

Official Newsletter of the American Psychological Association,
Division 38

The Health Psychologist

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President's Column

If it took me 12 months to learn a job that only lasts 12 months, am I a slow learner?

Christopher France, PhD, President

After 12 months as President-elect, it is with gratitude that I begin my first column by thanking our outgoing President, **Jerry Suls**, for his year of leadership and dedication to our division. It was a wise group of individuals who structured our division leadership to involve the active participation of a president, a president-elect, and a past-president, and it was my good fortune to spend my year in training with Dr. Suls at the helm. I am also grateful to the long list of past-presidents who maintain a strong interest in divisional affairs, and are willing to offer their time and energies to ensure the continued success of our organization.

In my year as president-elect I learned that the position of president is characterized by three primary activities: 1) day-to-day affairs, 2) surprises, and 3) initiatives. The first order of business is to help oversee the ongoing activities of the division that come up like clockwork (e.g., convention programming, awards, mid-winter business meeting) and to ensure ongoing communication with division councils, committees, and membership through this newsletter, our web site, and



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From the Editor's Desk

It Has Been a Great Time, Glad You Came Along

Kevin S. Masters, PhD



After eight years at the helm, this is my final issue as editor of *the Health Psychologist*. With the Spring, 2011 issue Lisa Maria E. Frantsve will take over this position and will, I'm sure, do a wonderful job. I wish her the very best and I can say that if she enjoys the position as much as I did she will have

a terrific experience. It has been a great honor to work with the many members of Division 38 and with those in

health psychology generally. And to the Division 38 Presidents with whom I worked I am most appreciative; Karina Davidson, Chris France, Frank Keefe, Bob Kerns, David Krantz, Tracey Revenson, Mike Scheier, Jerry Suls, and Bev Thorn. They are all dedicated professionals who filled the position of President with dignity, devotion, and dogged determination. (Well, ok, Chris has only been in office a few months – but the same will certainly be true of him)! The President of

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President's Column

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good old-fashioned telephone calls and email (yes, email is old-fashioned – if you disagree, please ask your teenagers, your undergraduate students, or the graduate student or early career members of our division). By way of example, I'd like to take the opportunity to highlight three important calls for nominations and applications that we issue each fall:

Application for Fellow Status: Have you made outstanding contributions to health psychology? If so, please consider applying for Fellowship status in the division so that your contribution can be officially recognized by APA and Division 38. A list of current division fellows and information on how you can apply can be found at www.health-psych.org/MembershipFellowApp.cfm. Applications are due by December 15th.

Graduate Student Research Award: If you are a graduate student and a student affiliate of Division 38, you should consider applying for our research award. This award for \$1500 can help cover research expenses and is a nice recognition that can be added to your curriculum vitae. Information on how to apply for a graduate research award can be found at www.health-psych.org/StudentsAwards.cfm. Applications are due January 15th.

Timothy B. Jeffrey Memorial Award: Each year the division seeks nominations of full-time clinicians who demonstrate outstanding commitment to the profession of clinical health psychology. This award, which is given in conjunction with the American Psychological Foundation, includes formal recognition by the division and a \$3000 prize. Nomination information can be obtained at www.health-psych.org/AwardsSubmit.cfm.

The second primary focus of the division president is to work closely with the leadership (see www.health-psych.org/AboutLeadership.cfm or this newsletter for a current list of your elected representatives) to respond to any number of issues that come to the attention of the division during the course of the year. This second category is not to be taken lightly, and the range of issues that can and do come up bring to mind Lazarus and Folk-

man's (1984) description of "irrelevant", "benign-positive", and "stressful" primary appraisals. For example, during the past year the division was actively involved in responding to a controversy regarding the use of the term "medical psychology" (for more details, please read the recent Division 38 statement on the use of the term "Medical Psychology" at www.health-psych.org/MedPsych.cfm). Looking forward, we are challenged (and I specifically use the term challenge because of its association with positive affect and opportunities for growth) with APA's strategic goal of enhancing psychology's role in advancing health. In this emerging landscape, how will our division continue to promote the perspective, interests, and expertise of our members who have long recognized the central role of psychology in promoting health? Clearly this will be an important focus for the division in the coming years, and for reasons that should be clear it motivates me to remind everyone that Division 38 has endorsed **Suzanne Bennett Johnson** for APA President. You can read more about Dr. Bennett Johnson and her presidential goals on her web site (www.SBJforAPA.com), but I suspect that many of you already know Suzanne as an active Division 38 member and leader with an impressive career as a researcher, clinician, teacher, and administrator. It is unusual for Division 38 to endorse an APA Presidential candidate, but this year the decision to jump into the fray and make our position felt was not hard to make. Dr. Bennett Johnson is uniquely prepared to contribute to APA's strategic plan, and particularly to help guide the association in their efforts to expand psychology's role in advancing health.

A third opportunity for the division president is the privilege of developing and pursuing new initiatives. In the last year I began working on three initiatives which I hope will combine to enhance membership communication, involvement, and recruitment. These initiatives, which I will continue in the coming year, include 1) promotion of international partnerships, 2) development of our social networking site, and 3) establishment of an Early Career Psychologist Council.

International Partnerships: The international partnerships initiative is designed to promote connections with the leadership of health psychology organizations around the world, and to encourage an exchange of information regarding

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President

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research, clinical, and organizational issues. We've already had a positive response to this initiative from four organizations (Australian Psychological Society's College of Health Psychologists, Division of Health Psychology of the British Psychological Society, European Health Psychology Society, Korean Health Psychological Association), and these partners have all been linked to our website on a new "international health psychology organizations" tab (www.healthpsych.org/IntlOrgs.cfm). I was particularly pleased to have representatives from the Australian Psychological Society's College of Health Psychologists (**Dr. Lina Ricciardelli**, Deakin University) and the Korean Health Psychological Association (**Dr. Miri Kim**, Duksung University) attending the Convention in San Diego this year. Further, during the convention we also passed a Bylaws amendment to create a category of "international affiliate", and with this new category and additional efforts to reach out to our international partners I hope to expand this initiative during the coming year.

Social Networking: With the launch of the official Division 38 Facebook group we've entered a new age of social networking for our members, and I would like to thank **Zina Trost, Karl Chiang, Sarah Pressman, Ted Robles, Barbara Keeton**, and my graduate students **Jennifer Kowalsky, Kadian Sinclair, Gary Ellis, and Diane Turcotte** for their help in getting us off of the ground. Regardless of your personal views about social networking, its unmistakable and growing popularity as a means of staying connected provides a new medium to encourage an exchange of ideas among members and an opportunity to attract new members. Please consider joining us on Facebook to help promote ongoing discussions in real time with colleagues around the world (you can sign up at www.Facebook.com and then search for APA Division 38).

Early Career Psychologist Council: The third initiative was designed to promote and enhance the involvement of Early Career Psychologists (defined as those within 7 years of receiving their doctoral degree) by providing a defined voice and presence

within division affairs. Early Career Psychologists represent approximately 25% of all APA members, and approximately 70% don't belong to any division. Accordingly, encouraging active involvement of these individuals is a good strategy to help grow our organization and to bring new ideas, interests, and abilities to the table. I am pleased to report that at the convention in San Diego, there was unanimous approval at the membership meeting to amend our Bylaws to add an Early Career Psychologist Council. We are now seeking nominations for a Chair for the Early Career Professional Council. Nominees must be members of division 38, within 7 years of receiving their doctoral degree, and willing to commit to a three-year term to work with members and the division leadership to promote the interests of early career professionals. Nominations, including self-nominations, can be directed to Barbara Keeton (apadiv38@verizon.net), and should include a CV, the name of two references who agree to be contacted, and a one-page statement of interest in the position.

Finally, many people contribute their valuable time and effort to the division on a regular basis, and they deserve our gratitude for their ongoing efforts to promote and advance the interests of health psychology. I'd like to thank the many members who served the division on boards, committees, and councils over the past year, and I look forward to working with each of you during my term. A special note of appreciation is due to **Kevin Masters** for his outstanding efforts as our newsletter editor for that past 8 years (and an additional 5 years as assistant editor before that). This is Dr. Masters' last issue as Editor of *The Health Psychologist*, and I want to thank him for his many thought-provoking and entertaining articles over the years. *The Health Psychologist* is the primary source of information about Division 38 activities for many of our members, and Kevin ensured that we always had a vibrant newsletter that was well-worth reading. Fortunately for us, our current assistant editor, Dr. **Lisa Frantsve**, has agreed to assume the role of Editor, and I am confident that we will continue to have an outstanding newsletter under her leadership.

From the Editor

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Division 38 is involved in more work on behalf of the division than you can imagine from afar. All these people deserve our gratitude.

The eight years have seen some memorable events. We had several interesting debates, including the one from two years ago regarding possible geographic bias in journal acceptance rates that was initiated by one of our colleagues from New Zealand. The debate played out on the pages of *the Health Psychologist* and was simultaneously published in the newsletter of the European Health Psychology Society (EHPS). When I attended the EHPS meeting in 2009 there was no shortage of conversation on the topic. It definitely garnered some attention and, I think it is fair to say, reflection on the part of North American journal editors (me included). On a different topic, over the years several of you voiced support for my thoughts on IRBs and what I consider to be their 'mission creep' including the possibility that in many cases they have gone well beyond protection of human subjects to possibly harming human beings by limiting and delaying important research. I was tempted to spend my final words as editor on this topic but thought twice when one of my graduate students told me of a recent encounter at a convention. She was being introduced to someone and he asked her who her major professor was. When she told him my name he responded, "Oh yea, the guy who is always taking on the IRB." Frankly, he could have said much worse and still been truthful(!) but it suggested that perhaps I had made my point.

We (and by we I mostly mean 'me') made our share of mistakes over the years; just ask David Krantz! Some of them, I swear, were the result of gremlins! A manuscript goes to the publisher one way and then comes out another, typically with symbols that came out of the blue. But through it all you have been patient and it has been a pleasure to serve you and work with such wonderful people. Being an editor is an interesting job. If an editor fails to catch an author's mistake or commits one him/her self, it is obvious to all; but when an editor improves a manuscript through careful editing and attention to detail, only the author (perhaps) knows it. It is a true service profession but one full of tremendous rewards, mostly the people you get to know. I encourage all of you to consider the role of newsletter editor either for this Divi-

sion or for other professional organizations that you are involved in.

Thanks to you all and let's continue working together with enthusiasm and high energy to make health psychology the best it can be. Those we serve and who put their trust in us deserve no less.

P.S. As this issue was, literally, going to press I received the letter below (appears in edited form) from Michael Murray, School of Psychology, Keele University, Staffordshire, UK commenting on my column regarding qualitative research that appeared in the Summer, 2010 *Health Psychologist*.

Qualitative research has always been a part of health psychology although often ignored, marginalised, indeed disparaged, by those in leading positions. Over 15 years ago my colleague Kerry Chamberlain (Massey University, New Zealand) and I began to address this attitude. We edited a special qualitative research issue of the *Journal of Health Psychology* (1998). This generated significant correspondence and was followed with an edited collection (Murray & Chamberlain, 1999) that has been adopted in many university health psychology courses in the UK, Europe, Australia and New Zealand.

A conference was convened in Canada (1999) that attracted participants from over 20 countries and resulted in another special journal issue and edited collection. Although within the US this growing interest may have passed ignored, there has been ongoing debate about the value of qualitative methods in health psychology. Indeed, the debate has moved from exploring the use of qualitative methods to consideration of broader epistemological and methodological issues. Ten years ago the *International Society of Critical Health Psychology* was established to promote discussion around these issues. The society has continued to meet on a regular basis in Birmingham, UK (2001), Auckland, New Zealand (2003), Sheffield, UK (2005), Boston, USA (2007), and Lausanne, Switzerland (2009). The next meeting will be held in Adelaide, Australia April 18-20, 2011. All health psychologists interested in a wider debate about theories and methods within health psychology are encouraged to attend these conferences.

Visit <http://www.adelaide.edu.au/ischp/> for details.

2010 Outstanding Contribution to Health Psychology: Senior Award

Richard S. Surwit, PhD

By James A. McCubbin, PhD



I take great pleasure in introducing the winner of the 2010 APA Division 38 Award for Outstanding Contributions to Health Psychology - Senior Division. This year's recipient has made significant and sustained contributions to health psychology, with direct applications to a variety of diseases including hypertension, Raynaud's Disease and other significant disorders. But most notably, our awardee has established much of our current understanding of behavioral mechanisms in the etiology and treatment of diabetes. Richard S. Surwit, PhD is Professor and Vice Chairman, and Chief of the Division of Medical Psychology in the Department of Psychiatry at Duke University Medical Center. I have known Richard for 28 years, as a friend and as a mentor. During that time, Richard has been a significant driving force in establishment of the emerging field of Behavioral Diabetology.

The recent acceleration of the incidence of diabetes and obesity in our culture is deeply disturbing. But even more shocking is that what we once knew as "Adult Onset Diabetes" is not just for adults any more. Sadly, the aggressive penetration of obesity and Type II Diabetes into our youth is a frightening wakeup call and a dire warning. Moreover, diabetes and obesity are now clustering in metabolic syndrome and multiplying the risk for our number one killer of men and women, coronary heart disease. Since his first seminal publications on diabetes and behavior in 1982 (Surwit, Scovern & Feinglos, 1982) and 1983 (Surwit, Feinglos & Scovern, 1983), Richard's systematic research program has pioneered biobehavioral investigation of both Type I and Type II Diabetes. And he has attacked this using a converging spectrum of methodologies, from basic research on etiology to applied findings that have fundamentally changed our approach to management and treatment of diabetic patients.

Most notably, Richard's research clarified the interactions between genes and environment on expression of the diabetic phenotype. He studied the neuroendocrinology of stress on insulin resistance and hyperglycemia in animals, including the genetically obese mouse (*ob/ob*), mice with diet-induced diabetes and genetically selected miniature swine; and also in human populations including African American women and diabetes-prone Pima Native Americans. His mouse strain with diet-induced diabetes is the most widely used mouse model of diet induction of diabetes and obesity. His studies of the interaction of stress hormones and adipose tissue mass on glucose metabolism have reached beyond behavioral science into more basic integrative physiology.

From the bench to the bedside, Richard's research has changed the practice of diabetology. For example, he outlined the therapeutic effects of diet, exercise, stress management, leptin supplementation and anxiolytic benzodiazepines. His work has been applied to better understanding of diabetes effects on cognitive function, autonomic neuropathy and other indices of pathophysiology and clinical course. Finally, during the past quarter century, Richard pioneered the use of computers to help physicians and patients better manage complex chronic diseases. His work has resulted in six U.S. and multiple foreign patents for innovative devices and systems for better patient treatment.

Richard Surwit is one of the founders of the emerging field of behavioral diabetology. I am pleased that APA's Division 38 now recognizes Richard as this year's recipient of the Award for Outstanding Contributions to Health Psychology-Senior Division.

References

- Surwit, R.S., Scovern, A.W., & Feinglos, M.N. (1982). The role of behavior in diabetes care. *Diabetes Care*, 5, 337-342.
- Surwit, R.S., Feinglos, M.N., & Scovern, A.W. (1983). Diabetes and behavior: A challenge for health psychology. *American Psychologist*, 38, 255-262.

2010 Outstanding Contributions to Health Psychology: Junior Award

Sherry L. Grace, Ph.D.

Introduced by Donna E. Stewart, M.D., FRCPC.



Dr. Grace completed her PhD in 2001 in Applied Social Psychology. She has been an active researcher in the field of psychosomatic medicine, first as a post-doctoral fellow then as a Scientist at the University Health Network, Toronto General Research Institute in Ontario, Canada. She now has a tenured position at York University, and several other cross-appointments.

She currently has 70 papers published or in press in journals with moderate to high impact factors. One of these papers was recently recognized for the Dorfman award for best original article published in the journal *Psychosomatics*. According to ISI global citation thresholds, 37.5% of her articles are categorized as “highly cited”. This is in addition to 6 symposia, 78 abstracts, 23 presentations, 32 invited presentations, 7 government reports or Clinical Practice Guideline chapters, and 8 papers under review.

Her strong external funding history totals almost \$5.5 million dollars, including 2 operating grants as Principal Investigator from our national health research funding agency called CIHR, which is the Canadian equivalent of NIH, as well as a career salary grant.

She is actively involved in graduate training and providing service to the community. All but one of her graduate students has held external funding scholarships. Her service activities include membership on the Canadian Association of Cardiac Rehabilitation Board of Directors, and on chronic disease management working groups at the provincial and regional level. She serves on the Editorial Board of the *Journal of Cardiopulmonary Rehabilitation and Prevention*.

Her research program centers on psychosomatic issues in cardiovascular care and cardiac health services. Specifically, she investigates (1) the influence of emotional health on the recovery process from acute cardiac events and procedures, and (2) how these psychological factors influence access to and participation in secondary preventive services.

Arguably the most meritorious publication which she has contributed to the field to date explored the question of depression timing in the presence of acute coronary syndromes with regard to onset, history and persistence, and how this is associated with mortality. Depression is associated with increased morbidity and mortality among coronary artery disease (CAD) patients, after controlling for severity and prognostic indicators. With outstanding questions regarding mechanisms, screening and treatment, this work was undertaken. The manuscript presented data from a cohort of over 900 cardiac patients from multiple hospitals. Administrative databases were used to ascertain five-year mortality rates. After adjusting for prognostic indicators such as cardiac disease severity, previous medical history and smoking, depressive symptomatology during hospitalization was significantly predictive of mortality (HR=1.9), but depressive history was not. This work was published in 2005 in the *American Journal of Cardiology*. The findings were highlighted in *Nature Clinical Practice: Cardiovascular Medicine* (2006, 3[1], p.6), and the paper has been cited 45 times to date. In particular, it has incited a line of replication studies starting with a paper by deJonge et al. published in *JACC* (48 [11], pp. 2204-2208).

She has since tested the relationship of depression onset timing to in-hospital complications. This manuscript is currently in press in the journal *Psychosomatics*. She has also undertaken a meta-analysis to investigate whether a new onset of depression post-CAD is linked to greater mortality and morbidity among CAD patients. Results confirmed it was (RR=2.13) and this paper is submitted to *JAMA*.

In general, she has outstanding achievements for a researcher only 9 years after her final degree. Dr Grace is extraordinarily productive as a researcher, a gifted teacher and a delightful, generous and warm colleague!

2010 Timothy B. Jeffery Memorial Award for Outstanding Contributions to Clinical Health Psychology

(presented in conjunction with the American Psychological Foundation)

Daniel Bruns, PsyD, Health Psychology Associates, Greeley, CO

Introduced by Suzanne Bennett Johnson, PhD



Dr. Daniel Bruns is a clinical health psychologist in full-time practice in Greeley, Colorado. He works in a multidisciplinary practice providing diagnostic and treatment services for medical patients suffering from injuries or illness. Many consider integrated care to be the ideal model for American health care; Dr. Bruns is the consummate example of a psychologist successfully delivering psychological services as part of an integrated care setting. He has always been concerned with the widespread misperception that psychologists treat only mental health conditions. To address this, in 1998, he created a website containing information, presentations and webinars about topics such as integrated primary care, somatization, pre-surgical psychological evaluations, billing, guidelines and evidence-based practice. The website has drawn nearly two million visitors from approximately 130 countries. Information published on his website - <http://www.healthpsych.com> - was incorporated into the Official Disability Guidelines and California medical regulations.

Dr. Bruns has been very active in the area of medical guidelines and the passage of biopsychosocial legislation, particularly in Colorado, but these efforts have had impact nationwide. Through Dr. Bruns efforts, Colorado became the first state to have regulations that mandated a biopsychosocial medical treatment model in the worker compensation system. Dr. Bruns took a leadership role in the development of these worker compensation guidelines, including the Colorado Chronic Pain Guidelines. Portions of the Colorado guidelines pertaining to psychological services have since been adopted by the Official Disability Guidelines (used by payors and governments), and by the states of California, Texas, Oklahoma, Kansas and Delaware. Dr. Bruns used secondary data sources to examine the impact of this biopsychosocial law on the medical costs of 520,000 injured workers in Colorado over a 15 year period. Using the financial data of 29.2 million injured workers in 45 other states as a baseline, he demonstrated that Colorado's medical inflation in the workman's compensation system dropped sharply after the adoption of the biopsychosocial model. The existence of the database to conduct this analysis was almost unknown, and access was extremely limited. It took Dr. Bruns the better part of a year to gain access to the database but his findings are truly remarkable.

Dr. Bruns also has a substantive publication record that is highly relevant to the practicing clinician. Particularly noteworthy is his work developing a published standardized test for medical patients, the Battery for Health Improvement 2 (BHI 2). Developing the BHI 2 required 18-years of research, dealing with a range of theoretical and psychometric issues and extensive data collection involving 50 psychologists and 50 other professionals; years were then spent on the development of software that writes a computerized report narrative. The BHI 2 is published by Pearson Assessments and is considered one of only two major standardized psychological inventories developed specifically for medical patients.

Dr. Bruns has delivered yeoman's service to Division 38. His practical knowledge and conceptual clarity have been invaluable to the Interdivisional Healthcare Committee (IHC) – a group of like-minded divisions that work together to bring mutual concerns to the attention of the APA Practice Directorate; Dr. Bruns served as Division 38's representative to the IHC. He has also served as Chairperson for Division 38's Clinical Health Services Council, a member of the Division 38 Board, the Division 38 liaison to APA's Committee for the Advancement of Professional Psychology, a member of Long Range Plan Guideline Subcommittee, and a member of the Medical Psychology Subcommittee. The Division and all of APA have benefited greatly from Dr. Bruns service; hopefully, he will remain engaged for many years to come.

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2010 Nathan Perry, Jr. Award for Career Service to Health Psychology

Beverly Thorn, PhD

As Nominated by the Board of Directors of the Council of Clinical Health Psychology Training Programs (CCHPTP)



Dr. Beverly Thorn's long-standing commitment to and work for Division 38 is well known to all of us. In addition to serving as the President-elect (2006-2007), President (2007-2008), and past-President (2008-2009) of Division 38, she served the Division in the following capacities: Liaison to Division 12 (1999 – 2001); APA Council of Representatives (2000 – 2006); Health Care/Health Sciences Caucus Executive Committee (2001-present; Chair, 2005-2007); Co-Chair, Steering Committee for Clinical Health Psychology Institutes (2002 – 2009); Liaison to Society of Behavioral Medicine (SBM) Evidence-Based Behavioral Medicine Committee (EBBM, 2004-present); representative to the trans-society training council on evidence based practice (2005 – present); and Member, Search Committee for Editor of

Health Psychology (2009). She served on the Editorial Board of *Health Psychology* since 2007. She has been an indefatigable crusader on behalf of health psychology, fighting off threats to the field both internal and external. Her long-standing willingness to take on issues and problems that threaten our specialty is admirable, and would justify giving her the award on that basis alone.

In addition to her work specifically for the Division, Dr. Thorn has a long history of scholarship related to health issues. She has been investigating the source of the well-documented but little understood gender differences in the report of pain. Her results have demonstrated that these differences stem more from differences in gender role and cognitive appraisal than they do from biological difference between men and women. Her work in the area of pain is nationally and internationally known, and it is results like these that have helped to build that reputation. Similarly she used her knowledge of pain to develop interventions for low literacy, primarily African American mostly chronic pain sufferers in rural Alabama. This unique work garnered much attention from her peers, and she is often called upon to describe and present her procedures and results. This work, with a population that is often poorly-served and typically ignored, is yet another major component of her long-standing commitment to furthering the field of health psychology.

Finally, many people know Bev best for her work mentoring other professionals, both within health psychology and within clinical psychology more generally. Bev Thorn has literally been the role model, confidant, and adviser for a whole generation of women who serve as Directors of Clinical Training (DCTs). When Bev first began as a DCT, women in those roles were the overwhelming minority. While it is still primarily a man's position in most clinical programs, the women who have started to do the job have relied on Bev as the exemplar for doing so.

It should be clear by now that Dr. Beverly Thorn is well deserving of the Nathan Perry Career Service Award. Not only does she meet the standard for her work for the Division, she augments that work with her other accomplishments --- research, teaching, and mentoring --- that demonstrate her service to the field both nationally and internationally.

From the Student Representatives

Kadian S. Sinclair, M.S.

At APA this year, we had a great turn out for student focused programming, including the symposia “Various Faces of Health Psychology: A Panel Discussion on the FAQ about Training and Careers in Health Psychology,” the conversation hours “Making the Leap: Meet New and Senior Professionals Who Have Transitioned from Graduate School to Careers in Health Psychology” and “The ABPP in Clinical Health Psychology: Tips to Make Board Certification as Painless as Possible” as well as social gatherings in the Division 38 Hospitality Suite at the San Diego Marriott Hotel and Marina. It was great to see you there!

I would like to take this opportunity to congratulate the APA Division 38 Student Award winners:

2010 Graduate Student Research Awards presented to:

Shiquina L. Andrews, M.S., University of Alabama at Birmingham
Matthew R. Cribbet, M.S., University of Utah
Jessie D. Heath, M.S., Syracuse University
Meghan E. McGrady, M.A., University of Cincinnati
Shu-wen Wang, M.A., University of California, Los Angeles

2010 Outstanding Student Poster Awards presented to:

Gia DiNicola, M.A., University of California at San Francisco
Keiko Kurita, M.B.A., University of Southern California
Veronica Sanchez, M.A., University of California, Riverside

As part of the current long range plan for Division 38, in which we aim to provide a health psychology identity and professional home for scientists and practitioners at all career stages, we’ve implementing a series of conference calls that provide a forum for our members and other interested persons to learn about specific topics in the field of health psychology. You will be happy to know that a recording of the most recent conference call will be posted in the Student Resources section of our Division's website (www.health-psych.org/StudentsResources.cfm). The conference call addressed *Recommendations for Psychologists Working in Primary Care Settings*. The expert presenter was *Dr. Larry James, Dean & Professor in the School of Professional Psychology at Wright State University*. *Dr. James* has co-authored four books, his latest being *Diversity and Human Interaction: The Tapestry of America* and *The Primary Care Consultant*. He has been a contributing author to several scholarly works, including writing “*Telehealth Applications to Expand Health Psychology Services in Primary Care*” for the book *The Primary Care Consultant: The Next Frontier for Psychologists in Hospitals and Clinics*. He has authored over 100 scholarly works including peer reviewed papers, abstracts, posters and presentations at national conferences. We think you will find it quite enjoyable and informative, also don’t forget to look out for upcoming conference calls.

As you may have noticed at the beginning of this column, we have said farewell to our outgoing student representative, Donald Lamkin. We would like to extend our deepest thanks for all of his hard work over the last couple of years. Donald has been instrumental in helping to keep student concerns a top priority for Division 38 and facilitated the realization of the series of conference calls about specific topics in the field of health psychology. Good luck in all of your new endeavors, Donald!

Finally, please sign up for our listservs to stay informed about Division events. Members are not automatically signed up for the listservs. To subscribe to the main division listserv, send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38 (your name). To subscribe to the student listserv, send an email to listserv@lists.apa.org. In the body of the email (not the subject line) type SUBSCRIBE DIV38STU (your name).

New Fellows

The Division 38 Fellows Committee, led by Dr. Catherine Stoney, is pleased to announce the following new Fellows of Division 38. Three are first-time APA Fellows, whereas two others are adding Fellow status in Health Psychology to their previous accomplishments in psychology.

Interested in applying for Fellow status in Division 38 for 2011? Get all the information you need at www.health-psych.org/MembershipFellowApp.cfm

Congratulations to the new Division 38 Fellows:

Dr. Joel Katz

Dr. Joel Katz is Professor and Canada Research Chair of Health Psychology at York University in Toronto. He received his Ph.D. in 1989 in Clinical Psychology from McGill University, where he trained with Ronald Melzack. His expertise is in pain, pain management, pain prevention, and mechanisms of pain. Dr. Katz's influence in these areas has been substantial, particularly in the area of phantom limb pain, and he has made important clinical and scientific contributions. For example, he has influenced how pain is clinically managed post-surgery and he conducted the first prospective study on male neonatal circumcision and pain responses to immunization thereafter. In short, his research is innovative, clinically meaningful and important, very well-received, and impactful. Dr. Katz has more than 100 peer-reviewed papers and 40 book chapters. In addition, he has a 20-year history of funding from both public and private agencies in the United States and Canada. This demonstrates an unusually distinguished record of international research. In addition, his service to the field includes serving on the editorial boards of numerous high-impact scientific journals, providing reviews for several granting agencies, and significant committee service for the Canadian Psychological Association and other relevant organizations.

Dr. Suzanne Segerstrom

Dr. Suzanne Segerstrom is Professor of Psychology at the University of Kentucky. She earned her PhD in Clinical Psychology at the University of California Los Angeles in 1997, with an expert focus in health psychology. Dr. Segerstrom has a highly distinguished record of research in health psychology, documenting the influence of dispositional optimism on immune function, stress and immune function, and more recently, the influence of rumination and repetitive thought on immune modulation among older adults. Her research is original, innovative, theoretically-driven, and exceedingly well-regarded. Dr. Segerstrom has about 50 publications in highly regarded journals. She also serves on NIH review panels and serves on several editorial boards. Her innovative research has most recently been recognized with the New Investigator Award from the Psychoneuroimmunology Research Society and she has also received several other awards earlier in her career. Dr. Segerstrom's outstanding and unusual research contributions have been particularly focused in understanding the mechanisms by which individual differences in personality, cognitions, affect and other factors affect health outcomes. Her primary work has been to test several important and complex immune-based mechanisms, which have ultimately served to help the field understand how stress is modulated by such factors to impact on health. Moreover, she has made these discoveries with an unusually high degree of both biologically and psychologically sophisticated concepts.

Dr. Alexander Rothman

Dr. Alexander Rothman is Professor of Psychology at the University of Minnesota, and earned his Ph.D. from Yale University in 1993; he completed distinguished post-doctoral fellowships from both Rutgers University and the University of Michigan. He is currently Associate Chair of the Department of Psychology at The University of Minnesota. Dr. Rothman has made seminal and outstanding contributions to health psychology through his innovative work in the area

New Fellows

of decision making in relationship to health behaviors and health behavior change. His research broadly focuses on how people process health information and how to implement that information to develop theoretically-based interventions that promote healthy behaviors. One particularly important contribution to his work has been his research distinguishing processes involved in initiating new health behaviors from those involved with maintaining health behavior change, specifically the role of expectations for and satisfaction with health behaviors. This line of research is fundamental to our understanding of health behavior change and underscores the notion that understanding these different processes can inform and advance effective clinical interventions. His research integrates basic laboratory work and clinical interventions to advance this science. He has won several important awards and has a distinguished history of scientific contributions to the NIH in relationship to the development of conferences and working groups.

Helen L. Coons, Ph.D., ABPP

Dr. Helen Coons is President and Clinical Director of Women's Mental Health Associates, P.C., in Philadelphia. Her professional accomplishments in clinical health psychology have encompassed patient care, program development, interdisciplinary teaching, public education, and a sustained contribution to the national agenda advancing women's health and mental health care, health professional education, and policy. She is also a Fellow in APA's Divisions 12 (Clinical), 35 (Psychology of Women), and 42 (Independent Practice).

Marilyn Stern, Ph.D.

Dr. Marilyn Stern is Professor in the Department of Psychology at Virginia Commonwealth University in Richmond, VA. She was already a Fellow of Division 17 (Counseling Psychology) and Division 54 (Pediatric Psychology), recognizing her contributions in scholarship, education and service that have helped advance the science and practice of psychology in these areas. In working towards these accomplishments, she has remained consistent in maintaining her long-standing interest within the health psychology arena, particularly child health.

Call for Nominations

Division 38 invites nominations for the offices of President-Elect, Treasurer, Member-at-Large (with a portfolio of *Education & Training* and *Clinical Health Services*), and APA Council Representative.

Elected members will take office immediately after the APA convention in Washington, in August, 2011. For questions or more information, contact the Division 38 office at apadiv38@verizon.net, or Dr. Kevin Masters, Chair, Nominations Committee at kemaster@syr.edu.

Call for Nominations 2011 Awards

The Society for General Psychology, Division One of the American Psychological Association is conducting its Year 2011 awards competition, including the **William James Book Award**, the **Ernest R. Hilgard Award**, the **George A. Miller Award** and the **Arthur W. Staats Lecture for Unifying Psychology**. In addition, there is an award for graduate students: **The Anne Anastasi General Psychology Graduate Student Award**. All nominations and supporting materials for each award **must be received on or before February 15, 2011. With the exception of the William James Award, you are encouraged to submit your materials electronically.**

For more information go to <http://www.apa.org/divisions/div1/>

The Method of Biopsychosocial Law: Science, Government and Guidelines

By Daniel Bruns

The convergence of changing concepts in psychology, medicine and law has led some jurisdictions to adopt laws and regulations that do not easily fit into established legal categories. Though recognized branches of law include both medical law and mental health law, it has recently been noted that some laws simultaneously consider both the physical and psychological aspects of injury and illness within the framework of a biopsychosocial paradigm. These new laws and regulations have been said to represent a new category, that of biopsychosocial law, and have been adopted by a number of US states and Canadian provinces. These laws have their origins in trends that can be observed in psychology, medicine, business and law.

Within the medical community, there is constant pressure to innovate and to improve outcomes. Beginning in the late 1980's, this goal has been pursued by the application of methods often referred to collectively as evidence-based medicine (EBM). As a surprising number of medical treatments were determined to have little basis in science, the goal of EBM ultimately was to identify new and effective treatments, and to eliminate treatments for which there was no scientific support. Through these methods, a central strategy of EBM was to develop treatment guidelines to identify interventions that were supported by evidence and expert opinion.

From the perspective of the insurance business, the rapid rise of healthcare costs over the last two decades led to managed care. Through the use of techniques such as utilization review and audits, managed care sought to control costs through determinations of appropriate care: Appropriate care would be reimbursed, while inappropriate or excessive care would not. Payers could not make these determinations, however, without guidelines to determine what constituted appropriate care. As guidelines set by the whim of an insurer were ultimately indefensible, business needed medical treatment guidelines that were grounded in science.

Within the Courts, guidelines may sometimes be used for determinations of the adequacy of a patient's care during legal proceedings. To be admissible in Court, however, guidelines will generally need to meet the Daubert legal standard. The Daubert test is a stringent scientific standard for evidence presented in Federal Court, and requires that an expert's conclusions are derived from scientific method, including an acceptable theory or technique that is testable and falsifiable. Unless the expert's opinions are based on methods that can pass the Daubert test, that expert's opinions are inadmissible in Court.

The conflux of the EBM movement, business needs and legal standards have been strongly influenced by the fact that research clearly shows that there is a strong relationship between health and behavior. Driven by these findings, this had led some jurisdictions to adopt biopsychosocial laws to regulate medical treatment. At this time, all existing biopsychosocial laws regulate workers compensation, a complex medical system known for having high levels of secondary gain, delayed recovery, and litigation. Currently, there are a number of biopsychosocially-oriented treatment guidelines that have legal status in one or more jurisdictions. These guidelines include: the American College of Occupational and Environmental Medicine's (ACOEM) Practice Guidelines, the Work Loss Data Institute's Official Disability Guidelines (ODGs), and the Colorado Medical Treatment Guidelines. These and other biopsychosocial laws have been reviewed recently (Bruns, Mueller, & Warren, 2010), and share certain features in common.

The biopsychosocial laws noted above were developed using evidence-based methods. Additionally, the ACOEM and Colorado guidelines were developed by panels that included physicians of various specialties, psychologists, physical therapists, nurses, chiropractors, attorneys, representatives from the business community, and patient representatives. The ACOEM guidelines later underwent review by various specialty organizations, and jurisdictions where these guidelines became biopsychosocial laws or regulations, they underwent further scrutiny in the form of public hearings, legislative review, and legal review by the state attorney general before becoming law. The checks and balances built into this

method were meant to ensure that no one profession or interest group could bias the guidelines to benefit itself. Instead, this method attempts to integrate the best contribution of each profession, while pursuing the twin goals of improving care while controlling costs.

Existing biopsychosocial laws are noteworthy for three reasons. First, their method of development represents a novel means through which government has utilized the scientific method and professional expertise to shape policy. Second, they provide a roadmap for organizing the scientifically supported services of a variety of professions into a single, integrated guideline. Third, they represent a growing acceptance of a biopsychosocial paradigm shift, which recognizes that behavioral methods are an integral part of medical care. As our country struggles with healthcare reform, the method employed in the development of biopsychosocial laws warrants further consideration.

Daniel Bruns is in independent practice in Greeley, Colorado, and has been involved in the development of biopsychosocial laws for 20 years.

Reference

Bruns, D., Mueller, K., & Warren, P. A. (2010). A Review of Evidence-based Biopsychosocial Laws Governing The Treatment of Pain and Injury. *Psychological Injury and Law*, 3(3), 169-181.

Division 38 Graduate Student Research Award Program

The Division of Health Psychology (Division 38) of the American Psychological Association is sponsoring five graduate student awards of up to \$1500 to support new research. Two of the awards will be reserved for studies in **general health psychology**, in any of the following areas: 1) understanding the etiology, promotion and maintenance of health; 2) prevention, diagnosis, treatment and rehabilitation of physical illness; 3) psychological, social, emotional and behavioral factors in physical illness; and 4) health care systems and health policy. One award will be designated for research in **child health psychology** (i.e., any study addressing one of the topics outlined above within a sample comprised primarily or exclusively of children or adolescents). Two additional awards will be reserved for research addressing **health disparities**, defined as “differences in the incidence, prevalence, mortality, and burden of diseases and other adverse health conditions that exist among a specific population group” (National Institutes of Health), or addressing **ethnic minority health**. In particular, these awards are intended to support research focusing on various health conditions that are more prevalent, serious, or specific to disadvantaged and medically underserved groups, or on healthcare inequities relevant to these groups, specifically, ethnic minorities and socio-economically disadvantaged individuals in rural and urban areas.

The award competition is open to full-time students enrolled in any degree conferring-graduate program in psychology. Applicants for the awards must be Division 38 members (or have submitted a membership application for 2011). Research proposal submissions must be received by January 15. For information regarding the application process, please go to:

www.health-psych.org/StudentsAwards.cfm

After reading the information on the website, if you still have questions, you may contact Julie Wagner, Ph.D., chair of the Division 38 Research Council at juwagner@uchc.edu.

We look forward to receiving your proposal by the January 15th deadline!

Council of Representatives Report August 2010

By Rhea K. Farberman
Monitor Executive Editor

At its August meeting during APA's Annual Convention, the Council of Representatives added or continued the recognition of seven specialties and proficiencies in professional psychology, among other actions. The seven were industrial-organizational psychology, sport psychology, psychopharmacology, personality assessment, professional geropsychology, clinical neuropsychology and behavioral and cognitive psychology. Specialties and proficiencies are recommended by the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology and are designed to help practitioners demonstrate, and the public identify, distinctive areas and activities within psychology.

At the opening of its meeting, the council reaffirmed its 2004 policy statement in support of civil marriage for same-sex couples. "As the world's largest organization of psychologists, we felt it was important to make a statement here and now to demonstrate APA's unwavering support of marriage equality," said APA President Carol D. Goodheart, EdD. "With the issue playing out so prominently in California, we are using the opportunity presented by our annual convention to present the growing body of science that is the foundation for our position, and that has influenced many of the legislators, judges and other public officials who are working to achieve this goal."

In other action, the council:

Received the Report of the 2009 Presidential Task Force on the Future of Psychology as a STEM Discipline. The report articulates the rationale for the inclusion of psychology as a STEM (science, technology, engineering and mathematics) discipline and recommends strategies for further communication and policy efforts to foster that recognition.

Received the Report of the Task Force on the Psychosocial Effects of War on Children and Families who are Refugees from Armed Conflict Residing in the United States.

Approved the 2011 preliminary revenue and expense budget, which estimated \$103,193,200 in revenues and \$103,311,800 in expenses. That small operating deficit is expected to be corrected for the council's next review of the 2011 budget in February.

Suspended the annual Consumer Price Index dues increase, holding member dues steady through the end of 2013. In 2011, member dues will be \$287.

Approved a proposal for a modified council representation plan that keeps the number of representatives from state, territorial and provincial psychological organizations and APA divisions at 162 while also ensuring that each group has at least one voting representative. The proposal requires a bylaws change and therefore the approval of the full membership. A ballot will be distributed to all voting members this fall.

Adopted a plan for a central office inventory of the association's overall greenhouse gas emissions. The inventory will review APA's buildings and business practices. Findings will be used to compare APA greenhouse gas emissions to those of similar businesses and organizations and set emission goals for the association.

APA Publisher Gary R. VandenBos, PhD, briefed the council on the association's publishing program and the evolution of science publishing over the last three decades. APA enjoys international recognition for its PsycINFO database and PsycNET platform and the overall quality and impact rating of its journals but must also keep pace with changes in the information industry, VandenBos said. APA's publishing revenue has increased from \$45 million in 2000 to close to \$80 million this year, but the rate of the program's overall revenue growth is slowing as competition from other technology platforms has increased, VandenBos said. Approximately 60 percent of APA's publishing revenue comes from the sale of licenses to the association's electronic databases. "APA enjoys a well-deserved reputation for quality in our scholarly publications and databases, but consumer expectation for the latest technology features is making the publishing business more competitive on a daily basis," VandenBos told the council. "To keep pace, we have to continually invest in our technology platforms."

In other action, the council witnessed the presentation of the 2010 Raymond D. Fowler Award for service to the association to longtime governance member and former member of the Board of Directors Matty Canter, PhD. In receiving the award, Canter, a practitioner and 44-year member of the association said, "I'm still in practice, still on the cutting edge, I hope, and APA still helps me do that."

In addition, Dorothy W. Cantor, PsyD, was awarded a presidential citation by APA President Goodheart. Cantor was recognized for her years of service to APA and current leadership of the American Psychological Foundation (APF). Also honored was Lee Gurel, PhD, for his generous gifts to the APF.

APA task force reports on plight of refugees :

Tens of thousands of refugees leave their home countries due to war and violence each year and resettle in the United States; 40 percent of those refugees are children. In an effort to more fully understand and mediate the impact of armed conflict, displacement and resettlement on children's development and well-being, the APA Task Force on the Psychosocial Effects of War on Children and Families who are Refugees from Armed Conflict Residing in the United States was created in 2008. The group's report, received by council at its August meeting, reviews the available research and notes that while children and their families caught in or displaced by war endure great trauma and adversity, they also demonstrate profound strength and resilience in their coping mechanisms and ability to adapt, often to completely unfamiliar environments. More research on the multi-dimensional aspects of being a refugee is needed, concludes the report, but some treatment programs are showing promise, including comprehensive services, individual treatment methods, family therapy and group work in schools and community settings. Community engagement and collaboration and culturally informed practice are particularly important for the refugee client population, the report notes. "Training for psychologists working with refugee populations should include non-traditional elements, such as interfacing and collaborating with other agencies, including cultural organizations not traditionally seen as 'service providers,' [such as community-based mutual assistance organizations] and working with language interpreters, cultural brokers and paraprofessionals," the report states.

Help give Health Psychologists a stronger voice in APA policy

Health Psychology is one of the top items on APA's agenda, yet Division 38 is under-represented in proportion to its members on the APA Council of Representatives.

How did this happen? Two reasons: First, not enough of our members returned the APA ballots; and second, our members did not allocate enough of their votes to Division 38.

Every November, APA asks you to apportion 10 votes to some combination of divisions and state associations. The results of these apportionment ballots are used to determine the number of Council Representatives allocated to each division and state association. Division 38 is one of the largest Divisions in APA -- with one of the lowest "voter turn-outs."

The Council of Representatives is APA's most important governance body. It has the power and authority to determine APA's policies and fiscal actions. Furthermore, the Council elects most of the APA officers as well as members of APA boards and committees. Division 38 representation on Council continues to be important because it keeps the voice of Health Psychology in the forefront of APA policy and it gives health psychologists a role in setting this policy.

So, please, vote this year, and if you can, give all 10 of your votes to Division 38. Help give Health Psychology a stronger voice in APA!

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. APA Uniform Fellow Application
2. Qualification Checklist for Prospective Applicants for Fellow Status,
3. Fellow Status Evaluation Form and Fellow Status Evaluation Worksheet (three of each needed), and
4. 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

(Continued from page 7)

Dr. Bruns has accomplished all of this without any support from a university, hospital or grant, and for the most part without free access to medical library services. All of his research and service activities are entirely self-funded. Academics publish and provide service as part of the terms of their employment. Dr. Bruns is in full time practice and does this kind of work entirely pro bono— a demonstration of his commitment to clinical health psychology as a field. Division 38 is honored to recognize his service and accomplishments with the Timothy B. Jeffrey Memorial Award for Outstanding Contributions to Clinical Health Psychology.

Call for Papers for a Special Section of the *Journal of Family Psychology*: Advances in Mixed-Methods in Family Psychology: Integrative and Applied Solutions for Family Science

Editors: Barbara H. Fiese, and Thomas S. Weisner

Over the past decade significant advances have been made in study design, analytic strategies, and technological support that allow for the integration of quantitative and qualitative methods. Mixed-methods refer to the integration of quantitative (numbers, variables, models, statistics) and qualitative (words, text, stories, discourse, narratives, photos, video) techniques in the study of family settings and family processes. Representing settings and processes in more than one of these ways often can produce results that would not otherwise have been found. It can bring us closer to understanding complex family circumstances such as contextual influences on relationships, changes over time, bidirectional nature of relationships, as well as the role of cultural meanings, interpretation, and beliefs in social interactions.

This special section of the *Journal of Family Psychology* is aimed at highlighting recent research that advances the systematic integration of these techniques that can be applied to issues of key concern to family psychologists. Focus on mixed-methods in enhancing conceptualization and theory in family research, designs, methods, analyses; appropriate inferences from these methods; and ways to report such research are all suitable. Appropriate topics for this special section may include, but are not limited to, contextual influences on family health and well-being, family intervention studies, linking mechanisms and processes of family effects to other levels or analysis or to key outcomes, cultural and ethnic comparisons using mixed methods, comparing household and kinship group units to the family unit, studies of low incidence events, and advances in family measurement using mixed-method designs. Questions about the special section can be addressed to the guest editors, Barbara H. Fiese, Ph.D. (bhfiese@illinois.edu) or Thomas S. Weisner, Ph.D. (tweisner@ucla.edu). Manuscripts must be submitted through the *Journal of Family Psychology* portal (<http://www.apa.org/pubs/journals/fam/>) no later than **January 10, 2011**. Please note that the submission is for this special section.

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



***Health Psychology* Special Series on Health Disparities**

In recognition of the importance of health disparities (Smedley, Stith & Nelson, 2002) and to encourage research on this topic in our field, the Editors of *Health Psychology* are calling for manuscripts that reflect the breadth of issues related to health disparities. We will publish special sections, 2-3 times a year, each consisting of 3-4 papers on a specific theme (e.g. socioeconomic status, immigration and health, disparities related to specific conditions or settings). Empirical papers are preferred although theoretical or review papers will also be considered if they make a unique contribution to understanding disparities. The goal of this special series is to encourage research that seeks to explain or address disparities, not merely to report serendipitous differences among groups. Papers across the lifespan, including pediatric samples, are encouraged.

There are two themes for 2011:

1). *Infectious Diseases*. Papers for this special series should focus on emerging public health issues such as hospital superbugs, the H1N1 pandemic, and common infections that have wide health implications (e.g. cytomegalovirus), but excluding infections that are primarily sexually transmitted (e.g., HIV, HPV). Examples of relevant topics include but are not limited to: social determinants of infection prevalence/incidence, predictors of protective behaviors (e.g. hygiene, vaccine uptake), and biopsychosocial mechanisms relevant to infectious disease susceptibility. The deadline for submitting papers for this special series is January 15, 2011.

2). *Cancer*. Papers for this special series should focus on explaining or intervening in an area of cancer disparities. Examples of relevant topics include but are not limited to: randomized clinical trials designed to impact prevention or treatment behavior, interactions among genetic and behavioral aspects in diagnosis and treatment, methods to facilitate recruitment to and participation in cancer treatment clinical trials, and factors related to obtaining informed consent for use of biospecimens among diverse groups. The deadline for submitting papers for this special series is February 15, 2011.

Authors should contact Anne Kazak, Ph.D. (kazak@email.chop.edu) and Elizabeth Klonoff, Ph.D. (eklonoff@sunstroke.sdsu.edu) for cancer papers or Jos Bosch (j.a.bosch@bham.ac.uk) for infectious disease paper to discuss potential submissions. Papers should be prepared in full accord with the *Health Psychology* Instructions to Authors and submitted through the Journal portal. All submissions will be peer reviewed, with 3-4 selected for publication in the special section. Some papers not included in a specific special section may be accepted for publication in *Health Psychology* as regular papers. Please indicate in the cover letter accompanying your manuscript that you would like to have the paper considered for the **Special Series on Health Disparities**.

Smedley, B.D., Stith, A.Y., & Nelson, A.R. (Eds.), for the Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. (2002). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC: National Academy of Sciences, Institute of Medicine.

A new editorial team began receiving new manuscripts at *Health Psychology* on July 1. Please visit us at <http://www.apa.org/pubs/journals/hea/index.aspx>. We have a diverse and well rounded team of Associate Editors and a large editorial board. Our revised mission is broad and we are especially interested in drawing linkages between research and practice. Please pay close attention to the Instructions to Authors in preparing your work for submission (some things have changed). Submissions will be distributed among the Associate Editors and will be sent out for peer review. We're aiming for prompt and constructive reviews back to authors and are excited about putting together the 2011 volume.

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jerry.suls@nih.gov

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france@ohio.edu

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eklonoff@sunstroke.sdsu.edu

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daveawms@umich.edu

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(Portfolio : Membership/Diversity)

Vanessa L. Malcarne, Ph.D.
malcarne@psychology.sdsu.edu

MEMBER AT LARGE

(Portfolio: Education & Training/Clinical Health Services)

Martita Lopez, Ph.D.
lopez@psy.utexas.edu

MEMBER AT LARGE

(Portfolio: Publications/Research)

Linda C. Gallo, Ph.D.
lccgallo@sciences.sdsu.edu

APA COUNCIL REPRESENTATIVE

Robert D. Kerns, Ph.D.
robert.kerns@va.gov

APA COUNCIL REPRESENTATIVE

Helen L. Coons, Ph.D.
hcoons@verizon.net

**CALL FOR SYMPOSIA & POSTERS
119th ANNUAL CONVENTION OF THE
AMERICAN PSYCHOLOGICAL ASSOCIATION**

AUGUST 4-7, 2011

WASHINGTON, D.C.

**Proposals must be submitted by 11:59 PM, EST,
Wednesday, December 01, 2010.**

<http://apacustomout.apa.org/ConvCall/>

In this time of health care reform, the 2011 APA convention is appropriately and conveniently located in our Nation's Capital. This year's Division 38 program will help to bridge the gap between the science and practice of health psychology by simultaneously featuring cutting-edge research, evidence-based practices, and the most pressing professional and education/training-related issues. Given that attendance at the APA convention is typically greater than 10,000, this will also be an excellent networking opportunity for individuals at all career stages with health psychology interests.

Division 38 (Health Psychology) facilitates collaboration among psychologists interested in the psychological and behavioral aspects of physical and mental health. We are committed to providing information about current practice and research, connecting our members, and creating opportunities for professional growth. Through our professional meetings and publications, we bring further focus on quality research to inform clinical practice.

We welcome submissions of symposia and posters in all areas of health psychology (please note that we are not accepting individual paper proposals). Awards will be given for the best student posters, so please indicate "student submission" under the proposal title if appropriate. To submit a proposal, go to the APA website at <http://apacustomout.apa.org/ConvCall/>. If you have general questions, please contact the APA Convention Office at convention@apa.org or (202)336-6020. Questions about the Division 38 programming should be directed to Dr. Jesse Stewart, the 2011 Division 38 Program Chair, at d38prgram2011@gmail.com.

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The Health Psychologist

The Health Psychologist

Kevin S. Masters
Editor
Syracuse University
and
University of Colorado Denver

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

Please address comments and submissions to:

Lisa M. Frantsve
Incoming Editor
The Health Psychologist
Editor-thehealthpsychologist@comcast.net

VA Connecticut Healthcare System
Psychology Service—116B
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West Haven, CT 06516

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