I begin with a digression, but I promise to circle back. Medical historians agree that morbidity and mortality drastically decreased at the end of the 19th and beginning of the 20th centuries because living and working spaces began to be ventilated and accessible to the light; there was also general access to clean water and sewage disposal systems. These public health changes occurred as a result of the campaigning of activists — some were scientists, such as the pathologist Rudolf Virchow, but the majority were radical activists. Their proposals were initially considered “oddball.” I prefer to believe that the source of inspiration for the social activities was actually the poets, William Wordsworth and William Blake, who railed against the terrible living and working conditions created by the Industrial Revolution. (Wordsworth also was a major proponent of physical exercise, notably walking; so was Charles Dickens, another writer-reformer, who was said to walk 20-30 miles a day.) End of digression.

(Continued on page 2)
Health psychology is middle-aged. The field commands substantial interest among other scientists, policy makers and the public. It produces scores of studies, has several fine journals, vibrant professional societies and annual conventions. Health psychology has been incorporated into the educational curriculum and recruits many bright and enterprising young people for research, practice and community health promotion. However, we have lost some of our pioneers and others are retiring. Some of these pioneers were “characters,” who ranged from the odd and eccentric to the irascible, even irrational. There is much to be said for civility and normalcy, but a new field probably requires a small group of intelligent and creative rascals to press forward. Let us, then, toast (not roast!) the rascals.

In my view, the field is experiencing both progressive and regressive trends. New collaborations in the neurosciences, genetics and medicine are being made by health psychologists. “Big Science” is the watchword, encouraged by funding agencies, colleges and universities and medical centers. This is the age of magnets (aka Functional MRI or functional Magnetic Resonance Imaging), snps (pronounced “snip,” a small genetic change, or variation, that can occur within a person’s DNA sequence), and RCT’s. The National Institutes of Health issued their “roadmaps” for the advancement of medical science and health. There is much of scientific and practical value, but many efforts seem to be motivated by “top-down” influences. I continue to believe that really creative ideas for research bubble-up in individuals or among small groups of people in conversation or confrontation. We might start with a roadmap to determine our destination; but, more commonly, we first decide where we want to go. Then, we purchase a map (or a GPS). Gerald Weissmann, Editor-in-Chief of The FASEB (2005) wrote, “Great scientists don’t follow roadmaps or bureaucratic rules.” (I would add “or fads.”)

Alternatively, the traveler can dispense with a map altogether and let the road take him or her wherever. It’s risky but with a prepared mind, the wayfarers will know when they have found something worthwhile to savor. Some historians of science claim that most of the major discoveries were serendipitous anyway. Young professionals may not have this luxury, but by middle-age, people should have the time and resources to explore the road.

I do advocate some things that may not seem so leisurely. In the “old days,” we had researchers, like Stanley Schachter, studying eating behavior and obesity, not just under controlled laboratory conditions, but by (surreptitiously) observing diners in restaurants. Or learning about smoking cessation among faculty colleagues and fellow vacationers on Martha’s Vineyard. Drugs were administered under elaborate and false cover-stories to study emotional states. Aversive noise, obnoxiously-long waiting lines and elaborate deceptions were used to produce stress in human participants. A kind of experimental theater was created in the laboratory with the researchers playing the roles of author, director and actor. The research currently done is still clever and systematic¾some of it is truly elegant¾but the wit and zaniness have faded (e.g., Schachter’s fat rats; Brady’s executive monkeys; use of flowered wallpaper to elicit allergic reactions). The grant review process requires short applications, critiques are reduced to bullet points and reviewer suggestions are discouraged. I would characterize this as very “corporate,” but that would be offensive to the business community. (It is scarcely imaginable that Joseph Brady, a learning and physiological researcher, and an early chair of the NIH Behavioral Medicine Study Section, brought a trained pigeon, who would walk back-and-forth on the lengthy conference table, while grants were discussed.)

Perhaps there is less wit and zaniness because the field has reached middle-age. I would suggest that research has lost some of its edge because of Institutional Review Boards. In every convention social hour, one can hear complaints about the IRBs limiting what investigators can do, delaying projects and redesigning the research. As a (former) long-time member of a university IRB, I can say there has been mission creep. I have seen cases where mundane paper-and-pencil questionnaires elicit more worries from IRBs than invasive medical procedures or potentially dangerous drugs. Or IRB panels want

(Continued on page 3)
more details about behavioral manipulations than about experimental medical protocols. I believe the kinds of considerations used by IRBs to compute the cost-benefit ratio have been seriously compromised. As a consequence, our ability as researchers to manipulate variables, detect effects and test theories or interventions has been reduced. Schachter’s questioning of his friends about their smoking while on vacation would have been considered a serious ethical violation.

Health psychologists need to join IRBs, despite the time, effort and education they require. Without representatives who speak up for research with experimental realism and ecological validity and who are willing to face debate, the tide will not be turned. We also need to be bold and propose research studies that we know will encounter resistance. It’s like grant money. No matter, how scarce it may be or how hard to get (at times), the first step is to ask for the money. As an older colleague once told me: they can’t give it to you, if you don’t ask for it. Finally, we need to speak with policy makers and legislators about how research protections have become too politically correct. These are small-steps, but small-wins can mount-up, as I/O psychologist, Karl Weick, showed decades ago.

A second strategy is to think more carefully about the spheres of influence for health psychologists. Interventions make sense for medical populations who are motivated to change and to whom we have ready access. Large-scale life-style change is unlikely to come from individual interventions or even small-group interventions. Programs that work, for example, such as the Diabetes Prevention Trial, probably are not translatable to large segments of the population because of effort and cost considerations. But ideas and technologies do spread and sometimes are adopted quickly. Unfortunately, health psychologists do not think very much about diffusion of innovation or social network change. What is it about e-mail or the cell-phone and the needs they met that prompted such rapid adoption? Can life-style change agents learn something from the e-mail or cell-phone revolutions?

We also have been slow to recognize counterinfluences and/or to assume they cannot be changed. The so-called obesity epidemic is cause for concern, but most efforts seem to target the individual. I believe there is an implicit assumption that major corporations that are invested in high calorie/high sodium prepared foods cannot be contained because of the belief that the profit motive will always rule. However, food production shifted because of new federal government policy incentives, starting in the 1970’s, that led to agribusiness turning to prepared food with a corn syrup/soy bean base. There was an incentive for big business, but it was not a natural incentive; it was imposed “top-down”/I would suspect after considerable lobbying by powerful private interests. In any case, that is the past. Reversing a policy change at the macro-level will be more consequential than individual-based behavior change.

This may seem Sisyphean, but small wins do mount-up. The minimum wage and Social Security were once considered radical measures. Despite the conventional history, the idea for these programs did not originate with FDR or his so-called “Brain Trust.” These social safety nets stemmed from social activists, labor organizers, writers/poets and so-called “radicals,” in the late 19th and early 20th century. These were odd people, like many of the pioneers of health psychology and behavioral medicine. The radicals’ words seemed to fall on deaf ears initially; it took decades for change to be initiated and only after societal disasters and the Great Depression. FDR and the Congress enacted Social Security and the Minimum Wage (once declared unconstitutional by the United States Supreme Court) only after massive protests and labor strikes. In essence, as Naomi Klein says, “The people had to make the government do it.”

Social activism takes time and effort. It also requires an appreciation of small wins. We, as a field, need more “odd fellows.” Embrace your oddity!
Qualitative Research, continued

(Continued from page 1)

me into it, truly, so how was I to know?). Moral of the story: Be careful what you teach.

I thought I knew the answer and it was an easy one. Qualitative research can get you started. You do it to get some pretty good hunches about ideas, methods, etc. to subsequently put to the test in controlled, quantitative, empirical research studies; where the real questions are answered. Oh, and on occasion these qualitative studies can be useful in helping write a discussion section; they provide a story to go with the data. They can supply us with good descriptive information but let’s face it; they are too susceptible to a whole host of problems to be of any real use in providing verification or falsification. There, that was easy enough, now on to other things.

But darn, didn’t Popper inform us that experimental research in the social sciences, is also limited by its inability to either verify or falsify? That we inevitably fail to have anything close to a crucial test of theory? That our operationalizations bear no necessary relationship to the phenomena they are meant to operationalize and are therefore always open to debate, question, rebuttal, etc.? I mean if you ever want to kill a thesis or dissertation (or for that matter any study) we all know the trick, go right at the jugular of the operationalization and/or measurement of the construct. Then watch the fireworks, sometimes it is quite a show.

OK, so if philosophy of science (and basic epistemology) informs us regarding the limits of our methods; instructs us that in many ways all of our work is qualitative; then what? That is what I’m trying to figure out. But I know this much for sure. I was never adequately trained in qualitative methods and my guess is neither were most of you. Further, I (not sure about you) retain a suspiciousness about them. It just seems to be too easy for qualitative researchers to behave as Paul Simon described many years ago when he said; “the man he hears what he wants to hear and disregards the rest.” But the more I am involved in this field as an editor and author myself, the more I become convinced of several things: 1) what I’ll call the ‘Paul Simon Confirmation Bias’ is alive and well in all forms of research (by the way, if your memory is nagging you and you are wondering where that lyric comes from the answer is at the bottom – but you have to promise to read all the way to it); 2) some phenomena are very difficult, and some are absolutely impossible, to study with any type of controlled research method. But contrary to our actions, if not our words, that does not render these phenomena unimportant, it only renders them unsuitable to our preferred methods; and 3) some of these phenomena are available to investigators employing qualitative methods. So if some important phenomena can only be studied qualitatively, shouldn’t we be more open to qualitative research?

I guess that is where I am landing on this issue but I have to be honest and say that, for me, it is something of a bumpy landing because it tells me that there is a world of important research findings and methods that I know very little about. Ouch, and after all these years I thought I was becoming something of an expert. Well there you go! Back to business as usual…..if I can.

And as Monty Python would say, ”Now for something completely different.” Let me extend my wholehearted congratulations to Liz Klonoff on her election to become President-Elect of Division 38. Great work Liz, you’ll do a wonderful job.

Answer: The Boxer

Notice of Bylaws Revisions Vote

At the annual Division 38 Membership meeting, scheduled for Saturday, August 14, 2010, Full and Fellow members present will be asked to vote on two changes to Division 38 Bylaws: the addition of an International Affiliate membership category and the creation of an Early Career Professionals Council. All available members are urged to attend (4:00-4:50 pm, San Diego Convention Center, Room 26B, immediately following the Presidential Address). If you would like a copy of the proposed changes prior to the meeting, or if you have questions or concerns, please contact the Administrative Officer at apadiv38@verizon.net
Last February, our Division did something it has not done in more than a quarter century: it held a conference that focused on the education and training of all health psychologists. Although the Division convened a summit in 2007 in Tempe, AZ to focus on and further define the competencies one needs to successfully practice as a clinical health psychologist, the last time the Division sponsored a conference on the education and training of all health psychologists was back in 1983. That conference is known by many in our field today as the Arden House Conference. The conference last February was titled the Riverfront Conference, as it took place at the Hyatt Regency Jacksonville Riverfront Hotel in Jacksonville, FL.

Completion of the conference has served to meet one of the Division's four major goals in the current long range plan articulated at the 2009 MidWinter meeting (i.e., "develop and evaluate the standards for education and training of health psychologists to meet societal needs"). In doing so, conference delegates wrestled with some of the same questions that were addressed at the 2009 meeting, which are fundamental to our field: What exactly is a health psychologist? What do they do, and who trains them to do such things? What does health psychology have to do with the actual practice of psychology or scientific research in psychology?

In regard to this last question, one answer that seemed evident to your humble student representative (D.L.) at the conference was, "a lot." Health psychology is a broad discipline, touching upon not only several sub-areas of scientific psychology (e.g., social, biological, abnormal, personality) but also involving professional psychologists who receive training from clinical or counseling psychology programs and become licensed to provide psychological treatment.

Given this breadth, the task that lay before the Riverfront Conference delegates (i.e., to develop and propose new standards for the education and training of all health psychologists) was not an easy one. In fact, our conference facilitator likened the task to herding cats! Nonetheless, the delegates undertook their charge with great fervor and, at the time of this writing, continue to refine the rough draft statements that have come out of the conference.

In August, the Division plans to hold a symposium at the 2010 APA Convention in San Diego that presents current results of the work of the Riverfront Conference and invites conversation from the public about such results. We highly encourage you and/or the director of your health psychology program to attend, as new standards can raise new and challenging questions. For example, is your particular academic program really a health psychology program that conveys the core knowledge of health psychology to its students and then facilitates specialization in one or more research areas of health psychology? Or, rather, is it actually a social psychology program that only minimally touches upon health psychology? Perhaps you identify your program as a clinical health psychology program. But does it train students to become competent purveyors of health psychology science and health psychology practice while also providing training for licensure? Or, rather, is it actually a clinical psychology program (abnormal psychology focus) with a "health track"?

Admittedly, these may be cutting questions for many, but good questions if one is serious about health psychology and the training of health psychologists. We hope you will consider such questions and come to San Diego this August to join in the conversation as the Division continues to develop and, ultimately, proffer new standards to the health psychology education community.
Division 38 Honors 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 2010, the Awards Committee recognizes Dr. Richard Surwit of the Duke University Medical Center as the Senior award winner, and Dr. Sherry L. Grace of York University 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 recipient is Dr. Daniel Bruns, of Health Psychology Associates in Greeley, CO.

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. In 2008, the award was renamed for 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. Beverly Thorn of the University of Alabama is a worthy selection!

Dr. Thorn, 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 San Diego, on August 14, 2010. 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 (4-5 pm, San Diego Convention Center, Room 26B – immediately following the Presidential Address)!
<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>CE Credit</th>
<th>Session</th>
<th>Chair/Discussant</th>
<th>Participants</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Th 8/12</td>
<td>8:00am – 9:50am</td>
<td>Yes</td>
<td>Symposium: Ethical Issues in Clinical Health Psychology: Challenges and Strategies</td>
<td>Chair: Helen L. Coons, PhD</td>
<td>Larry C. James, PhD, John C. Linton, PhD, Nancy B. Ruddy, PhD, Helen L. Coons, PhD</td>
<td>SDCC Room 7B</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>9:00am – 10:50am</td>
<td></td>
<td>Symposium: New Technologies and Techniques for American Graduate and Medical Education</td>
<td>Chair: Frank Farley, PhD</td>
<td>Eve-Lynn Nelson, PhD, Mary B. Gregerson, PhD, Jeffrey M. Ring, PhD, Pauline Wallin, PhD, Marlene M. Maheu, PhD</td>
<td>SDCC Room 31A</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>10:00am – 10:50am</td>
<td></td>
<td>Discussion: How Should We Train Health Psychologists? A Report and Conversation about Health Psychology Training Guidelines</td>
<td>Chairs: Kevin T. Larkin, PhD, Elizabeth A. Klonoff, PhD</td>
<td></td>
<td>SDCC Room 28B</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>11:00am – 11:50am</td>
<td></td>
<td>Invited Address: Integrating Psychological, Physiological, and Genetic Methods to Facilitate Exercise Behavior Change</td>
<td></td>
<td>Angela Bryan, PhD</td>
<td>SDCC Room 30B</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>11:00am – 12:50pm</td>
<td></td>
<td>Symposium: Psychopharmacology and Primary Care: The Evolution is Here</td>
<td>Chair: Steven R. Tulkin, PhD, Discussant: Michael R. Milner, DHSc</td>
<td>John Guzman, PhD, Robin Miyamota, PsyD, Rick Q. Wilson, PhD, Massi Wyatt, PhD, Perry M. Nicassio, PhD</td>
<td>SDCC Room 25B</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>12:00pm – 1:50pm</td>
<td>Yes</td>
<td>Clinical Health Psychology Grand Rounds: Biopsychosocial Framework for the Treatment of Insomnia</td>
<td></td>
<td>Dolores Gallagher-Thompson, PhD</td>
<td>SDCC Room 1A</td>
</tr>
<tr>
<td>Th 8/12</td>
<td>2:00pm – 3:50pm</td>
<td>Yes</td>
<td>Clinical Health Psychology Grand Rounds: Treatment of Late-Life Depression: Strengths and Limitations of Traditional CBT for Patients With Chronic Medical Illness and for Caregivers of Patients With Cognitive Impairment</td>
<td></td>
<td></td>
<td>SDCC Room 33A</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>8:00am – 9:50am</td>
<td></td>
<td>Symposium: Risk Factors for Postpartum Depression: The Need for Integrative Research</td>
<td>Chairs: Christine Dunkel Schetter, PhD, Ilona S. Yim, PhD</td>
<td>Ilona S. Yim, PhD, Linda J. Luecken, PhD, Lynlee R. Tanner, MA, Michael W. O’Hara, PhD</td>
<td>SDCC Room 29C</td>
</tr>
<tr>
<td>Day/Date</td>
<td>Time</td>
<td>CE Credit</td>
<td>Session</td>
<td>Chair/Discussant</td>
<td>Participants</td>
<td>Location</td>
</tr>
<tr>
<td>----------</td>
<td>------</td>
<td>-----------</td>
<td>-------------------------------------------------------------------------</td>
<td>---------------------------------------</td>
<td>---------------------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>8:00am – 9:50am (w/Div 28)</td>
<td></td>
<td>Symposium: HIV and HCV Risk Transmission Among Drug Users</td>
<td>Chair: Kelly E. Dunn, PhD</td>
<td>Martin Y. Iguchi, PhD Angie Ganhem, BA Robert Booth, PhD Lisa Metsch, PhD</td>
<td>SDCC Room 29D</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>10:00am – 10:50am</td>
<td></td>
<td>Poster Session: HIV, Obesity and Health Behaviors, Social Support, Ethnicity and Health, and Sleep</td>
<td></td>
<td></td>
<td>SDCC Exhibit Hall ABC</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>2:00pm – 3:50pm</td>
<td>Yes</td>
<td>Symposium: Minority Health and Health Disparities: State-of-the-Science and Intervention Pathways</td>
<td>Chair: John Ruiz, PhD</td>
<td>Norman Anderson, PhD Karen A. Matthews, PhD Hector Myers, PhD</td>
<td>SDCC Room 11A</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>4:00pm – 4:50pm</td>
<td></td>
<td>Invited Address: Get Stressed, Worry, Live Long</td>
<td>Howard Friedman, PhD</td>
<td></td>
<td>SDCC Room 33A</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>5:00pm – 5:50pm</td>
<td></td>
<td>Conversation Hour: The ABPP in Clinical Health Psychology: Tips to Make Board Certification as Painless as Possible</td>
<td>Chair: John C. Linton, PhD</td>
<td></td>
<td>SDCC Room 26A</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>5:00pm – 5:50pm</td>
<td></td>
<td>Conversation Hour: Making the Leap: Meet New and Senior Professionals Who Have Transitioned from Graduate School to a Career in Health Psychology</td>
<td>Chairs: Donald Lamkin, MA Kadian S. Sinclair, MS</td>
<td></td>
<td>D38 Hospitality Suite at the San Diego Marriott (changed from SDCC Room 25B)</td>
</tr>
<tr>
<td>Fri 8/13</td>
<td>6:00pm</td>
<td></td>
<td>Social Event: Graduate Students, Trainees, New and Senior Professionals Division 38 Hospitality Suite, San Diego Marriott</td>
<td>Howard Friedman, PhD</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<p>| Sat 8/14 | 8:00am – 9:50am |           | Clinical Health Psychology Grand Rounds: Mindfulness in the Treatment of a Veteran With Chronic Pain and Multiple Comorbidities | Tu Ngo, PhD, MPH                      |                                                   | SDCC Room 30C    |
| Sat 8/14 | 10:00am – 10:50am |           | Symposium: Various Faces of Health Psychology: A Panel Discussion of FAQs about Training and Careers in Health Psychology | Chairs: Regan Gurung, PhD Angela R. Wendorf, BS | Sonia Suchday, PhD Lisa Terre, PhD Marilyn Stern, PhD Traci Mann, PhD Linda J. Luecken, PhD Peter H. Ditto, PhD | SDCC Room 30B    |
| Sat 8/14 | 11:00am – 11:50am |           | Invited Address: Is the Living Will Dead? The Psychology and Politics of End-of-Life Medical Decision Making |                                      |                                                   | SDCC Room 30C    |</p>
<table>
<thead>
<tr>
<th>Day/Date</th>
<th>Time</th>
<th>Session</th>
<th>Chair/Discussant</th>
<th>Participants</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sat 8/14</td>
<td>12:00pm – 1:50pm</td>
<td>Symposium: San Diego: A Case Study of the Public Health Impact of Health Psychologists</td>
<td>Chair: Robert Kaplan, PhD Discussant: Wilma Wooten, MD, MPH</td>
<td>James F. Sallis, PhD John P. Elder, PhD Alan D. Litrownik, PhD Shu-Hong Zhu, PhD Robert Kaplan, PhD</td>
<td>SDCC Room 29D</td>
</tr>
<tr>
<td>Sat 8/14</td>
<td>2:00pm – 2:50pm</td>
<td>Poster Session: Chronic Pain and Illness, Pediatric Health, Health Care, Substance Abuse, and Measurement</td>
<td></td>
<td></td>
<td>SDCC Exhibit Hall ABC</td>
</tr>
<tr>
<td>Sat 8/14</td>
<td>3:00pm – 3:50pm</td>
<td>Presidential Address: Depression, Anxiety, and Physical Symptoms: The Symptom Perception Hypothesis Revised</td>
<td>Jerry Suls, PhD</td>
<td></td>
<td>SDCC Room 26B</td>
</tr>
<tr>
<td>Sat 8/14</td>
<td>4:00pm – 4:50pm</td>
<td>Membership Meeting and Awards</td>
<td>Chairs: Chris France, PhD Jerry Suls, PhD</td>
<td></td>
<td>SDCC Room 26B</td>
</tr>
<tr>
<td>Sat 8/14</td>
<td>6:30pm</td>
<td>Division 38 Social Event</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Croce’s Restaurant and Jazz Bar</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>802 5th Avenue</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sun 8/15</td>
<td>10:00am – 11:50am</td>
<td>Symposium: HIV/AIDS Prevention for Urban Youth: Contexts of Risk</td>
<td>Chair: Linda J. Koenig, PhD Discussant: M. Isabel Fernandez, PhD</td>
<td>Maureen E. Lyon, PhD Wendee Wechsberg, PhD Linda J. Koenig, PhD John Jemmott III, PhD</td>
<td>SDCC Room 29A</td>
</tr>
<tr>
<td>Sun 8/15</td>
<td>11:00am – 11:50am</td>
<td>Poster Session: Stress and Coping, Cancer, Diabetes and Cardiac Health, Eating Disorders, Sexual Health, and Health Behavior</td>
<td></td>
<td></td>
<td>SDCC Exhibit Hall ABC</td>
</tr>
</tbody>
</table>

Join us next year!
August 4-7, 2011
Washington, DC
FROM THE AMERICAN BOARD OF CLINICAL HEALTH PSYCHOLOGY (ABCHP)

It is a pleasure for the American Board of Clinical Health Psychology (ABCHP), a subspecialty board of the American Board of Professional Psychology (ABPP) to be associated with Division 38 – Health Psychology. We look forward to a mutually gratifying relationship to promote the mission of both organizations.

Please join me in welcoming the following psychologists who have successfully passed the examination requirement to become board certified clinical health psychologists:

September – December 2009

Andrew R. Block, PhD, ABPP
Arthur M. Nezu, PhD, ABPP
Sara E. Rosenquist, PhD, ABPP
Jared L. Skillings, PhD, ABPP

January – August 2010

Gregory S. Alter, PhD, ABPP
Gretchen E. Ames, PhD, ABPP
Ellen M. Bajorek, PhD, ABPP
Kimeron N. Hardin, PhD, ABPP
Jennifer F. Kelly, PhD, ABPP
Deborah K. Kukal, PhD, ABPP
Donald D. McGeary, PhD, ABPP
Gary A. Walco, PhD, ABPP

These 12 newly boarded psychologists will receive their certificates at the ABPP Convocation at the APA convention August 14, 2010. They join the other 131 current board certified clinical health psychologists.

We would like to announce that Dr. Mary Ellen Olbrisch has been recently appointed as Vice President of the Board of Directors of ABCHP. She replaces Dr. Helen Coons who gave 1-1/2 years of outstanding service to the board. Dr. Jared Skillings has been appointed as President of the Academy of Clinical Health Psychologists (ACHP), our educational and marketing arm. He is one of our newly board certified clinical health psychologists and is anxious to be of service to our organization with new and vibrant ideas.

I am sure all of you who are not board certified in clinical health psychology are very interested in attending the annual discussion session given by Dr. John Linton on “The ABPP in Clinical Health Psychology: Tips to Make Board Certification as Painless as Possible”. This year, John will conduct this session at 5:00pm on Friday, August 13, 2010, in the San Diego Convention Center – 26A, at the APA Convention. Those of you who know John will know that this will be an exciting, humorous, and information filled session. We invite all of you to attend. This is a session for those interested in applying for board
certification in clinical health psychology and will include the three phases of the certification process: the credentials review, the work (professional) sample preparation, and the oral examination. The goal is to de-mystify the process, and allow those in attendance to understand specifically what is expected and ways to be successful at each stage. The ABCHP feels strongly that any well-trained and experienced clinical health psychologist can successfully achieve board certification. This session is crafted to reduce the anxiety and increase the knowledge necessary to achieve this very worthy goal. We look forward to seeing you there.

If we can be of any assistance to you in understanding the board certification process or if you would like to become involved with our Academy once you are board certified, please contact either me or our Academy president, Jared Skillings at jskillings2@msn.com.

Enjoy the convention!!

John D. Robinson, EdD, MPH, ABPP, FACHP
President
American Board of Clinical Health Psychology (ABCHP)

Free, First Year Membership for New Members of the Society for the Psychological Study of Men and Masculinity (SPSMM), Division 51 of APA

A one year, free membership for 2011 is being offered by Society for the Psychological Study of Men and Masculinity (SPSMM), Division 51 of APA. SPSMM advances knowledge in the psychology of men through research, education, training, public policy, and improved clinical services for men.

Benefits of Membership Include:

Free subscription to Psychology of Men and Masculinity (the official empirical journal of Division 51). Participation in SPSMM Listserve where members exchange information and ideas, discuss research and practice, and network with colleagues. Opportunities to serve in leadership roles in Division 51’s Committees and Task Forces. Involvement with Divisional Web page on your interests and expertise in psychology of men. Opportunities to meet, network, and socialize with over 500 psychologists committed to advancing the psychology men and gender.

For further information about the free membership application process: Go to Division 51’s website http://www.apa.org/divisions/div51/ for electronic application or www.apa.org/divapp or Contact Keith Cooke at kcooke@apa.org
DIVERSITY
Women and Health Committee

The committee has been hard at work developing two projects aimed at highlighting and promoting research, treatment and resources for women’s health and promoting the role of women in psychology.

We hope you have found your way to the Women and Health Committee’s webpage to find our first project a Spotlight on Women’s Health Research which features a topic for women’s health and currently highlights lung cancer in African American women with comments by Dr. Margaret Ensminger. This can be found at http://www.health-psych.org/APADivision38Diversity-WomenandHealthHomeNew.cfm. We are currently changing the topic quarterly, but hope to increase the number of topics presented over time. We are happy to receive proposals from our membership. Our next feature will be an extension of the current topic, with research from Yuk-Lan Chiu and colleagues examining lung cancer in the Hong Kong population. We hope to continue to feature new and varied topics explored through diverse cultural and disciplinary lenses.

**Topic:** Lung Cancer

**Highlighted Article:** Yuk-Lan Chiu, Xiao-Rong Wang, Hong Qiu, and Ignatius Tak-Sun Yu (2010). Risk factors for lung cancer – A case-control study in Hong Kong women. Cancer Causes and Control, Volume 21, Number 5, 777-785.

Comment by: Drs. Xiao-Rong Wang and Ignatius Tak-Sun Yu

Virtual Mentor

It is our mission to advocate and provide support for the role of women in psychology. This month we are unveiling the Virtual Mentor aimed at providing a resource for women to pose questions and connect to others in the field to get real, informative answers. If you are a mid or established woman in psychology we would be happy to hear from you as a virtual mentor resource. What will make this a powerful tool is bidirectional participation between division membership. We understand that navigating through the professional world can be challenging and we are here to help.

Check it out: http://www.health-psych.org/APADivision38Diversity-WomenandHealth-VirtualMentor.cfm

**General Resource Sections:** We’re keeping you connected, but we need your help. We hope the webpage can become a way station to learn more about women’s health and psychology as well as a comprehensive source for women in psychology. If you have information that fits our mission and committee focus we would be happy to post the information. Any questions or desires to participate on committee activities can be forwarded to Catherine Schuman, Ph.D. at cschuman@cha.harvard.edu
Election Results

The Nominations and Elections Committee, under the leadership of Mary Davis, is pleased to announce the results of the 2010 Division 38 elections:

President-Elect—Elizabeth A. Klonoff, PhD

Member-at-Large (portfolio: Membership, Diversity)
Vanessa L. Malcarne, PhD

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

VA Physician Recognized for Outstanding Work in Pain Management

Dr. Robert Kerns, of the Veterans Health Administration’s Office of Patient Care Services, and former President of Division 38 and current APA Council Representative for the Division has been recognized by the American Pain Society for his significant contributions to the field of pain management. The recognition came in the form of the prestigious John and Emma Bonica Public Service Award, accepted by Bob at the American Pain Society’s 29th Annual Scientific Meeting in Baltimore, Md., held in early May.

In his role as National Program Director for Pain Management, Bob is responsible for developing policy and overseeing VHA’s national pain management strategy. He directs an interdisciplinary team of clinical, research, and training professionals within the VA Connecticut Healthcare System, and is a professor of psychiatry, neurology, and psychology at Yale University.

We congratulate Bob for his fine work and receipt of this prestigious award.
Division 38 Fellows

Applications for 2011 will be accepted until December 15, 2010. 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, 2010. 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 2011 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). Return the materials to the Administrative Officer by December 15.

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
APA Division 38  
Health Psychology  
2010 Executive Committee

PAST-PRESIDENT  
(Chair, Finance Committee, Long Range Planning)  
Karina W. Davidson, Ph.D.  
kd2124@columbia.edu

PRESIDENT  
(Chair, Executive Committee)  
Jerry Suls, Ph.D.  
jerry-suls@uiowa.edu

PRESIDENT-ELECT  
(Chair, Awards Committee)  
Christopher France, Ph.D.  
france@ohio.edu

TREASURER (2009 - 2011)  
David A. Williams, Ph.D.  
daveawms@umich.edu

MEMBER-AT-LARGE (2008-2010)  
(Portfolio: Membership/Diversity)  
Vanessa L. Malcarne, Ph.D.  
malcarne@psychology.sdsu.edu

MEMBER-AT-LARGE (2009-2011)  
(Portfolio: Education & Training/Clinical Health Services)  
Martita Lopez, Ph.D.  
lopez@psy.utexas.edu

MEMBER-AT-LARGE (2010-2012)  
(Portfolio: Publications/Research)  
Linda C. Gallo, Ph.D.  
legallo@sciences.sdsu.edu

APA COUNCIL REPRESENTATIVE (2009-2011)  
Robert D. Kerns, Ph.D.  
robert.kerns@va.gov

APA COUNCIL REPRESENTATIVE (2010-2012)  
Helen L. Coons, Ph.D.  
hcoons@verizon.net

ADMINISTRATIVE OFFICER  
Barbara A. Keeton  
apadiv38@verizon.net

DIVISION 38 WEB SITE  
www.health-psych.org

APA Convention  
August 12-15  
San Diego, CA

Mission San Diego

Imperial Beach Pier
The Health Psychologist

Kevin S. Masters
Editor
Syracuse University

Lisa Maria E. Frantsve
Assistant Editor
VA Connecticut Healthcare System
Yale University School of Medicine

Deadlines for Submissions:
September 15, 2010
February 15, 2011
June 7, 2011

Please address comments and submissions to:
Kevin S. Masters
Editor
The Health Psychologist
Syracuse University
Department of Psychology
Syracuse, NY  13244-2340
E-mail: kemaster@syr.edu

We’re on the Web!
www.health-psych.org

The Health Psychologist
Division 38
American Psychological Association
750 First Street, NE
Washington, DC   20001

Printed in the USA