researchers to persevere in conducting the best health psychology science.

What can health psychologists, as practitioners, policymakers, and citizens, do to promote support for research?

1. Promote evidence-based services in health psychology.

Use evidence-based approaches in your own applied work, and use your practice experience to inform your research. Let your medical colleagues and your patients or clients know that science supports your work.

2. Look for opportunities to communicate what health psychology science has offered.

Particularly in the press and public forums, highlight important findings and implications from your own and others’ research in health psychology. Emphasize the value of science, and health psychology science in particular. Many community groups seek expert speakers: Talk to them about what you do (whether it is research, practice, teaching, or other health psychology careers) and discuss its scientific underpinnings. Let them know the agencies that funded your work.

3. Advocate for health psychology science and evidence-based practice.

Form partnerships with state psychological associations to communicate the value of local health psychology research and services to state policy makers. Support and take part in federal science advocacy activities of professional associations (For example, subscribe to APA’s Science Policy News at http://www.apa.org/about/gr/science/spin/index.aspx). Communicate with your state senators and representatives to support key legislation. In the words of one respondent, “Supporting the role of scientific evidence in public life and personal decisions is both simple and essential.”

Again, I want to thank my twelve respondents for virtually writing this column for me. I learned from their wisdom, and I hope you do, too. A final word: Supporting the future of health psychology science means supporting Division 38’s early career psychologists (ECPs) in their pursuit of the science and evidence-based practice of health psychology. I’m particularly proud of this issue of the Newsletter because it includes articles by three different ECPs who recently represented Division
38 at APA meetings or conferences. Please read their articles, encourage ECPs and graduate students to join Division 38 (Please note: You do not have to be an APA member to join the Division. See http://www.apa.org/divapp
free time for those of us who enjoy treasuring hunting on an international and technological level. It was interesting to notice how many of the new words in our vocabulary appear to be related to the new technologies that we use in our personal and professional lives – and the rate at which technology is changing our lives as well as our vocabulary!

Consistent with this ever emerging wave of technology, the Division 38 Board continues to examine ways in which technology might be useful in helping us meet our objectives. This is obviously a broad discussion, with many possibilities and exciting opportunities for our future. A recent part of this discussion has focused on our Division’s newsletter, The Health Psychologist. In this age of widespread electronic communication – which offers the opportunity to access information quickly and readily via technology (such as computers, iPads, etc.) – the era of the paper-copy newsletter appears to be drawing to a close. In fact, most APA Divisions have already converted to an electronic newsletter. Thus, it appears that the next logical step is for The Health Psychologist to transition to an electronic format as well.

In recent months, we have set up a Division 38 Newsletter Development Task Force which has begun to examine how to make a transition to an electronic format for our division’s newsletter. To facilitate a gradual transition, the Summer 2013 will remain in paper-copy format and mailed to Division 38 members as usual. However, we are hoping that the Fall 2013 issue will debut our first electronic version of The Health Psychologist which we plan to disseminate to all division members via email. To be sure that we have the best email for you, please send an email to division@apa.org and put “Div 38 newsletter” in the subject line.

As for the structure and the content of future newsletter issues, we are confident that the main staples of our newsletter will remain the same while at the same time looking forward towards enhancing The Health Psychologist with technological advances in the future (such as embedding video and web hyperlinks, etc.). In the short run, however, our focus will be on developing a Division Newsletter that is easily accessible via email that our membership could read on a technological device (such as a computer screen or iPad) and/or print out for reading at their leisure. Throughout this process, the Division 38 board is committed to supporting the newsletter in its role as an important venue for communication with our members.

I know that some of you may miss receiving a hard copy of The Health Psychologist in the mail. Indeed, there is a part of me that will also miss seeing the familiar green color scheme among my other mail correspondence. Even though I obviously see electronic drafts of the newsletter during the various stages of preparations, I have to be honest and admit that a big smile still crosses my face every time the latest issue of The Health Psychologist finally reaches my hands. Nonetheless, I am confident that the same smile will continue to emerge when my email inbox alerts me that the newest issue of The Health Psychologist has arrived in its electronic format … just like I now smile from a text, tweet, pin or other electronic update that represents something I have anticipated receiving, value, and enjoy.
Our career paths are at an interesting crossroads: One of us has recently started her first “grown-up” job at a VA Medical Center with hopes for a long-term career in this setting, while the other is completing her postdoctoral training in the midst of job hunting. This important period of growth and change has brought to mind not only the professional passion that drew us to the field, but decisions about how we want to shape the rest of our careers and lives. This includes not only a fulfilling career, but also an enriched personal life that can fuel our work. To further our understanding of commonalities in how ECPs develop appropriate work-life balance, we sought opinions from peers across different settings.

ECPs described concerns of balance in terms of financial demands, continued educational needs, and time management. Time was particularly salient pertaining to family and beliefs about work-life once ECPs took on full-time positions. Jennifer Mohorovic, PhD, VA psychologist, reflected that, “Your family expects you to resume a more balanced life.” Thus, increased family responsibilities upon completion of degree are a possible pressure or expectation. This outlook was endorsed by another ECP also working in the VA system, Denise Mercurio-Riley, PhD, who expressed that balancing her young children’s needs with work can be demanding. Compared to many of our non-psychologist peers who more likely had several years to become established in their professional (e.g., expertise in their field of work) and personal lives (e.g., housing, marriage, etc.), psychology’s ECPs are often attempting to juggle starting a family and new work positions later in life.

Self-care was consistently identified as beneficial for ECPs to effectively manage initial employment. For example, Matthew Woodfork, PhD, a postdoctoral clinician in a college counseling center, indicated that he has always been an avid exerciser, but finding time to do this within the challenges of building a career can be difficult.

Encouragingly, ECPs expressed hope with regard to employer support and identified several ways in which employers can foster balance. This included instrumental supports such as salary, retirement planning, loan repayment options, and availability of good quality health insurance as well as mentorship and guidance. Amanda Lopez, PhD, psychologist in a group practice setting, expressed that it is helpful when her employers “normalize the difficulty of balance...If they tell me that it's normal and something that will improve with time, I can relax a little about it.” Mentorship continues to be invaluable as ECPs transition to more independent roles and continue to recognize their own personal training needs that employers may assist in developing. Flexibility by employers to balance clinical responsibilities and personal schedules was also cited as a positive employer characteristic, as well as understanding that small children’s needs are at times unpredictable. ECPs expressed appreciation for employers who are willing to consider employee psychological health and well-being. One ECP indicated that he feels fortunate that his employers have suggested time off after a particularly stressful day.

In terms of family planning, communication and preparation were key factors identified. ECPs described the importance of laying the groundwork for possible challenges ahead of time vs. overlooking them and facing a later crisis. ECPs also identified employer support and open conversation about the uncertainties associated with family demands as especially valuable.

Ultimately, while there is no one clear formula for achieving work-life balance, fluid and open conversation between employers, families, and ourselves appears to facilitate its development.

We are interested in more stories about how ECPs have overcome challenges to maintaining a healthy work-life balance. If you would like to share your story, please send an email to Annie Bradford, PhD (abradford@mdanderson.org). Also, be sure to visit the Division 38 website to download the podcast that accompanies this column.
As we kick off 2013, the student council is actively planning for the year as well as finalizing our program for the upcoming APA convention in Honolulu, Hawaii.

We are excited to announce our APA symposium, “Fostering Effective Mentorship across Graduate School, Internship, and Post-Doctoral Training.” This symposium will provide a developmental perspective on mentorship issues across three stages of training: (1) graduate school; (2) internship; and (3) post-doctoral training. Three distinguished professors will provide presentations based on their extensive mentorship experience. Dr. Tim Smith from the University of Utah, Dr. Justin Nash from Brown University, and Dr. Karen Matthews from the University of Pittsburgh will be presenting on fostering effective mentorship across graduate school, internship, and post-doctoral training, respectively. Themes discussed will include: (1) determining goodness of fit between mentors and mentees; (2) defining mentor responsibilities; (3) mentors’ expectations for their trainees; (4) balancing personal relationships within a mentorship context; (5) managing issues as they arise; and (6) maintaining a lasting collaborative relationship. In addition, the student council will host our annual Training Directors Meet and Greet social event to give students the opportunity to meet with health psychology internship and post-doctoral training directors at APA. Information regarding the location and timing for both of these events will be announced as scheduling for the convention is finalized.

As part of this year’s Division 38 Foundations to Future theme, we are continuing our student council conference call series with aim of fostering professional development within our organization and providing our members the opportunity to learn about specific topics in health psychology. On September 25, 2012, Dr. Karina Davidson (Professor of Behavioral Medicine in Medicine, Cardiology and Psychiatry at Columbia University) presented “How to Succeed in Academic Medicine,” outlining ten lessons of how to succeed in academic medicine for graduate students, interns, fellows, and early career professionals. If you were unable to attend this call, presentation materials, including Dr. Davidson’s slides and audio, are available on the Division 38 website (http://www.health-psych.org/StudentResources.cfm).

We are also delighted to announce our upcoming May call with Dr. Elissa Epel (Associate Professor in Residence at the University of California, San Francisco School of Medicine) titled, “Building Bridges: Incorporating Biology and Creating an Interdisciplinary Program of Research.” Be on the lookout for scheduling information on the listserv as the date approaches.

The members of our Student Advisory Council (SAC) are hard at work on initiatives aimed at meeting the unique needs of students within the division. Johnathan Duff and Stephanie Leung of our Membership Committee are working on increasing our retention of student members through several projects aimed at helping the division better understand student needs, including creating an online student survey in collaboration with the Early Career Professional Council and drafting a student member benefits description to be posted on the Division 38 website. Sarah Mills and Jennifer Nguyen of our Diversity Committee are transcribing audio from panels presented at APA and SBM last year with the end goal of producing a brief report for publication on issues around how to increase the representation and retention of minorities in the field as well as promote diversity training and research. Greer Raggio and Ali Yurasek of our Communications Committee are drafting a FAQ section for students to be posted on the division website, in addition to continuously updating our social media accounts. In order to stay connected, be sure to like us on Facebook (facebook.com/APADiv38) and follow us on Twitter (@APADivision38).

As we continue to work on our initiatives, we welcome your ideas and suggestions. Please email us your needs or ideas at div38studentreps@gmail.com.

Here’s to a great year! Mahalo!
Dan: I have had my own practice—Health Psychology Associates (HPA)—since 1985, and over the years we have gone through many changes. Due to a merger of two medical corporations in 2011, a contract I had to provide clinical services suddenly tripled in size. I had to either hire additional help, or give up the contract.

When I was looking for a person to hire, I think my first criterion was to look for someone who was philosophically compatible with what we do. First of all, I was looking for a psychologist who felt as I do that there is no higher calling than to be a practitioner. On average about two thirds of our patients are in litigation over their healthcare. If you don’t have a strong desire to help people, you won’t last here.

Secondly, at HPA we have a long history of advocacy, and have been involved in developing state and national treatment guidelines, state regulations, and have been active within APA. At HPA, we also have a long history of doing research. As it is extraordinarily difficult to obtain grant money when you are not affiliated with a university or hospital, we have always funded our research projects ourselves. This ranges from publishing journal articles about pain and psychological testing research, doing presentations at APA and other conferences each year, publishing standardized psychological tests with Pearson, and writing about the business of psychology. Finally, the person would need to acquire skills as a business manager. This makes for a rather diverse collection of job tasks, so finding the right person was really important.

After some months of looking, I hired Dawn Jewell. When I offered Dawn the job, she had a month to finish her fellowship in primary care, and would not have her license to practice for another couple of months after that. I had never hired a clinician this young before, but after talking to Dawn, I was convinced it was the right thing to do. Two of the people who work at my clinic have worked with me for almost 20 years, so you have to fit into the family. Despite her youth, however, I felt that Dawn was an excellent fit.

Working with Dawn has been great. Being the only child of two career military parents, she is a paradoxical mixture of laid back and driven. While her skills and integrity are qualities I like a lot, as an ECP what has had the biggest impact is the energy she brings to the practice. Clinically, she has been willing to plunge into very difficult cases of psychotherapy, write forensic reports, learn how to conduct psychophysiological evaluations using biofeedback equipment, and a variety of other tasks. Compared to us geezers, young professionals are so excited about learning and trying new things. It has been fun to give her those opportunities.

When I hired Dawn, she told me that, while she wanted to publish, she had yet to publish an article or present at a national conference. I told her, “That will change in the first 3 months here.” At three months, she had four poster presentations of her HPA research accepted at national conferences, and one PowerPoint presentation as well. She has become active in Division 38, we have studies that we are working on regarding presurgical psych evals, and she has played a part in business negotiations as well. A good start!

Dawn has been acquiring new skills at an amazing rate, so much so that I am just barely staying ahead of her (she is already as good as I was last Tuesday). She pushes me with her questions to keep growing myself.

Dawn: In July 2012, I accompanied Dr. Daniel Bruns and his wife to dinner for Chinese food, after we both
decided to take a chance on each other. That evening I accepted Dr. Bruns’ invitation to join his private practice. My fortune cookie that evening could not have been more appropriate, as it read: “You will soon be greeted with unlimited opportunities.” I grinned, pocketed the fortune, and framed it at home.

Dr. Daniel Bruns has been a practicing health psychologist for over 25 years. As a member of the American Psychological Association, Dr. Bruns has been awarded fellowship status in both APA and Division 38, health psychology. Additionally, in 2010, Dr. Bruns received the Jeffrey Award from the American Psychological Foundation for his contributions to the field of health psychology. He has been immensely influential in the development of biopsychosocial law, the development of medical treatment guidelines for the Colorado Division of Worker’s Compensation, as well as ACOEM Chronic Pain Treatment guidelines for worker compensation. Dr. Bruns is also a coauthor of two standardized psychological tests used in assessment of medical patients, the Battery for Health Information 2 (BHI2) and Brief Battery for Health Information 2 (BBHI2), which are published internationally.

From that July day forward, Dr. Bruns has been an incredible and enthusiastic mentor. In our early conversations about the practice, Dr. Bruns promised he would help me achieve my first publication, as well as expose me to the intricacies of private practice, the workers’ compensation system, and his continued efforts to “change the world” on both the small and large scale.

Today, we see medical patients who have been diagnosed with chronic pain and emotional distress related to physical injury, brain injury, and/or disease. The practice is largely focused on treatment of chronic pain, psychophysiological disorders, prescription medication dependence, sleep disorders, medical phobias, and adjustment to diseases, such as Diabetes or Multiple Sclerosis. The practice is thriving and I have absorbed an immeasurable amount of information from Dr. Bruns’ stories about patient treatment and his struggles to integrate psychology into medical practice and law. I always appreciate Dr. Bruns’ pieces of advice, such as his two rules for conducting a psychological evaluation: (1) believe everything; and (2) believe nothing. He always has a perfect thought-provoking, entertaining, or heart-breaking story to fit any scenario I am faced with. Dr. Bruns is proof that a single individual can influence great forces with persistent dedication and passion to develop something valuable and meaningful.

If you ask Dr. Bruns why he would take on an early career psychologist to join his practice, he would tell you that he enjoys supporting the growth of others and he has a sense of responsibility to help the next generation of psychologists, as others helped him early on. He would also tell you that he feels accountable to the needs of our community, and as he grows closer to retirement, Dr. Bruns hopes to maintain a practice that patients can depend on.

As a mentor, Dr. Bruns has challenged me to have big dreams, knowing that 80% of such efforts fall flat, but some can turn into something incredible.

Dan: Oh yeah, my fortune cookie. It said: “The rubber bands are heading in the right direction” (seriously - see Figure 1). When I read that I got all weepy. I told Dawn that whether you are testifying in Federal Court, advocating for healthcare reform, or conducting a scientific study, it is not enough to just have your ducks in a row. To be your best, your ducks also have to be in chronological order and color-coded, the documentation of this needs to be in folders bound by parallel rubber bands, and you need to do this not out of obsessiveness or perfectionism, but out of a passion to do what you can to make the world a better place.

Dawn and Dan: Overall, both of us are enjoying our early career/late career collaboration. We are looking forward to our future projects together.
On October 22 - 23, 2012, the American Psychological Association (APA) and The Association of Black Psychologists (ABPsi) co-sponsored a summit to discuss the epidemic of obesity among African American women and girls. The summit, which was the brain child of 2012 APA President, Suzanne Bennett Johnson, and current ABPsi President, Cheryl Grills, was held at the University of the District of Columbia (UDC) in Washington, DC. Notable attendees included: Norman Anderson (CEO of APA), Dawn Wilson (President Elect of The Society of Behavioral Medicine), Charlotte Pratt (National Heart, Lung, and Blood Institute-NHLBI), and Layla Esposito (National Institute of Child Health & Human Development-NICHD). Several APA divisions and councils, YMCA-USA, Girl Scouts of America, Centers for Disease Control (CDC), as well as an array of government agencies, hospitals, private sector, and university institutions were represented totaling over 50 invited guests. The two-day summit began with opening remarks by Drs. Suzanne Bennett Johnson, Cheryl Grills, and Benson Cooke (Chair, Department of Psychology at UDC) who emphasized the gravity of the summit and potential for wide spread impact. Day 1 of the summit consisted of presentations and panel sessions on determinants of obesity, obesity prevention, and public policy. Day 2 was focused on obesity interventions and development of an action agenda. After each presentation, time was allocated for group discussions focused on evaluating the research evidence and exploring actionable steps to advance current efforts in tackling the obesity epidemic in African American women and girls.

Cynthia Ogden from the National Center for Health Statistics, CDC, set the stage on the first day of the summit by providing an epidemiological overview of the data on obesity in the United States and specifically among African American women and girls. Currently, 35.7% of adults and 16.9% of children and adolescents in the United States are considered obese (i.e., body mass index [BMI] ≥ 30 kg/m² for adults; BMI percentile ≥ 95th percentile for age, height, and sex for children and adolescents). Based on 2009-2010 National Health and Nutrition Examination Survey (NHANES) data, African American women (58.5%) and girls (24.3%) have the highest prevalence of obesity compared to other racial/ethnic groups. In addition, there has been a 10% increase in obesity prevalence among African American women in the past 3 years; the trend in obesity prevalence among African American girls appears to have stabilized. Despite an inverse relationship between income and obesity for other race/gender groups, the prevalence of obesity is similar across different income categories for African American women. Dr. Ogden also highlighted other gender-racial/ethnic minority groups including increase in obesity prevalence by 12% in African American boys and 14% in Mexican American boys over the last two decades. Additional data from NHANES 2009-2010 as well as useful tables and figures can be found at http://www.cdc.gov/nchs/data/factsheets/factsheet_obesity.htm.

(Continued on page 12)
Addressing obesity determinants, **James Jackson** from the University of Michigan presented on “Race, Stress, and Obesity: The Affordances Framework for Understanding Population Differences.” Dr. Jackson stated that racial/ethnic health disparities are a function of the life course and the experience of living in chronically stressful environments (primarily due to racism) which increases allostatic load and has major implications for physical, mental, and behavioral health among African Americans. Dr. Jackson postulated that obesity is a consequence of unhealthy coping responses to stress such as consuming high fat/high carbohydrate foods which interact with the hypothalamic-pituitary-adrenal (HPA) axis. He presented data that suggest that African Americans who engage in unhealthy behaviors to cope with stress are less likely to experience major depression compared to those who do not use the unhealthy behaviors to cope. In other words, the unhealthy behaviors become functional coping mechanisms for African Americans that although may protect against mental illness, increases risk for obesity and chronic disease. Dr. Jackson suggested that as researchers and clinicians we need to focus on: (1) understanding the role of the unhealthy behaviors for African Americans; (2) designing interventions that teach healthier coping mechanisms that African Americans can use to replace the unhealthy strategies; (3) understanding the stressors that contribute to engagement in unhealthy behaviors; and (4) work to improve the physical and social living environment of African Americans to reduce the experience of stressors. More information regarding Dr. Jackson’s Affordances Framework can be found in the American Journal of Public Health, 2010, v100, pgs. 933 - 939.


Day 1 of the summit also included presentations by representatives from YMCA-USA, National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), and APA Public Interest Government Relations Office. Panel discussions ensued on the role of race and culture on health communication, obesogenic built environments, and public policy.

**Dr. Suzanne Bennett Johnson** presented the opening address on Day 2 of the summit focusing on the role of psychologists in obesity prevention and intervention. Her interests in obesity within this specific population began when she noticed an increasing number of obese African American girls presenting with type 2 diabetes in her clinical practice. Dr. Bennett Johnson’s presentation provided an overview of contributing factors to childhood obesity including the contributions of low US farm subsidies, increasing numbers of working mothers and associated stressors, increased consumption of sugar sweetened beverages and passivity in leisure time. She stated that guided by a social ecological model, psychologists can play a pivotal role by expanding our response to this epidemic at multiple levels:

- **Individual - Developmental Issues** (such as how food and activity preferences develop) and **Lifestyle Behavior Change** (exploring the role of food and exercise in individual’s lives.)
- **Family** - understanding the cross-generational and intergenerational effects on biology, values, beliefs, perceptions, and behaviors.
- **Systems** - investigating the roles of schools and colleges, health care system, and research enterprises.
- **Communities** - exploring the contributory effects of religious, social, and work environments.
- **Policy** - becoming strong advocates at local, state, and federal levels to impact and become agents of change.
- **Prevention** - working to decrease the obesogenic environment.
• Partnering - creating interdisciplinary collaborations with other research teams, organizations and agencies to influence systems, communities, and policy makers.

Slides from Dr. Suzanne Bennett Johnson’s address can be found at www.apa.org/president.

Dr. Charlotte Pratt (NHLBI) provided an overview of NHLBI funded obesity intervention programs, highlighting the Girl’s Health Enrichment Multi-site Studies (GEMS). Dr. Layla Esposito provided information about funding mechanisms at NICHD and NIH on health disparities and obesity. Additional panel sessions consisted of presentations on community-based obesity interventions with African Americans such as the NOURISH trial (Dr. Suzanne Mazzeo, Virginia Commonwealth University); Can You Imagine Me, and I Am Woman studies (Dr. Henrie Treadwell, Morehouse School of Medicine); and PATH (Dr. Dawn Wilson, University of South Carolina).

The rest of the summit was dedicated to developing an action agenda based on the theories and evidence raised during the summit presentations. As a group, attendees established an extensive list of action agenda items to address the issue of obesity among African American women and girls including topics related to public policy, community engagement, strategic partnerships, clinical care, research priorities, and dissemination. APA and ABPsi representatives are working together to compile and release a joint action agenda which is forthcoming.

The summit ended on an equally high note as it began, with both Drs. Bennett Johnson and Grills encouraging attendees to put this summit and the knowledge gained into practice. As a testament to a heavily emphasized theme of prioritizing collaborations, we, your Divisions 38 and 54 representatives, decided to write a combined article.

This was a wonderful and timely summit that brought together a number of experts to discuss the problem of obesity in African American women and girls. Attendees came away motivated and intent on sharing new knowledge and ideas with their constituents at their respective institutions and/or organizations to move the field of psychology further in addressing this epidemic.
APA Highlights Services to Promote Division Vitality:  
A Summary of the 2013 APA Division Leadership Conference  
Travis Lovejoy, PhD, MPH

It was billed as an opportunity to learn more about the inner workings of APA and to network with Division 38 executive leadership. There was no indication I’d dine between the Division 38 and APA presidents on the first night of the conference, jointly lamenting the recent and improbable come-from-behind victory of the eventual world champion Baltimore Ravens over the Denver Broncos in the second round of the National Football League playoffs. A big thanks goes out to Division 38 President-Elect Dr. Kevin Masters. It’s always nice in sports tragedy to have a partner with whom to commiserate.

January 25-27, 2013 marked the 28th APA Division Leadership Conference (DLC) in Washington, DC. The DLC is organized and hosted by the Committee on Division-APA Relations (CODAPAR) and the Office of Division Services. It’s an opportunity for newly elected Division Leaders to meet APA executives, learn about some of the services APA provides its Divisions, and network with other Division leaders. DLC attendees have traditionally been Presidents-Elect and Administrative Officers of APA’s respective Divisions. In recent years, however, several Divisions (including Division 38) have sponsored attendance for Early Career Psychologists (ECPs) and I was fortunate to represent Division 38 at this year’s Conference. This was the first year Convention Program Chairs from each Division attended the DLC, for the purpose of, among other things, increasing inter-Division collaborations for 2014 APA Convention programming. (As a second aside, I’m a one or no cups of coffee per day kind of guy, but the West-to-East Coast jet lag, coupled with being asked to sit for nine hours, always necessitates extra caffeine for my system.) Guest Speaker Peggy Hoffman preceded lunch with a motivational talk on “Inviting Your Volunteer Pool.” A message that stuck with me from her talk is the importance of creating a sense of community within an organization through “micro-volunteerism,” that is the opportunity for organization members to offer their expertise in impas-sioned, meaningful, and brief, time-limited ways.

Mid-morning break-out sessions provided opportunity to refill empty coffee mugs and learn more about APA’s Directorates—Science, Education, Practice, and Public Interest—and how the Directorates work with Divisions to advance common interests. (As a second aside, I’ve trained and worked in Veterans Administration hospitals since 2010 and did not believe another organization could employ the use of acronyms as ubiquitously as the VA, until now.) Following a Friday evening of formal and informal networking events, 2013 APA President Dr. Donald Bersoff opened Saturday morning with a presentation of his presidential initiatives, which include: (1) ensuring psychologists are in the forefront of providing services to military personnel, veterans, and their families; (2) stimulating more diversity by identifying innovative doctoral programs that have admitted, retained, and graduated students from diverse ethnic cultures; and (3) advancing the creation, communication, and application of psychological knowledge to benefit society and improve lives by attracting and retaining academicians and scientists as APA members. Dr. Bersoff’s talk was followed by a somewhat comical and informative presentation on “How APA Works” by APA Deputy CEO Dr. Michael Honaker. Dr. Honaker explained the role of APA’s Board of Directors, Council of Representatives, as well as standing and ad hoc advisory Boards, Committees, and Task Forces. If you’re interested in learning more about Division 38’s parent organization (it’s sort of like Congress from what I gathered), I’ll shamelessly plug the April 25, 2013 Division 38 Teleconference Series presentation, which you’ll see advertised across Division 38 listservs and social media as the date nears. Dr. Honaker will present his DLC talk, and Dr. Katharine Hahn Oh, Division Representative to the APA Committee on Early Career Psychologists, will follow with a presentation on ways ECPs can become involved in APA and benefits of this involvement.

Several talks and a second much-needed coffee break (third if you count the coffee I had at lunch) comprised the afternoon schedule. The APA Office of General Counsel highlighted legal pitfalls and binds in which Divisions could find themselves. These speakers’ take home points were: (1) involve APA General Counsel early when addressing an actual or potential legal
problem; and (2) don’t be deterred by their exorbitant fees. Actually, their service is free. Representatives from APA’s Public and Member Communication service discussed ways Divisions could disseminate their members’ research findings and other areas of expertise to policy makers through lobbying efforts and to the general public through press releases, media blitzes, and social networking. The day concluded with a presentation on membership within APA. According to statistics presented, approximately 47% of APA’s more than 80,000 members belong to one or more APA Divisions. Of those belonging to a Division, 12% are considered Early Career Psychologists (i.e., no more than seven years since earning a doctoral degree). Several strategies Divisions use to recruit, retain, and engage ECPs were presented. They included ECP awards, social media sites, ECP-specific Convention programming, ECP newsletter columns, an active ECP Council, ECP mentoring programs, and a dedicated ECP listserv. I was happy to see that all these either currently or will soon exist within Division 38, a testament of the Division’s commitment to its ECPs.

APA President-Elect, Dr. Nadine Kaslow, highlighted her presidential themes on the final half-day of the DLC. As outlined in her presentation, they include: (1) advocate for psychologically informed child- and family-centered health care that is universally accessible; (2) enhance the pipeline for students and ECPs to bring diversity of experience into psychology; and (3) engage early career scientists and retain mid-career senior scholars in APA. The meeting concluded with a report from the progress made amongst Division Program Chairs in identifying themes and inter-Division collaboration strategies for the 2014 Convention in Washington, DC.

I believe the DLC met its goal of informing attendees about the ways Divisions can access resources from their parent organization. As an ECP, I also found the demystification of what I had viewed as the daunting organization of APA quite edifying. Like many in Division 38, I’m interested at the core in understanding how and why systems function the way they do, with the goal of using this knowledge to reduce illness and promote physical, mental, and spiritual wellness. An organizational system such as APA, or Division 38 for that matter, is no different. Systems can always be tuned, refined, improved upon, but in order to do this, one must understand the system. I encourage others to seek this information and help to make what I see as an already vibrant Division 38 even better.
On December 10 and 11, 2012, I represented Division 38 at a meeting in Washington, DC convened by APA’s Public Interest Directorate to address strengthening psychology’s role in reducing tobacco health disparities. The meeting was attended by APA staff, including CEO Dr. Norman Anderson, a small but engaged group of researchers, clinicians, advocates and policy makers, as well as representatives from various government agencies including CDC, FDA, NIH, and SAMHSA. The charge to the group, highlighted by H. Westley Clark from SAMHSA at the start of the meeting, was to review the research on tobacco health disparities and determine how APA can support its own role, as well as that of its members, to address tobacco health disparities.

Nearly every talk contained the statistics we have seen over and over: tobacco use is the leading cause of preventable death in the United States, leading to over 400,000 deaths per year. Nearly 20% of the adult US population smokes, and although smoking rates have declined in recent years that decline has somewhat stalled. However, these talks went far beyond those “top level” findings and delved into disparities in tobacco use among a multitude of populations, including racial and ethnic groups (and further by level of acculturation), Native Americans, Native Hawaiians and pacific islanders, LGBTQ communities, and low-income women among others. The meeting also focused on tobacco use along with co-occurring medical and mental health or other substance abuse issues. Nearly half of all cigarette smoked in the US are consumed by individuals with a psychiatric or substance abuse disorder, and rates of tobacco use among those with mental health diagnoses are between 60 and 85%. Despite the intended focus of the meeting on tobacco health disparities, none of the talks focused on health outcomes resulting from tobacco use, only on tobacco use itself.

In short, the two days of the meeting highlighted that the often cited statistics of the 20% smoking rate among adults masks large disparities when examining specific sub-populations. In addition to discussing the demand side of the tobacco equation, talks also focused on the supply side, notably a talk by Division 38 Past-President Elizabeth Klonoff on her team’s efforts monitoring illegal sales of tobacco products to minors in California, as well as what factors play a role in those sales. Cati Brown from University of California – San Francisco, described her work reviewing tobacco industry documents that detailed their marketing plans targeting low-income women.

The goal of the meeting, and a cross-cutting theme in many of the talks, was to determine the path forward for psychologists and APA to play a larger role in reducing these disparities. Many speakers highlighted the crucial role of addressing both chronic and acute stress as a reason for tobacco use and barrier to cessation. Strategies for reaching diverse and hard to reach populations with cessation services were also discussed. For example, Erik Augustson from NCI discussed the reach and potential impact of online and mobile health platforms (e.g., www.smokefree.gov) to deliver smoking cessation interventions, and Felipe Castro from University of Texas – El Paso discussed the process of adapting of evidence-based cessation interventions for new populations.

The final session was a group discussion of recommendations for APA to strengthen its own role, and that of its members, to address tobacco disparities. A very brief summary of a few of those recommendations that APA will consider is below:

- Creating position statements and resources to help members address tobacco use within their practices.
- Working with other membership organizations to best position APA’s efforts within the already crowded tobacco control space for maximum impact.
- Encouraging members to become involved in tobacco control organization and coalitions.
- Using APA’s education directorate to develop
Reducing Tobacco Disparities:

How Can You Get Involved?

Join your local tobacco control coalition (Website: http://www.cadca.org).

Consider volunteering for APA’s Behavioral and Social Science Volunteer program

Learn more about addressing tobacco use among your clients
   (Website: http://www.ahrq.gov/clinic/tobacco/tobaqrg.htm)

Look for the ongoing Special Series on Health Disparities in the Division 38’s Journal, Health Psychology

Stay up to date with the APA public interest directorate plans on this issue and their broader health disparity initiatives (Website: http://www.apa.org/topics/health-disparities/initiative.aspx)

Comment on proposed guidelines, such as the USPSTF’s draft statement on Interventions to Prevent Tobacco Use in Children and Adolescents (Website: http://www.uspreventiveservicestaskforce.org/draftrec3.htm) or other public regulations and related meetings such as FDA’s request for comments on a Report to Congress and meeting on Innovative Products and Treatments for Tobacco Dependence (Website: https://www.federalregister.gov/articles/2012/11/28/2012-28835/fda-actions-related-to-nicotine-replacement-therapies-and-smoking-cessation-products-report-to). These comments are read and considered when finalizing guidelines and rules.

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

Please be sure we have the best email address for you! Send an update of your email address to division@apa.org. Put "Div 38 newsletter" in the subject line.
Aloha once again from the Division 38 Program Committee! The 121st annual APA Convention will be held July 31 – August 4, 2013. Since I’m sure the convention locale (Honolulu, Hawai‘i) is low on your list of reasons to go, let me highlight the programming first!

In keeping with our *Foundations to Future* theme, highlighting the role of health psychology’s luminaries in shaping the next generation, we are featuring two research symposia that include a renowned health psychologist and one of their former protégés. Hector Myers from UCLA and Téné Lewis from Emory University will be discussing their work on ethnic health disparities, and Karen Matthews from University of Pittsburgh and Linda Gallo from San Diego State University will be discussing their work on socioeconomic health disparities. Each symposium will also be an opportunity to learn about professional development from both mentor and protégé perspectives through a moderated question and answer session.

We also have an excellent slate of invited speakers, who will be discussing important innovations in health psychology. Robert Kerns from the VA Connecticut Health Care System will describe the Veterans Health Administration National Pain Management strategy and the role of psychologists in integrated pain care. Susan McDaniel from University of Rochester will highlight opportunities for psychologists as leaders in health care systems using the University of Rochester Physician Coaching Program as an example. As part of a cross-organization initiative with the Society of Behavioral Medicine, the current SBM President Alan Christensen will be discussing the importance of multi-level examinations of health behavior and the rapidly evolving role of technology in health psychology.

Furthering Division 38’s commitment to fostering mentoring and professional development, a number of events are geared for students and early career professionals. A symposium co-sponsored with Division 45 (Ethnic Minority Issues) will provide a “state of the science” review of efforts to improve mentoring of early career researchers from underrepresented groups. The Division 38 Student Council is presenting a symposium on effective mentorship across graduate, internship, and postdoctoral training, and hosting a “meet and greet” with internship training directors. Division 38 Early Career Professionals Council is presenting a symposium on navigating career success, including tips for job talks, obtaining funding, technology, and mentorship, and hosting a conversation hour on negotiation and self-advocacy in the academic setting (You must pre-register for this conversation hour: Details coming soon!).

Last but certainly not least, the submitted programming has something for everyone. Research-related programming features basic and applied research on emotion regulation, adaptation to cancer, family and intergenerational effects on health, and resilience; as well as translational research on bringing health psychology to a national scale in the areas of birth outcomes and childhood obesity, and patient-oriented research in health psychology. Practice- and training-related programming includes a town hall meeting on reimbursement advocacy in the context of health care reform, a discussion of best practices in integrated primary care across all training settings (graduate to postdoctoral), and tips for achieving ABPP certification in Clinical Health Psychology.

Finally, some of you may have interest in the convention location, which will be held at the Hawai‘i Convention Center, the Hilton Hawaiian Village Beach Resort and Spa, and the Sheraton Waikiki Hotel. Some of you may even be excited that all sessions in the convention center end in the mid-afternoon, leaving you with lots of time to spend enjoying Honolulu, Waikiki Beach, and the island paradise of Oahu with friends and family. Regardless, our job at Program Committee is to make sure that we feature the best health psychology science, practice, and professional development opportunities at the APA convention, even if the convention was being held in Antarctica!

The full schedule will be available in April at www.health-psych.org, and early registration and hotel reservations open on April 1, 2013 (visit www.apa.org/convention).

We look forward to seeing you in Honolulu! Mahalo!
A Special Offer for Members of Division 38: Board Certification in Clinical Health Psychology

Have you considered Board Certification in Clinical Health Psychology (American Board of Professional Psychology – ABPP)? Now is the time! When a member of Division 38 successfully passes the ABPP oral exam in Clinical Health Psychology, they can receive a rebate of their initial application fee ($125).

Some Top Reasons to Be Board Certified:

- Distinguish yourself in the job market.
- Facilitate license mobility between states.
- Demonstrate expertise in working medical populations.
- Potential pay increase, especially for uniformed psychologists.
- Board certification is becoming a standard for credentialing for many hospitals and insurance companies.
- Encourage promotion and tenure in academic settings.

Your own professional listing on the ABPP website, and access to networking and professional resources.

ABPP Requirements:

- Doctoral degree in professional psychology and clinical internship
- Full, independent state licensure
- Approved postdoctoral experience and supervision, or Distinguished senior psychologist option (15+ years experience)

For More Information:

ABPP website: www.abpp.org

ABPP central office: 919-537-8031