To the Students of the Society for Health Psychology,

Welcome to our Fall 2020 newsletter! My name is Olivia Zech and I am excited to introduce you to the newest member of our Communications Committee, Elise McKelvey, who is the co-creator of this quarter’s content. Thank you again to Ke Ding for her outstanding work last year in addition to all of our past leaders who have now finished their service for SfHP. We deeply appreciate your dedication, collaboration, and innovation from the 2019-2020 year. Elise and I would first like to recognize the continued systemic challenges our fellow students and society at large have continued to face in social, health, and political domains. The COVID-19 pandemic has highlighted the need to address our country’s significant health disparities. As future providers, it is imperative that we be knowledgeable, competent, and humble as we work with diverse populations to combat health disparities. The Student Advisory Council stands with our community against racism and discrimination in any form. Please read a relevant statement/blog post from our diversity council here.

Additionally, we encourage you all to exercise as much self-care as you are able between staying safe and healthy, submitting publications, applying for health psychology programs (e.g., doctoral, internship, or postdoctoral), and managing the versatile demands of being a student pursuing health psychology. We commend you for your resilience and for continuing to enhance the student community of Division 38. Lastly, we hope you enjoy the material we have compiled for you here, and please feel free to outreach the Communications Committee for questions, concerns, or other matters at studentcommunicationsdiv38@gmail.com.

We would love to hear from you and meanwhile wish you all of our luck during the fall term!

Olivia Zech, M.A. & Elise McKelvey, M.A.
Communications Co-Chairs | Student Advisory Council
Division 38 | Society for Health Psychology

WORTH THE READ

Meet the 2020-2021 Student Advisory Council

Psycho-Oncology Feature:
Dr. Shannon Virtue: ChristianaCare Helen F. Graham Cancer Center

APA 2020 Graduate Student Feature:
Erin C. Standen, BS

Student Contributions

Congratulations APA 2020 Participants & 2021 Submissions
MEET THE STUDENT ADVISORY COUNCIL

Chair: Madeline Johnson Konsor, M.S.
Rosalind Franklin University

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Post-Doc Representative
Megan Douglas, Ph.D.
Baylor Scott & White Research Institute
Dr. Shannon Virtue is a health psychologist embedded in the ChristianaCare Helen F. Graham Cancer Center and Research Institute. In addition to providing direct clinical care to oncology patients, caregivers, and family members, Dr. Virtue is involved in the training and supervision of psychology interns/externs, surgical fellows, and medical residents. She also conducts grand-funded research on the intersection of cancer and diabetes and holds adjunct/assistant professor roles in local universities.

How did you get from graduate school to your current role as a Health Psychologist at the ChristianaCare Helen F. Graham Cancer Center and Research Institute?

I attended La Salle University’s clinical psychology doctoral program where I completed my degree with a concentration in health psychology. For internship, I continued to gain more training in health psychology at the Greater Hartford Internship Consortium through rotations in general health psychology and geropsychology as well as brief rotations in a diabetes clinic and outpatient veteran mental health care. After that, I began a two-year clinical and research postdoc/fellowship in psycho-oncology at Rutgers Cancer Institute of New Jersey. I stayed on with the Cancer Center in a junior faculty position before transitioning to a full-time academic position teaching behavioral science within a dental school, while remaining involved in psycho-oncology through consulting and research. I eventually returned to full-time psycho-oncology at ChristianaCare.

Your experience in a dental school is a unique one. What exactly did that involve?

Dental schools require that students take behavioral science courses. So, I taught basic communication, human behavior, and psychopathology to the extent relevant for future dental providers. In addition to teaching, I was involved in research and program development, such as providing tobacco cessation in a dental setting. It really allowed me to flex different psychology muscles than I was used [to]!

What does a typical day look like for you now?

Every day looks different for me. I’m often providing outpatient psychotherapy to patients and/or caregivers as well as responding to inpatient consults. One day per week, I am embedded in a specific radiation oncology clinic. We also have multidisciplinary meetings with the patient and their entire care team, or I might consult individually with a provider who wants input about a patient. Somedays, I will also be working on data management and program development or teaching health psychology courses.

If one of our readers wants to specialize in psycho-oncology, what sort of internship do you recommend?

Because there are not a lot of internships out there with a specific focus in psycho-oncology, I don’t think it is necessary to have specialization at the internship level. Instead, I would encourage them to pursue an internship within the broader field of health psychology and seek out any opportunities to gain some clinical training related to oncology.

What are some of the skills that you are using most commonly in your day-to-day work?

Communication skills! That might sound really basic, but when working in a multidisciplinary setting, I think verbal, written, and nonverbal communication is key to being an effective provider, supervisor, and coworker.
Are there any important skill sets unique to being a psycho-oncology provider?
There are a few things I think are important to being a health psychologist in general. First, medical knowledge, or the willingness to gain medical knowledge, is an important component. Take advantage of any learning opportunities you have outside of psychology (e.g., medical rounds, presentations). This helps build confidence. The more comfortable you feel with the language, the more confident you will feel. Also, being comfortable working with patients and providers regarding difficult or sensitive topics such as death, dying, sexuality, etc. Finally, flexibility is key. Being a psychologist in a medical setting things are very frequently fast paced and ever changing, so it is important to be able to adapt your clinical skills into the setting you’re in, whether that is outpatient work or finding out your patient is hospitalized, getting pulled into a consult or doing psychotherapy while patients are in for chemotherapy.

What is your approach to interdisciplinary work?
I approach interdisciplinary work with the mindset that every member of the team, including the patient, is bringing their expertise to the situation. To be most effective, we have to be able to listen to that expertise and be confident enough to contribute our expertise.

It can be hard to have that confidence as a student. What advice would you give to someone working on an interdisciplinary team for the first time?
Trust that as a trainee or early career professional your expertise in health psychology is actually really strong. Even if the other team members are far along in their respective careers, they do not have the health psychology knowledge that you do.

What advice would you give to students interested in the broader field of health psychology about trying to narrow their interests?
The more experiences and exposure you can get to different populations and settings and types of health psych work will both help you narrow your interests and help you potentially expand outside of the box of what you were originally thinking. I never thought I would be a psychologist in a dental school, but I had a broad range of health psychology experiences, and I was able to translate that knowledge into a new setting.

What is one of the most valuable skills you learned as a graduate student?
It was valuable to have confidence in my skills and ideas and then explore ways to continue to grow those things. Throughout grad school you’re following this kind of pre-laid track, but within that trajectory it’s important to take your own skills and interests and apply them within a variety of settings. That’s where I got a lot of learning opportunities that I wouldn’t have gotten otherwise.

What is the most helpful piece of advice you were given by a mentor?
When you think about your career, you want to find a career pathway that both sparks your interests and passion but that also fits with you as a person and what you want out of life. That quality of life piece is really important.

How do you manage work/life balance?
I think, for all of us, there is no end point to achieving that balance. We are constantly evolving and having to think about that and reflect, *Am I out of balance and what can I do to rebalance?* One important thing is being purposeful about what you say yes to and what you say no to. Early on, I felt that I had to say yes to everything that anyone asked of me, but that did not fit me as a person, nor did it provide me with much professional fulfilment. Over time, you get better at being okay with saying no to opportunities or making time to say yes to things that really interest you.
I’m a 4th-year graduate student at the University of Minnesota studying social and health psychology. My research focuses on eating behavior and weight stigma. Specifically, I’m interested in ways that our beliefs about food and beliefs about weight influence our food choices, as well as ways that experiencing weight stigma complicates these decisions. In addition, I am interested in the behavioral and psychological impact of mobile health apps.

Please view her outstanding work below or follow this link here: Resisting the Chocolate: An Experimental Study of Caloric Restriction
APA Division 38 Presents: Sleep Hygiene for You & Your Clients!

Why Sleep Hygiene is Important

- Reduced sleep can result in ↑ industrial accidents, errors at work, impulsivity, difficulty completing tasks, and difficulty practicing a hobby.
- Medical complications due to insufficient sleep may result in compromised immune system functioning and a ↓ in glucose metabolism.
- Chronic consequences include ↑ obesity, irritability, depression, suicidal ideations, cardiovascular disease, somatic complaints, hospitalizations, and earlier death.
- Sleep is also important for improving mental health and promoting overall wellness.

10 Rules for Better Sleep Hygiene

1) Do not go to bed until drowsy
2) Get up approximately same time each morning, including weekends.
3) Try not to take naps
4) No alcohol later than 2 hours before bedtime
5) Avoid eating or drinking anything with caffeine within 6 hours of bedtime
6) Avoid smoking within several hours before bedtime
7) Participate in exercise and physical activity regularly, but avoid strenuous physical exertion several hours from bedtime
8) Make sleep environment more comfortable: ear plugs, comfortable room temperature, darkening room, etc.
9) Avoid drinking excessive fluids and, if accustomed to it, have a light carbohydrate snack before bedtime (e.g. milk, banana, crackers, etc.)
10) Take medications as prescribed and consult with doctor if you feel medications are contributing to sleep problems.

Created by APA Division 38 CSPP-A Outreach Representative: Anna Arzuyen, M.A. arzuyen@alliant.edu
Filling Your Cup

Self-care isn’t only about adequate sleep, exercise, and eating veggies. Although self-care involves taking care of our physical needs, it also involves living a life that is in line with our psychological and spiritual needs. One way to meet these needs is to take inventory how we are filling our time and whether this is “filling our cup”.

Inevitably, there are times that we can’t stop saying yes to new projects, staring at our cell phones, or spending inordinate amounts of time on things that aren’t in line with our goals or values. However, we can use goal hierarchy theory to combat this problem and be more mindful of how we are spending our most finite resource: time. In order to do this, we must better understand what our “top-level goals” (such as our long-term goals, values, and sources from which we derive purpose) are and use these to inform our “lower-level” goals (such as the specific projects we take on) to live more purposeful, enriching lives. Ask yourself the following questions:

1. What is your ultimate goal in your professional work? To provide care for those with a specific health condition, to help your company, to advance science in a particular area, or something else?

2. What is your ultimate goal in your personal life? To care for your family, to grow in your spiritual beliefs, to be in top physical shape, or something else?

3. Are the activities that you are filling your day with (at work and home) in line with these valued goals?

4. There is likely some “extra stuff” in your day that is not in service to your values. What is one thing that you can cut out of your day or insert into your day today in order to better meet your own values and life purpose?

Here’s an example from my own inventory. One of my top personal goals is to spend quality time with my husband and daughter because I highly value family. Yet, my weekly iPhone reports are a continual reminder of the amount of time I throw away to things that aren’t in line with this value. I could make one small change today, like putting my phone away when I get home and keeping it away until my daughter goes to bed, which could mean more time spent with my family. Engaging in self-care by reprioritizing where we spend our time can foster a sense of purposefulness and meaning through living a life that it in service to your own values and life goals.
As my fourth year of graduate school comes to an end, I found my five-year-old GRE notes as I did my share of spring cleaning. These notes made me realize how exhausted I am after four years chuck full of work. I am exhausted I thought. How did I get through the past four years, I wondered. By connecting to myself and listening to my body, that is how. Prior to completing graduate school, I became a yoga teacher. My yoga and meditation practices got me through the last four years with grace even through very difficult days. This made me realize how important it is for each one of us to have our personal practices to take care of ourselves, work that has been central to share with my clients.

As part of a conference presentation I shared with teachers, I shared a stress management method I called RECESS. Recess is defined as a period in which a group of people are temporarily dismissed from their duties. Which is what self-care might feel like at times, though admittedly, self-care is so much more than that, but for now we will discuss the idea of making some space to look after ourselves. RECESS stands for Reset, Experience Connection, and Establish Stress-Relief Solutions.

The first step of the RECESS method is to Reset, which entails acknowledging and accepting that we may be getting closer to our own personal signal of distress for which the first sign is often fatigue. Resetting means noticing and acknowledging the first personal signs of stress so we can press the proverbial button that allows us to take the next step. Once we begin to notice fatigue we can begin to investigate with the next step.

The second step, Experiencing Connection, encourages us to listen and connect to our mind and body. Are we experiencing muscle tension, rapid heartbeat, difficulty concentrating, irritability? It is important for us to recognize what signs of stress look like in our body; this may look different for each one of us. Slowing down, doing a brief body scan, and noticing can now help as Establish a Solution that promotes self-care.

The third step, Establishing a Solution, is our opportunity to implement our intervention. In this step we can continue to use practices that have worked for us in the past and that have kept us from exhaustion. In my yoga classes I remind students to do what feels right don’t do what doesn’t. When we slow down, we may find that we don’t have tools in our toolbox that can be easily accessible AND sustainable, and these are the most important qualities of our intervention. If I can’t do them until I go to the gym or they happen once a month, then the opportunities to care for myself are few and far between, and this is not sustainable. Finding what works for each one of us is very important, what works for me may not work for you. Trying out different practices when we are not stressed gives us the opportunity to find out what feels good and what doesn’t. Some suggestions to try include tai chi, being in nature, playing with children or pets, taking a 5-10-minute break away from our electronics, mindfulness, mindful eating, a 5-minute yoga movement practice, movement of any kind, connecting to others, saying no. While this list is not exhaustive, these suggestions are tools that are linked to the activation of the parasympathetic system!!
Barriers and Challenges to Implementing A Collaborative Care Model in Primary Care

Over the past two decades, primary care settings have been identified as the de facto mental health system, with primary care physicians emerging as the predominant providers in treating mood disorders (American Psychological Association [APA], 2006). Considering many of these professionals lack the necessary training to address behavioral health problems, there has been an increased recognition of including behavioral health consultants (BHCs) in primary care settings. Consequently, many collaborative care models have been developed and studied to help address the growing need of behavioral health providers in primary care (Blount et al., 2007). Collaborative care models help normalize behavioral health support and increase the integration of behavioral health providers, such as psychologists and clinical mental health counselors, into primary care.

There are different approaches within collaborative care, yet today’s conversation is focused on the integrated care approach. This model involves PCPs and behavioral health providers working together, within a shared system, to provide a holistic treatment approach for patients (Hunter, Goodie, Oordt, & Dobmeyer, 2012). The many benefits of integrated care and research suggests some of them include reduced health care costs, improved patient quality of life, and increased access to mental health services (Blount, 2003; Blount et al., 2007). Nevertheless, the process of implementing an integrated care model can be rife with barriers and challenges. Which then emphasizes the importance of obtaining buy-in from the medical system, understanding the patient population and the resources available to them, and recognizing the strengths and weaknesses of the setting itself (Peek 2008; Strosahl & Robinson, 2008). By doing so, providers increase the likelihood of success when implanting collaborative care model. Furthermore, by considering how these factors can influence outcomes at a primary care clinic, it is important that BHCs develop appropriate interventions that are contextualized to their sites and patient population.

Recently, a pandemic occurred across the world, COVID – 19, and presented both integrated and non-integrated care settings with numerous challenges, one of them being, how will behavioral health treatment be maintained with social distancing? For many settings and practitioners, providing behavioral health services via telehealth became the norm, yet the transition to tele-health was a challenge for others. Before discussing the challenges of transitioning to tele-health after the COVID pandemic, it is important to recognize that telehealth provides increased access to care and offers a way to maintain treatment without face-to-face contact (APA, 2017). Its benefits are numerous, yet due to the swiftness of the COVID-19 transition, some integrated sites were unprepared for the transition.

The lack of preparation presented new challenges for rural sites serving underserved populations as the patient population may not have access to telehealth resources such as laptops, data and the resources at these sites not being enough to address a huge influx of telehealth clients. Thankfully, the American Psychological Association offered numerous resources such as new guidelines, billing information, telehealth vendors suggestions, public health information, clinical practice suggestions for telework, and much more. Additionally, for sites with medical system buy-in, BHCs were recognized as critical, so care was maintained by utilizing the same network PCPs were using to maintain care with their patients. Notably, these experiences may not be universal, considering limited research studies have been published on the impact of COVID-19 on integrated care. Nonetheless, these experiences are consistent

References available upon request.
CONGRATULATIONS, APA 2020 PARTICIPANTS!

In spite of the extraordinary challenges in 2020, many of you presented virtually in the 2020 American Psychological Conference. We commend you for your scholarly efforts, commitment to the field of psychology, and for being ambassadors of health psychology. Celebrate this moment!

APA 2021 CALL FOR PROPOSALS

- Collaborative programs: 12/7/20 @ 5pm EST
- CE Workshops: 1/6/21 @5pm EST
- Division Programs: 1/12/21 @ 5pm EST
- Psych Science in 3: 1/6/21 @ 5pm EST
WELCOME, CAMPUS REPRESENTATIVES!

Check out the 35 schools involved in this year’s campus representatives program, where they act as liaisons between SfHP and their graduate program!

If you do not see your school represented below, please contact studentmembershipdiv38@gmail.com to learn how your school can get involved for the next school year!

Becoming a Campus Representative is a great leadership opportunity!

- Albizu University: Estefania Texidor, etexidor968@sju.albizu.edu
- Alliant International University - San Francisco Bay: Saba Ahmadi, sahmadi1@alliant.edu
- Arizona State University: Steven Marsiglia, smar@asu.edu
- Chicago School of Professional Psychology, Washington DC: Bryant Sigler, bsigler@ego.thechicagoschool.edu
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