

Official Newsletter of the American Psychological Association,
Division 38

The Health Psychologist

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Walkin' The Talk

President's column

I have a confession to make: I'm not a genuine health psychologist. When I received my doctoral training at Southern Illinois University (SIU, 1975-1980), there was no such thing as doctoral training in health psychology. The program at SIU was unique in that those of us enrolled in the bio-clinical psychology track of the APA-accredited clinical Ph.D. program actually satisfied the degree requirements for two Ph.D.s – one in clinical psychology and one in experimental psychology. I chose clinical and physiological psychology, and in so doing received more training in physiology, anatomy, and psychopharmacology than my more traditional clinical peers. The piece that was missing from this innovative training program was an integration of the physiological with the clinical training. The subject matter taught in both domains was rather inharmonious, and even in the research

domain, I tended to keep one foot in the neuroscience world and one foot in the clinical world for quite some time after my doctoral training. It is not surprising that my doctoral training in the early years of clinical health psychology was rather disjointed. The Division of Health Psychology of APA only began in 1978, the same year that the interdisciplinary Society of Behavioral Medicine began. The first training conference (Arden House) was not held until 1983, and it was during this time that the training structure for the specialty was initially laid out. The clinical arm of health psychology, Clinical Health Psychology, was initially recognized by the APA Commission on Recognition of Specialties and Proficiencies in Psychology as a clinical specialty in 1997, which was renewed in 2004. Quite recently, the training council for health psychology was reactivated after about a 10 year period of inactivity, with

Beverly Thorn, PhD



Division 38 President
Beverly Thorn, Ph.D.

two important changes: the training council is multi-level, with doctoral programs, internships, and post-doctoral training programs in clinical health psychology being represented; and the reactivated training council focuses on clinical health psychology training rather than the broader health psychology training framework (i.e., not specifically health psychology) initially conceived at the

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Walkin' The Talk

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Arden House conference. The Council of Clinical Health Psychology Training Programs (CCHPTP) received initial organizational support from Division 38 but it is a separate (and incorporated) entity from the Division. Its current chair, Dr. Kevin Larkin, will be happy to answer any questions you may have about CCHPTP. Email address: KLarkin@wvu.edu

The field of health psychology (also known as medical psychology, behavioral medicine, and psychosomatic medicine) has matured since its inception, and at the upcoming APA convention in August, Division 38 will celebrate its 30th anniversary. In recognition of our 30th anniversary, we are planning a health-related promotion which will run throughout the four days of convention programming, August 14-17th. One of our activities will be to challenge conference attendees to a “walkathon” in which they will commit to walk the estimated 2 ½ miles from the Back Bay area hotels to the new convention center. For those Division 38 members coming to APA, we want you to be the leaders of health – we want you to WALK to the Convention Center! (Actually, it’s faster and more efficient than waiting for the buses and sitting around in Boston traffic trying to get 2 ½ miles). Bring your comfortable shoes, wear light and layered clothes, and join us for this health initiative. You will be REWARDED! We will be giving out walking maps, t-shirts commemorating our 30th anniversary, and we’ve invited health-oriented sponsors to provide additional promotional items! We hope that you will recommend walking 10,000 steps per day to your clients, and “walk the talk” yourselves by joining our initiative.

Speaking of “walking the talk,” check out Nancy Hamilton’s newsletter piece on a wildly successful home-grown community wide exercise program that is run on a non-existent budget. Don “Red Dog” Gardener certainly knows the value of a good t-shirt!

And...because we’re on the theme of walking the talk, since this is my last newsletter, I have been told I can take the liberty of self-disclosure. For the past 28 years, I’ve been a professional psychologist in academia. I have maintained a private practice, continued to publish, and directed the clinical psychology Ph.D. program at The University of Alabama for almost 15 years. I have observed the bar in academia rising higher and higher and breathe a sigh of relief that I am not just starting out. I observe the increasing diffi-

culties in reimbursement for full-time practitioners and thank the Lord I’m not dependent on a full-time private practice. And I see how tough the pay-line is at NIH, and feel grateful not to be on soft money. Regardless of where the bar is set, or whether it is set by you or someone else, it is easy to lose sight of the balance that health psychology purportedly stands for. The reason I was attracted to this specialty, in particular, was the collective enterprise of body and mind coming together to help make a whole and healthy person. Yet, often in my career I have had to step back and ask myself if I was practicing what I was preaching. In 2005, when I was making plans to step away from administration and moving back toward more NIH-supported research, I put daily exercise on the shelf in order to do research and administration more productively. My weight inched up, and, more upsetting, my usual low-ish blood pressure climbed to levels that made my MD consider medication. Since my family heritage is one of obesity, hypertension, and diabetes, this was no laughing matter. One day, I had an epiphany that in retrospect seems ludicrous, but was nonetheless a turning point. I decided my productivity wasn’t worth my health. And then I remembered that I was a health psychologist! I started walking again and lifting weights. My weight returned to normal, and so did my blood pressure. I’ve dabbled in meditation for years (used TM during graduate school so I could sleep less), and in more recent years, I’ve been to mindfulness or Vipassana meditation retreats, but never developed a daily discipline of practice, until recently. When I first began “sitting” I thought I would jump out of my skin to sit silently for 10 minutes. Shortly thereafter, 20 minutes didn’t seem quite enough and now 30 minutes seems about right. Furthermore, as I write this column, I am preparing to go on a 7-day cycling trip in Italy (plus 4 days recovery) in celebration of my husband’s retirement. (Unlike me, he is genetically blessed with an ectomorph body and the metabolism of a hummingbird.) The training has been a challenge, particularly because I could have been “productive” during those 2-3 hour cycling sessions. Yoga stretching is almost mandatory with a training regimen such as this, which adds time to my self-care. At this rate, I will have to retire just so I have time for all this healthy behavior! But there is something real, something balanced about it that keeps me

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Emergence of Health Psychology: External Influences

Donald K. Routh
University of Miami

The Division of Health Psychology was founded in 1978, but the field had a long prologue. Notable influences included innovations in psychological research such as Neal E. Miller's work in the 1960s suggesting that many physiological processes previously considered "involuntary" were subject to the principles of conditioning. Also influential was William Schofield's 1969 paper in the *American Psychologist* on the "role of psychology in the delivery of health services."

It is the thesis of this paper that the emergence of health psychology was also influenced by events quite outside the field of psychology. Among these influences were those within medicine, politics, and philanthropy. First of all, the idea that human health and disease are influenced by the social environment goes back to the Hippocratic writings on epidemiology ("On Airs, Waters, and Places"). Also, well before the establishment of psychology as an academic field, the Prussian physician Rudolf Virchow in 1848 famously declared medicine to be a social science. He had been sent to Silesia to investigate the plight of Polish miners there and thought that their wretched life circumstances did much to explain their health problems. In addition to his research on cellular pathology, Virchow went on to become a member of the Prussian *Reichstag*; as such he became, as he thought a physician ought to be, an "attorney for the poor."

Before World War I, few individuals with PhD degrees were involved in medical research, yet at least one of these, Louis Pasteur in France, stood as a role model for many who came after him. In time, these came to include not only physicists and chemists but also psychologists and other behavioral scientists. By 1977, it has been estimated that there were about 90,000 doctoral scientists in the United States who were biomedical researchers, a six-fold increase over 1950, about 60% PhDs and the rest MDs or MD-PhDs. Today the intramural research staff of the National Institutes of Health (NIH) and its roster of grantees include a sizable number of health psychologists and other PhD scientists. At the beginning of the 20th century about a third of these health researchers were physicians, while at the end of the century the corresponding figure was about one in fifteen.

How did this situation come about? The NIH traces its origins to 1887, when it served as a Hygienic Laboratory to assist seamen and steamship passengers with problems such as cholera. Its modern era as the main supporter of health research in the country began in World War II. The efforts of the Committee on Medical Research, formed in 1941, were so successful at projects such as malaria control and the development of penicillin that Congress decided to continue and expand them after the war.

In 1946 Congress created the National Institute of Mental Health (NIMH). Its first Director, psychiatrist Robert Felix, had a highly favorable opinion of psychology. In these postwar times, with so many veterans who needed help in readjusting to civilian life, both the NIMH and the Veteran's Administration (VA) came to the American Psychological Association and asked how they could choose appropriate university programs in which to support the training of clinical psychologists. The NIMH was the biggest supporter of research grants in general psychology in the early post-war years.

In 1948 Congress created the National Heart Institute. The National Institutes of Health were by that time definitely plural, not singular. This institute later acquired other functions and became the National Heart, Lung, and Blood Institute. It was NHLBI that became the sponsor of the Yale Conference on Behavioral Medicine in 1977 and thus of the official foundation of both behavioral medicine and health psychology. In 1962 another new institute, the National Institute of Child Health and Human Development (NICHD) was funded. It supported research related to pediatrics, including considerable work by psychologists.

The years from 1955 to 1968 are generally considered the "golden era" of the NIH, when its appropriations increased by huge amounts. In fact the increases began before that and continued afterwards. In 1945 the budget of the U.S. Public Health Service (including NIH) was \$2.4 million; by 1958 the budget of NIH was \$211 million, over a 100-fold increase in 13 years. In 1960 the NIH budget almost doubled again, to \$400 million.

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Giving ‘Dog Days’ a Whole New Meaning in Lawrence, Kansas

Nancy Hamilton, Ph.D.

It is 6 AM, and in proper Midwest tradition, it is already hot and humid. We are gathered with about 800 other people in the University of Kansas football stadium; we are doing jumping jacks, after which we are going to do some more calisthenics, run a mile on the track and then sprint the stadium steps. In other words, this is a typical June morning in Lawrence, Kansas.

In addition to our National Champion basketball team and Orange Bowl champion football team, Lawrence is the home of a spectacularly successful community health promotion program, “Red Dog’s Dog Days.” Don “Red Dog” Gardener supervises community exercise sessions (three times a week in June and five times a week in July). Sessions are free for all with crowds ranging in age from 5 years old to over 70, fit, fat, and all somatotypes in between. After the sessions are over, high school track stars and retired people alike rave about the workouts.

One of the key motivators for participants seems to be the Dog Days t-shirt. The coveted T-shirts are only available to those who have attended 26 sessions, or roughly three sessions per week. They are sometimes referred to as “the trophy you can wear”. Over the course of the summer, approximately 3500 people attend at least one work out session, and last year more than 900 earned a t-shirt. The population of Lawrence is approximately 88,000, meaning that last summer a sizable percentage of the Lawrence population far exceeded the American College of Sports Medicine and American Heart Association guidelines of 20 minutes of moderate to vigorous exercise three times weekly (Haskell, Lee, Pate, et al, 2007).

Red Dog Days emerged organically and its success is likely because of its coincidental adherence to the principles of community health psychology, the development of supportive social norms, and a clever reinforcement strategy. Consistent with some of the core-concepts of community psychology (see Altman & Goodman; Rappaport, 1987), Dog Days began small, addressing a perceived need in the community - conditioning and injury prevention for high school athletes. Over the next few years Gardner began to invite participants to bring their friends, and did they ever. Combined weekday attendance now exceeds 1,000 people.

The program is strongly identified with a natural leader, Gardner, a retired police officer and a former volunteer trainer for a high school football team. As it has grown, the program has remained sustainable because of its ability to capitalize on community resources such as free publicity from local news sources, use of the stadium during the summer, volunteer labor from committed participants, and financial contributions from local businesses and money from recycled aluminum cans. These resources are adequate because the objectives have remained small (get people to show up and do what they can), and the program needs only a small budget of approximately \$6,000 per summer (the cost of printing the t-shirts). A free t-shirt may not seem like much of a motivator to run up stadium steps on a Midwestern summer morning, but it helps get people to the workouts and they can take it from there.

In addition to community level factors, Dog Days also makes use of tried and true principles of health promotion interventions. Dog Day “rules” promote social engagement by forbidding the use of MP-3 players and more importantly by promoting acceptance “We may laugh *with* people, but we *never laugh at them*.” It is common to hear “good job” when you pass someone on the track. Consistent with the ethic of acceptance, the behavioral “reward” of the Dog Days T-shirt is contingent on attendance rather than attaining a fitness goal. Although the bar is set fairly high, the t-shirt is attainable to people of all fitness levels.

Red Dog’s Dog Days is a “grass-roots” local initiative that has evolved over 25 years congruent with community needs and resources. So, it is unlikely that this “model” could be translated “as is” to other communities. However, as the costs of cardiovascular disease and obesity mount, it may be fruitful for health psychologists to think small and sustainable, learn who the natural leaders are in our own communities, and build durable ties to their own communities. Building such ties may lead to not only better physical fitness, but also to an enhanced sense of community self-esteem, solidarity, and pride. More information on Red Dog’s Dog Days can be found at www.reddogsdogdays.org.

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Election Results

The Nominations and Elections Committee, under the leadership of Patrice Saab, is pleased to announce the results of the 2008 Division 38 elections:

President-Elect: Jerry Suls
 Treasurer: David Williams
 APA Council Representative: Robert Kerns (2009—2011)
 Member-at-Large: Dawn Wilson (2009)
 Member-at-Large: Martita Lopez (2009 - 2011)

Congratulations to the new officers, and special thanks to all those who participated in the nomination, candidacy, and voting process!

Walkin' the Talk

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focused on it right now. My biggest challenge for 11 days in Italy will actually be unplugging from the old "Crackberry."

So, how about it? In what ways are you "walking the talk?" In what ways can you do better? My challenge to you is to be a health(y) psychologist in the best sense of the word. You may get a few less publications, or see a few less clients. You might get fewer accolades, or make less money. The rewards might just be worth it.

In closing, I want to let you know that I feel extraordinarily privileged to have been your division President for this year. I have been amazed at the level of dedication and thoughtful work that many folks put into the division and to the profession. I want to highlight a few team players who have been a tremendous help to

me: Bob Kerns mentored me as President while I was President-elect, and he has been my friend and colleague for over 25 years; Barbara Keeton is way more than our Administrative Officer, she is our lifeline; Karina Davidson stepped up to the plate early on as your President-elect and already has a number of wonderful initiatives cooking; Kim Dixon and Ted Robles have done yeomen's work with the web redesign and you will see the fruits of their labors soon; Laura Pence and Amber Davis, as Student Council reps, have been terriers and have sunk their teeth into our division (in a good way); Crystal Park and her Membership Council have been super proactive and gotten good results; Liz Klonoff, as Program Chair, put together a fun and stimulating APA program; and last but not least, Dan Bruns....that man! As Chair of the Clinical Health Services Council, what he has taken on is no less than amazing! With these folks in our corner, we can only flourish. Arevaderci!

Student Column

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

We are very excited about our upcoming student events at the APA convention. You will find many of these events relevant and informative, so please keep this schedule for reference.

Friday August 15th

Meet the Training Directors of Health Psychology Internships and Post-Docs

4:00 pm – 5:50 pm – Boston Marriott Copley Place Hotel, Arlington Room

Reception and Q & A – Student Research Funding Opportunities

6:00 pm – 7:30 pm – Sheraton Boston Hotel, Division 38 Presidential Suite

Saturday August 16th

Symposium: Care and Feeding of your Career from Internship through Junior Faculty

9:00 am – 10:50 am – Boston Convention Center, Meeting Room 153C

Division 38 30th Birthday Party!

6:30 pm – Tapeo Restaurant (268 Newbury St., within walking distance of the Sheraton Boston Hotel) –

Celebrate with us with tapas (hor d'oeuvre style) and beer, wine, and seasonal Sangria!

Sunday August 17th

Breakfast and Round Table Discussion: How can Division 38 help you become a health psychologist?

8:00 am – 9:30 am – Sheraton Boston Hotel, Division 38 Presidential Suite

You will also have the opportunity to talk one-on-one with experts in the areas of research covered at our student poster sessions:

Cancer, HIV, and other chronic diseases (Thursday, August 14, 12:00 -12:50 pm)

Issues in Health Psychology (Sunday, August 17, 10:00 -10:50 am)

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



BOSTON



APA DIVISION 38 PROGRAM

August 14-17
Boston, MA

Day/Date Time	CE Credit	Session	Chair/ Discussant	Participants	Location
Thurs, 8/14 8:00 AM- 9:50 AM		Symposium: Predoctoral Training in HIV-Building Professional Competencies Through Innovative Programs	Chair: Lara M. Stepleman, PhD Discussant: Tony J. Cellucci, PhD	James L. Werth, PhD Sondra E. Solomon, PhD Jerilynn Radcliffe, PhD Shirley L. Robinson Hankins, PhD	Convention Center Mtg. Rm 103
Thurs, 8/14 10:00 AM- 11:50 AM		Invited Address: Rationale, Development, and Scope of Mindfulness-Based Interventions in Medicine, Psychiatry, and Psychology	Chair: Tu Anh Ngo, PhD	Jon Kabat-Zinn, PhD	Convention Center Mtg Rm 210B
Thurs, 8/14 12:00 PM- 12:50 PM		Poster Session: Cancer, HIV, and Other Chronic Diseases			Convention Ctr. Exhibit Halls A, B1
Thurs, 8/14 1:00 PM- 2:50 PM		Symposium: Psychosocial Issues of Adolescents With HIV Infection Acquired at Birth and Later in Life	Chair: Maureen E. Lyon, PhD Discussant: Janet S. St. Lawrence, PhD	Stephanie L. Marhefka, PhD Susan Abramowitz, PhD Linda J. Koenig, PhD Ricardo D. LaGrange, PhD	Convention Center Mtg Rm 260
Thurs, 8/14 3:00 PM 3:50 PM		Invited Address: How Stress Kills: New Perspectives From Psychoneuroimmunology	Chair: Beverly Thorn, PhD	Janice Kiecolt-Glaser, PhD	Convention Center Mtg Rm 251
Fri, 8/15 10:00 AM- 11:50 AM		Workshop: Preparation for ABPP in Clinical health Psychology	William Douglas Tynan, PhD, ABPP	The Academy of Clinical Health Psychology, ABPP	Marriott Copley Place Hotel Grand Salon A
Fri, 8/15 12:00 PM- 12:50 PM		Business Meeting: council of Clinical health Psychology Training Programs - Education and Training in Health Psychology at the Doctoral, Internship, and Postdoctoral Levels	Chair: Kevin T. Larkin, PhD		Marriott Copley Place Hotel Grand Salon A
Fri, 8/15 2:00 PM- 3:50 PM		Symposium: Physical Activity and Children's Cognition - Convergent Multidisciplinary Experimental Evidence	Co-Chairs: Catherine L. Davis, PhD Phillip D. Tomporowski, PhD Discussant: Patricia H. Miller, PhD	Phillip D. Tomporowski, PhD Jack A. Naglieri, PhD Catherine L. Davis, PhD Jennifer E. McDowell, PhD	Convention Center Mtg Rm 251
Fri, 8/15 4:00 PM- 5:50 PM		Conversation Hour: Meet the Training Directors	Chair: Laura Pence, MA		Copley Place Hotel Arlington Rm

Day/Date Time	CE Credit	Session	Chair/ Discussant	Participants	Location
Sat, 8/16 9:00 AM- 10:50 AM		Symposium: Care and Feeding of Your Career From Internship Through Junior Faculty	Chair: Aaron P. Turner, PhD	Stephen R. McCutcheon, PhD Mary Hibbard, PhD Russell M. Bauer, PhD John C. Linton, PhD Kevin T. Larkin, PhD	Convention Center Mtg Rm 153C
Sat, 8/16 11:00 AM- 11:50 AM		Invited Address: Embodying Inequality: The Science and Challenges of Research on Racism, Class, and Health Inequities - An Ecosocial Perspective	Chair: Julie Wagner, PhD	Nancy Krieger, PhD	Convention Center Mtg Rm 157A
Sat, 8/16 12:00 PM- 1:50 PM		Symposium: Impact of Stress and Coping on Mental health in HIV	Co-Chair: Christina S. Meade, PhD Nathan B. Hansen, PhD Discussant: Steven A. Safren PhD	Myron J. Burns, PhD Christina S. Meade, PhD Jianping Wang, PhD Nathan B. Hansen PhD Seth C. Kalichman, PhD	Convention Center Mtg Rm 205B
Sat, 8/16 3:00 PM- 3:50 PM		Presidential Address: Evidence-Based Practice and Practice-Based Evidence: Tales From the Trenches of Pain Management	Chair: Robert D. Kerns, PhD	Beverly Thorn, PhD	Sheraton Boston Hotel Gardner Room
Sat, 8/16 4:00 PM- 4:50 PM		Business Meeting: Happy Birthday and Awards	Co-Chair: Beverly Thorn, PhD Karina Davidson, PhD		Sheraton Boston Hotel Gardner Room
Sun, 8/17 8:00 AM- 9:50 AM		Symposium: Gender and Health - International Perspectives	Co-Chair: Irina L.G. Todorova, PhD Esther r. Greenglass, PhD Discussant: Esther R. Greenglass, PhD	Yael Benyamini, PhD Irina L.G. Todorova, PhD Marie-Genevieve Iselin, PhD Adriana Baban, PhD	Convention Center Mtg Rm 153A
Sun, 8/17 10:00 AM- 10:50 AM		Poster Session: Issues in Health Psychology			Convention Center Exhibit Halls A and B1
Sun, 8/17 10:00 AM- 11:50 AM		Symposium: Understanding How Social Relationships Affect Health - The Social Control Process	Co-Chair: Morris A. Okun, PhD Kristin J. August, BS Discussant: Joan S. Tucker, PhD	Megan A. Lewis PhD Mary Ann Parris Stephens, PhD Kristin J. August, BS John A. Pugliese, MA Dara Sorkin, PhD	Convention Center Mtg Rm 209
Sun, 8/17 12:00 PM- 1:50 PM		Symposium: Writing Cure - What Works, What Does Not, and Why	Chair: Louise K.W. Sundararajan, PhD Discussant: Crystal L. Park, PhD	Joanne Frattaroli, PhD Robyn Fivush, PhD Denise M. Sloan, PhD Louise K.W. Sundararajan, PhD	Convention Center Mtg Rm 156B

DO YOU KNOW THE BENEFITS OF BEING A DIVISION 38 MEMBER?

From the Membership Committee

Many of you know at least some of the benefits of joining Division 38, including opportunities to connect with fellow members of this active and diverse community of researchers and clinicians. You probably already take advantage of some of the resources the Division provides to facilitate its members' professional development. But most people don't take full advantage of the benefits of membership, and non-members may not be aware of the many excellent reasons for joining. So we'd like to offer a brief review of the Division's existing and upcoming offerings and encourage you to take full advantage of them or—if you are not currently a member—to join or renew your membership so that you can.

First of all, Division 38 is fully committed to supporting health science and health care professionals with a variety of interests, whether they focus on research, clinical practice, or a mix of the two. Moreover, members run the gamut from students and recent graduates, to mid-career and senior professionals who are leaders in their field. As a result, the Division's networking opportunities are quite rich. And if you're interested in aging, women's health, or minority health, you can become involved with the committees serving these communities, which make it even easier to develop helpful professional contacts.

By the way—in case you find the phrase “networking opportunities” anxiety provoking (or otherwise aversive), let me assure you that what it comes down to is having plenty of opportunities to meet interesting new people and share knowledge, ideas, and guidance. Social events and talks sponsored by the Division at the annual APA conference and other division meetings provide such opportunities, as does the listserv. Many good friendships have been formed through these venues, in addition to productive collaborations and mentoring relationships. If you haven't taken advantage of these opportunities, you will have the chance to do so at the conference in Boston.

Speaking of the listserv, it is a Division resource that I personally find to be extremely valuable. If you are not currently on the listserv, I urge you to sign up (email Barbara Keeton at APADiv38@verizon.net). Members share information and advice, discuss hot topics, get questions answered, and share job opportunities, among other things. Also, there is a separate listserv for students.

Division 38 also provides a wealth of information through its publications, including this newsletter and *Health Psychology*—the leading journal in our field. The publications keep you up-to-date on professional events and scientific advances. You may or may not have electronic access to *Health Psychology*. I do, yet I find that my best opportunities for reading it seem to come at times when I'm not in front of a computer, so I value the copy that I get in the mail.

Also, how many of you have not yet been to the Division's website? If you haven't, check it out. It currently includes information about publications, professional and student awards, education and training (including a searchable directory of training programs and teaching resources), and membership (including online application) as well as links to other helpful online resources. Better still, the website will be undergoing a transformation designed to make it a more valuable resource. A grand “unveiling” of the new design, services, and features is planned for August, when the Division will officially celebrate its 30th Birthday in conjunction with the scientific sessions at APA. See the full program in this issue for details!

One last thing—access to the Division's resources is by far the best deal you will get when it comes to professional memberships. The annual dues are currently \$23.00 for Student Affiliates and \$43.00 for APA members. Even if you're not an APA member, you can take advantage of Division 38's resources by becoming a Professional Affiliate for just \$50.50 – a small investment to make in your professional advancement. So consider joining or renewing, and help inform the development of the field by becoming actively involved in Division 38 programs and activities. We welcome your participation!

Emergence of Health Psychology

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An essential part of the supporting cast making it possible for NIH to thrive in this fashion was the lobbyists involved. The best known was Mary Lasker. She and her late husband, Albert Lasker, had set up a Foundation in 1942 to support medical research. It employed a full-time lobbyist, Mike Gorman, a journalist who got his start in 1948 writing a series of articles exposing “snake-pit” conditions in mental hospitals in Oklahoma. The Laskers were supportive of mental health research as well as that on cancer and heart disease. A woman named Florence Mahoney was an important collaborator of Lasker in lobbying for health research. She had previously been married to the managing editor of the *Miami News* and believed in going right to the top in seeking to influence legislation. As a Georgetown hostess, she gave many an intimate dinner party at which she introduced important senators or congressmen to well-known doctors knowledgeable about research issues. Over the years, both Mary Lasker and Florence Mahoney served on many of the national advisory committees of several institutes within the NIH. Mahoney was especially well known for her advocacy of a National Institute on Aging and sat on its advisory committee after it was organized. The principal influence in the founding of NICHD was Eunice Kennedy Shriver, the sister of President Kennedy. In fact, this institute has recently been named after her.

The lobbyists often enlisted the help of prominent physician researchers to testify before congressional committees in support of health research. Although some of these medical researchers were highly interested in psychological issues, it seems that none of those favored by lobbyists such as Lasker or Mahoney were themselves psychologists. For example, one famous congressional witness was Paul Dudley White, the Harvard cardiologist who helped care for President Eisenhower after his heart attack. White was well known for emphasizing the importance of optimism in treating heart patients and indeed gave Eisenhower a favorable prognosis to run for office for a second time. He also advocated the importance of exercise in preventing heart disease. Another congressional witness favored by Lasker and Mahoney was Howard Rusk, a physician famous for his work in rehabilitation, not just of injuries but of the whole person, including emotional, social, and vocational aspects. A third such witness was the eminent Harvard pediatric pathologist Sidney Farber. Farber was responsible by the early 1950s for developing effective chemotherapy for childhood leukemia, previously a rather uniformly fatal disease. He was also a firm believer in providing continued psychological and social support for children being treated for cancer.

In conclusion, the emergence of health psychology resulted not only from events “internal” to psychology but also from “external” influences from medicine, politics, and philanthropy.

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DIVISION 38 WEB SITE

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Notes from Council of Representatives Mid-Winter Meeting February 22-24, 2008

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APA Council Representatives for Division 38

Highlights from the 2008 Mid-Winter Meeting of the APA Council that may be of general or specific interest to members of Division 38 include:

Council voted:

- 1) To send to the full membership for a vote a proposal to add new seats on council for the four ethnic- minority psychology organizations: the Asian American Psychological Association, the Association of Black Psychologists, the National Latina/o Psychological Association, and the Society of Indian Psychologists. This ballot will be a second opportunity for the membership to consider this issue; the Council strongly supports the addition of these seats and plans to include more information for the membership with this second ballot. Adding these seats would be outside the regular council representation apportionment process; no current or future division or state representation would be at risk for losing their seats due to the addition of these new seats.
- 2) To send to the full membership for a vote a proposal to make the American Psychological Association of Graduate Students member of the Board of Directors a voting member of the Board.
- 3) To approve Division 56 (Trauma) as a permanent APA division.
- 4) Not to adopt a proposal to create a new division for qualitative inquiry.
- 5) To adopt an amendment to its 2007 resolution on torture to more clearly express APA's no-torture, no exceptions policy (www.apa.org/governance/resolutions/councilres0807.html)
- 6) To approve an increase in the Interdivisional Grant Program funds to \$25,000 per year for each of three years (2009-11).

Council adopted:

- The report of the 2007 Presidential Task Force on Integrative Health Care for an Aging Population, *Blueprint for Change: Achieving Integrated Health Care for an Aging Population*. (www.apa.org/pi/aging/blueprint.html).
- The Resolution on the Americans with Disabilities Act, which reaffirms APA's policy on disabilities, strengthens the association's position on the law, and enables the association to pursue disability-related activities at the federal and state levels.
- As policy the revised Principles for the Recognition of Specialties in Professional Psychology, which has been updated to recognize the importance of cultural and individual differences and diversity in the education and training of specialists.

The Council also continued its involvement in the strategic planning process, allocated money from its 2008 discretionary fund, and approved 2008 APA budget (forecasted surplus = \$332,600).

Women's Health Resources and Continuing Education

The APA Women's Programs Office has developed a new brochure for patients and providers on post-partum depression. This useful educational tool is available by contacting the WPO at 202-336-6044 or on line at www.apa.org/pi/wpo, and will be translated in to several languages. In addition, Helen L. Coons, Ph.D., ABPP and Pamela A. Geller, Ph.D. will be presenting a CE workshop on **Clinical Approaches to Women Coping with Pregnancy Loss and Perinatal Depression** during the APA Convention on Saturday, August 16th from 1pm to 4:50 pm, Grand Ballroom C, Westin Boston Waterfront Hotel. For additional information or to register, see www.apa.org/ce

Timothy B. Jeffrey Memorial Award

We all know them. They are our colleagues in private practice, small group settings, in public and private hospitals. They see trauma patients, cancer patients, transplant patients, the chronically ill, the eating disordered, the medically complex and the medically non-compliant. They evaluate and treat, and that is the bulk of what they do, week in and week out.

We all know them. They are the health psychologist colleagues to whom we refer our patients for follow up, or recommend to physicians and other professional colleagues. We count on their excellent clinical services. Teaching, supervision, consultation, and clinical research are minor parts of their professional activities. For the most part, their days are spent face to face with patients and families.

We all know who they are in our own communities. We count on them, and so do our patients. Their work is done while maintaining strict privacy for those they serve, so the quality of their work is often unknown beyond their own communities. It has therefore been difficult for professional psychology to formally recognize their accomplishments, although there is wide agreement that their work is of the greatest value.

The Timothy B. Jeffrey Memorial Award of \$3000 is given by the American Psychological Foundation in conjunction with Division 38. It is intended to recognize the work of these full time (minimally 15-20 hours per week) providers of face to face patient services, in individual or group settings. These are our Division 38 colleagues practicing clinical health psychology in confidential settings, and therefore less visible on the public stage. Who do you know who fits this description and provides superlative clinical services? Validate that colleague with a nomination for this award. It only takes a vitae and a couple of letters to the Awards Committee of Division 38, and self nominations are welcome. For more information go to www.health-psych.org/awards.php.

Division and APA Honor Members for Outstanding Research, Practice, and Service

Each year, Division 38 gives awards for outstanding scientific contributions to the field. One goes to a "senior" member (i.e., someone who received her or his terminal degree > 10 years ago); the other goes to a "junior" member (i.e., someone who earned his/her terminal degree within the past 10 years). For 2008, the Awards Committee recognizes **Dr. Sheldon Cohen** of Carnegie-Mellon University as the Senior award winner, and **Dr. Julienne E. Bower** of the University of California, Los Angeles, as the Junior Award winner.

The Timothy B. Jeffrey Memorial Award is given by Division 38 in conjunction with the American Psychological Foundation. The award of \$3,000 is intended to recognize an outstanding commitment to clinical health psychology by a full-time provider of direct clinical services. This year, the award winner is **Dr. Scott Meit** of The Cleveland Clinic. More information about the Jeffrey Award is included elsewhere in this issue. Please consider nominating yourself or a worthy clinical colleague for this important recognition!

The award for Career Service to Health Psychology was instituted in 1998, to recognize individuals who have made significant contributions to Division 38 and/or the advancement of health psychology as a field, nationally or internationally. For the first time, the award is being given in the name of **Dr. Nate Perry**, a founding member and champion of health psychology for three decades. The award is reserved for those whose professional accomplishments exemplify the vision and commitment of its namesake. The Division is confident that **Dr. Perry Nicassio** is a worthy selection!

Dr. Nicassio, and all the other recipients, will be honored at the annual Division Business Meeting and Awards ceremony, held in conjunction with the American Psychological Association convention in Boston, on August 16, 2008. Awards for graduate student research and for outstanding student posters will also be presented. Please plan to attend to learn more about all the awardees and celebrate their achievements!

In a separate ceremony, APA will be conferring the Award for Distinguished Scientific Early Career Contribution to Psychology (Health Psychology) to two deserving Division 38 members: **Elissa S. Epel**, Department of Psychiatry, Health Psychology Program, University of California, San Francisco and **Linda C. Gallo**, Department of Psychology, San Diego State University. *Drs. Epel and Gallo will share the award.*

Dr. Epel is recognized for her research that bridges health psychology, neuroendocrinology, and cell biology. Her work helps us to better understand how the social environment and psychological coping can transform neuroendocrine function and other biological processes affecting cell aging and physical aging, and how to apply these results to interventions for those at risk of stress-related disorders. Her research is innovative and multidisciplinary and integrates mental and physical health with a focus on identifying the neuroendocrine mechanisms by which psychological factors influence important health outcomes.

Dr. Gallo is recognized for her research on how interpersonal processes that occur in important relationships, emotional states, and their social context impact on cardiovascular risk. She uses a variety of methods in her research including sophisticated analyses of epidemiological data, experimental studies that more rigorously test putative mechanisms, and systematic literature reviews to inform future research and practice. She has expanded her initial research on the relationship between socioeconomic status (SES) and negative emotions to examine how ethnicity and SES intersect in determining risk for cardiovascular disease.

AMA Resolution Regarding Title of Doctor

Please Note: Division 38 sent the following letter to the AMA regarding its proposal that only physicians be referred to as “doctor” or “resident” in a medical setting. The letter was sent on behalf of the Division, not APA. After receiving many letters of opposition, AMA removed the language that prohibits the use of doctor and resident. They replaced that language with language advocating state legislation requiring that professionals in clinical settings accurately identify to patients their qualifications and their degree and legislation that would make it a felony for individuals to misrepresent themselves as physicians. Also, the AMA committee considering this proposal concluded that people who receive a terminal degree in their field of study have the right to be called doctor.

Dear Dr. Brown,

We are writing with regard to AMA Resolution 303.

The terms “physician” and “psychologist” are legally reserved in most states. They are specific, and this restriction is appropriate. In contrast, the term “doctor” is general, and we do not feel that it would be legally possible for any one profession to claim ownership of it. Its Latin root has nothing to do with either medicine or psychology, but rather means “teacher.”

If AMA was to consider a motion for the use of the term 'Doctor', it should certainly include clinical psychologists in the restriction. Clinical psychologists are licensed by the state to diagnose, admit, and treat patients for psychological and psychiatric illness, including those that affect medical prognosis.

Although perhaps a small profession by absolute number, we work closely with physicians to improve patient and public health. Our professional training includes a Ph.D or PsyD in psychology, appropriate practica during our predoctoral program, a one-year supervised predoctoral clinical internship, and in many cases an additional one clinical year of postdoctoral experience again with supervision before licensing is considered. We are regulated by both our professional board and state law, and ensure that our professionals only provide services within their competence and training jurisdiction. Just as dentists ensure when referred to as a doctor that they do not imply that they hold qualifications or competencies they do not possess, clinical psychologists follow the same practice. We offer clinical assessment and treatment at an independent practitioner level, after the award of a Doctorate and hundreds of hours of supervised clinical experience; we meet the criteria to be included in those health professionals who can be called 'Doctor'.

Sincerely,

Beverly E. Thorn, Ph.D., ABPP
President, APA Division 38 (Health Psychology)

Karina W. Davidson, Ph.D.
President-Elect, APA Division 38 (Health Psychology)

Daniel Bruns, PsyD
Chair, Clinical Health Services Council, APA Division 38 (Health Psychology)

CALL FOR FELLOWS

Division 38 Fellows

Applications for 2009 will be accepted until December 15, 2008.

Interested in Fellow status in Division 38? To apply, you will need:

1. an APA Uniform Fellow Application
2. a Qualification Checklist for Prospective Applicants for Fellow Status,
3. Fellow Status Evaluation Form and Fellow Status Evaluation Worksheet (three of each needed), and
4. a list of Division 38 Fellows.

All forms and instructions are available through the Division 38 website (under Membership): www.healthpsych.org

The deadline for receipt of all materials by the Division 38 Administrative Office is **December 15, 2008**. Because of the rigid timetable for reviewing and processing applications, there will be no extensions to this deadline. Nominees whose applications are incomplete as of the deadline will not be considered further this year, but will have the opportunity to reactivate their applications next year. The Division 38 Fellows Committee forwards their recommendations to the APA Membership Committee, whose recommendations are confirmed by the APA Council of Representatives at the APA Convention. Thus, the final outcome of applications for Fellows will not be known until after the 2009 APA Convention.

All nominees should complete the Uniform Fellow Application (please indicate whether you are applying as an "initial Fellow" or "current Fellow"). It is strongly recommended that each applicant also prepare a self-statement, which highlights the outstanding and unusual contributions to Health Psychology which warrant Fellow status (demonstration of *national* impact is required). Attach the application and statement to a current C.V., and indicate (using an 'R' notation in the margin) which of the publications listed appeared in *refereed* publications. To facilitate the timely review of the application, please provide **the original and five (5) copies** of all documents (including the application, statement and vita), or submit the materials electronically. Return the materials to the Administrative Officer by December 15. Submissions by mail should be sent to: APA Division 38 Fellows, PO Box 1838, Ashland, VA 23005; by email to: apadiv38@verizon.net.

Nominees who have never held Fellow status in any APA division (initial Fellows) should also provide an APA Standard Evaluation Form and a Fellow Status Evaluation Worksheet (which can be used by the endorsers to help ensure that a variety of criteria have been addressed in their letters) to each of at least three (3) evaluators *who are APA Fellows*. At least two of those three evaluators must be Fellows of Division 38. It is suggested that evaluators be from different institutions, and at least one evaluator should be an individual *with whom you have never had a continuing personal association*.

It is strongly recommended that the nominee include a copy of his/her self-statement and/or C.V. with the forms sent to each evaluator. The most effective endorsement letters are those that *systematically and specifically* address the APA Fellows criteria. The nature of the "unusual and outstanding" contributions or performance in the field of psychology, should be specified in sufficient detail so that members of both the Division 38 and APA committees who may be unacquainted with the candidate's work can write an evaluation of the candidate's qualifications relevant to the Fellows criteria. With this in mind, the evaluators should complete the forms and return them directly to the Division 38 Administrative Office by December 15.

Best of luck in your application. Direct questions to: apadiv38@verizon.net

The Health Psychologist

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Deadlines for Submissions:

September 15, 2008

February 15, 2009

June 7, 2009

Please address comments and submissions to:

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