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# Monitor



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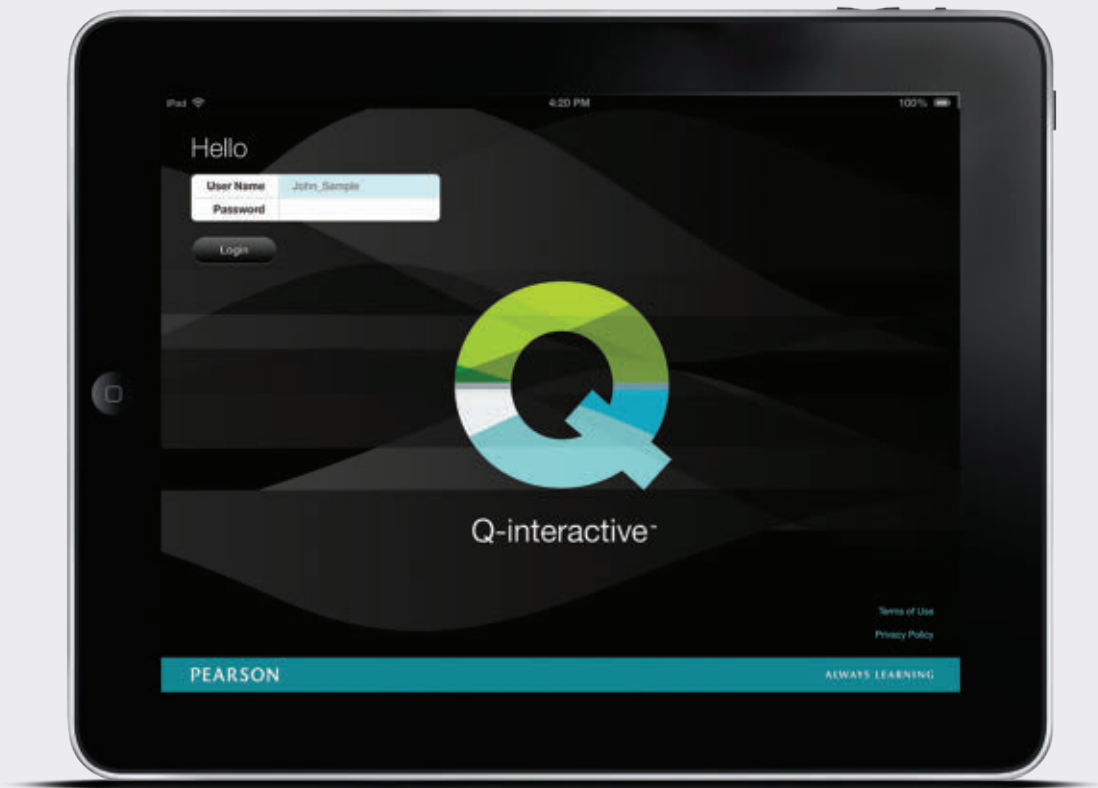
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# Letters

#### Thank you, Dr. Sharon Brehm

I was saddened and surprised to read of Dr. Sharon Brehm's condition in the January article "Living with — not dying from — Alzheimer's," but I was not surprised at all by her brave and beneficial decision to be transparent about her condition. Dr. Brehm taught me research methodology at the University of Kansas many years ago, when I entered the class as a starry-eyed Romantic poet type, not terribly interested in the "dustbowl of empiricism." With her intelligence, good humor, flexibility, creativity, enthusiasm, and blend of social and clinical psychology, she was able to introduce me to the meaningful and deep contributions of traditional research. A few years later she agreed to be on my dissertation committee for a decidedly non-traditional project, an intensive representative case method study of an individual artist with Dr. Franklin Shontz as my chair. Again, she was open to new possibilities, embracing the dissertation and my learning with her typical astuteness and encouragement. In the years since, she has continued to be a great support to me, and I think somewhere I still have a few "Sharon Brehm for APA President" cards that I gladly handed out. She is bringing these same qualities to bear on her current situation, as she continues to educate, support and inspire. Thanks, Sharon.

LORRAINE MANGIONE, PHD

Antioch University New England

#### In support of student veterans

The speakers in the December article "Mental health issues in college on the rise" blamed the influx of student veteran enrollment. The article failed to mention that student veterans make

up *only* approximately 3 percent of all college students, which makes it quite a stretch to focus on student veterans being the cause of the increase in mental health issues. Perhaps to gain a better understanding, the article could have focused on the overall student population (e.g., Twenge et al., 2010). Twenge and colleagues found that overall, students felt more isolated and misunderstood, reported more worry, sadness and dissatisfaction, and were predicted to experience more moodiness, restlessness, dissatisfaction, and instability in the last decade.

Also, the article did not discuss the positive aspects that veterans bring to college (e.g., veterans are more mature and academically focused than nonveteran "peers"). This group is especially vulnerable to perceived stigma related to seeking help, and the article served as a possible reason why veterans might not want to seek psychological services on a college campus or elsewhere: disclosing veteran status increases vulnerability to judgment about war, military service, and comfort with weapons (as this article very conveniently pointed out).

Finally, given Paula Domenici's influence over the training of civilian therapists, it seems that veterans would be better served if she focused on more positive aspects rather than only negative issues.

APRIL KROWEL

U.S. Army Veteran and doctoral student, Ball State University

*Please send letters to smartin@apa.org or Sara Martin, Monitor editor. Letters should be no more than 250 words and may be edited for space and clarity.*

# Securing psychology's future workforce

BY NADINE J. KASLOW, PHD • APA PRESIDENT



Developing a competent psychology workforce begins at the K–12 level and continues through the early career stage. At each stage of this pipeline, there are efforts to enhance education and training, from the creation of APA's new undergraduate guidelines to the continuing professional development opportunities offered to already-

established psychologists.

The good news is that the future psychology workforce is robust. Psychology is one of the most popular undergraduate majors. More students seek graduate school admission to psychology programs than there are slots. But whether one aspires to work in the health service psychology (HSP) sector or in any other sector of our discipline, barriers impede movement out of advanced doctoral training and into first jobs. Removing these barriers would support our shared social justice goals of ameliorating human suffering and ensuring access to care. It also will allow our colleagues to grow personally and professionally.

Graduate and postgraduate trainees face numerous challenges to securing their first jobs, including availability of positions and obtaining quality supervised training that prepares them for these positions. The internship supply–demand imbalance for HSP students continues to be a serious problem, despite the success of APA and other psychology community efforts to lessen it. The number of unmatched applicants increased from 10 percent to 26 percent from 2002 to 2013, with 1,155 unmatched students and 18 percent of applicants matched to non-accredited programs last year. In the research tracks, postdoctoral training is almost required and is increasing in duration. The number of doctoral students pursuing postdoctoral research in STEM disciplines, including psychology, increased 15 percent from 1972 to 2005, a trend that is continuing.

The impact of the internship crisis is profound for those unmatched, according to the results of an APPIC survey in which students had such comments as: “My self-confidence was shattered”; “I feel betrayed and disappointed by the field”; and “I am a survivor of Hurricane Katrina. The results of this match will have a bigger effect on my career path than that devastating storm did.” APA's internship stimulus package (see

page 28) is an outstanding step toward supporting programs in attaining accreditation and improving the quality of internships. The Courageous Conversations among leadership of HSP training councils and the American Psychological Association of Graduate Students, which produced action recommendations, are also crucial steps toward eliminating the imbalance.

Postdoctoral scholars also face a shortage of training opportunities. Given that the number of tenure-track positions in STEM disciplines has outpaced the number of postdoctoral fellows, more postdoctoral scholars will end up working outside of academia. But those who attain tenure-track positions often lack training in the skills necessary for success. To help tackle this problem, the National Postdoctoral Association has articulated an agenda for change, which calls for pay and benefits commensurate with experience, availability of quality mentors and attention to professional development.

Psychology graduate and postgraduate trainees in HSP areas also experience challenges. This includes securing quality supervised experiences that lead to their first jobs, acquiring the competence necessary for establishing independence, and the limited growth in some careers, in addition to a rapidly changing picture of practice in an age of health-care transformation.

To help address these problems, one of my initiatives, co-chaired by Steve McCutcheon, PhD, and Debra Bangasser, PhD, focuses on the doctoral education to first job segment of the pipeline. The “Opening Doors Summit: Facilitating Transitions from Doctoral Education to First Job,” set for Sept. 5–7, will bring together individuals who understand the barriers that slow trainees from progressing through the doctoral pipeline to entering the profession; formulate innovative strategic and structural solutions to address key transitions; and craft recommendations for gathering workforce data and using this information to guide curricular and advocacy efforts.

Our success in facilitating transitions from doctoral education to first job can serve as a model for addressing challenges in other pipeline segments. The summit aims to enable our impressive trainees to feel more rewarded and engaged in our profession. Rather than transitions feeling like a series of devastating hurricanes, mentorship and opportunities should support future generations of psychologists so they are successful and empowered to effect positive change. ■



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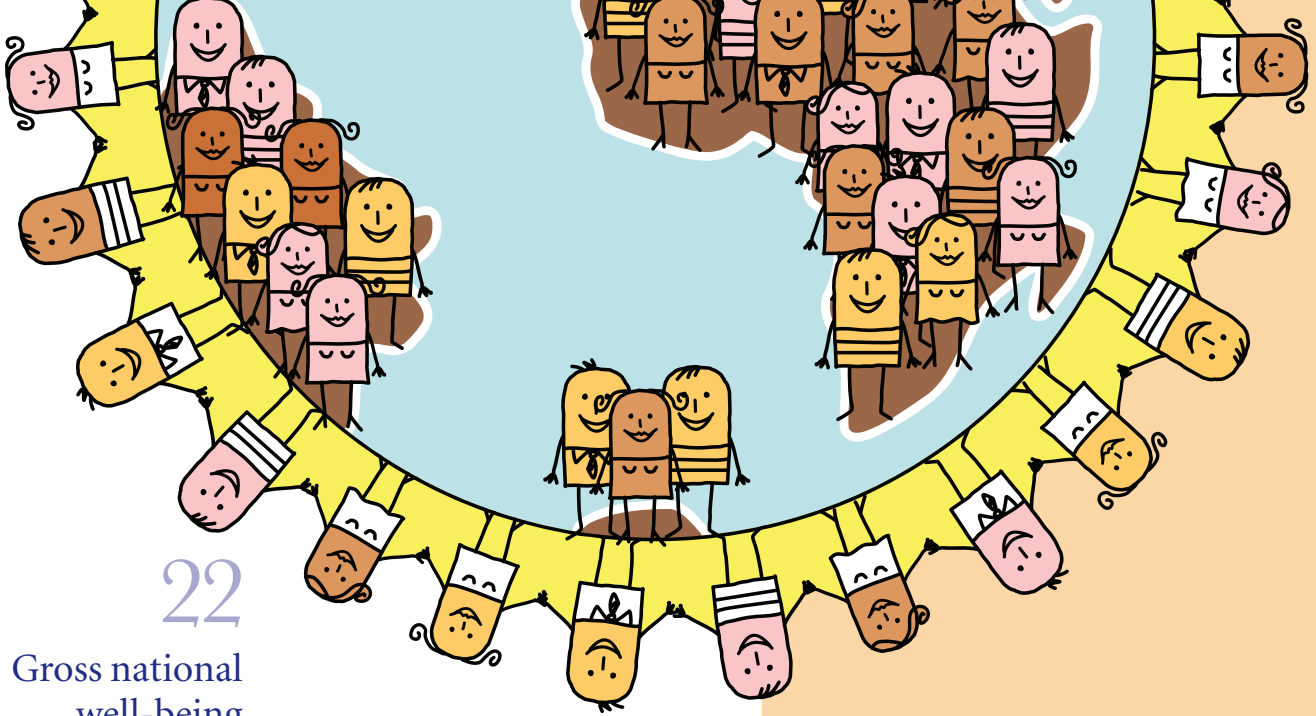
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# Shaping national policy with psychological science

BY DR. NORMAN B. ANDERSON • APA CHIEF EXECUTIVE OFFICER



Turn on the news any day of the week, and you'll hear more questions being raised than answered. Why does it seem that incidents of gun violence are escalating? Are violent video games a threat to our children? How can we eliminate violence against women? At APA, we look to the research to answer such tough, multifaceted questions — often by appointing a task force to

study the best available science. These groups of experts work to answer some of society's most pressing questions and offer policymakers and the public evidence-based solutions. For example:

- **APA's Policy Review Task Force on the Prediction and Prevention of Gun Violence**, a group of seven psychologists, met in September to develop a policy presented to the association's Council of Representatives last month. Their resolution emphasizes psychologists' role in the public health response to firearm violence, as well as other points such as the need for funding for mental health crisis services. By taking into account the latest and most rigorous research on gun violence, the task force provided an evidence-based answer to the question: how can we reduce the number of firearm-related deaths?

- **APA's Task Force on the Trafficking of Women and Girls** also presented a report to the Council last month. The group of experts, appointed in 2010, scoured the literature on the psychological, physical and social effects of human trafficking and then summarized what is known. Their report also provides recommendations for all types of psychologists — including social, clinical and forensic — on how best to study and treat victims of human trafficking.

- **APA's Task Force on Violent Media** is addressing another timely topic — how violence in video games affects consumers. For example, do they increase aggressive behavior in children, as APA's 2005 resolution concluded? What else is known? APA's seven-member task force on the topic expects to release its report later this year.

While it's too soon to see how the work of these groups will affect public perception and policy, I have confidence that they will. After all, APA's task forces have a strong track record. The association's 2007 **Task Force on the**

**Sexualization of Women and Girls**, for example, is cited in Congress's "Healthy Media for Youth Act," which would provide grants for youth empowerment programs and research on how media depictions of women and girls affect youth. The task force's report also received extensive media coverage in nearly 200 news outlets worldwide — which, like many of APA's reports, helped educate the public about the value of psychological science.

Another influential report came from APA's 2009 **Task Force on Appropriate Therapeutic Responses to Sexual Orientation**, which informed a congressional resolution that sought to prohibit programs aimed at changing a person's sexual orientation and/or gender identity. One APA report and two APA resolutions are cited in the resolution, called the Stop Harming Our Kids Act. State legislatures in California and New Jersey also considered APA's report and resolutions when adopting similar laws last year.

More recently, the Obama administration spoke out against school zero-tolerance policies that address minor behavioral problems with major punishments — a policy that **APA's Zero Tolerance Policy Task Force**, convened in 2005, found to increase poor behavior and dropout rates in middle and high school students. The report released by **APA's 2008 Presidential Task Force on Integrated Health Care for an Aging Population** continues to provide a strong foundation for our advocacy efforts related to health care reform.

With these and many other task forces as precedents, I look forward to the dissemination of APA's most recent task force reports. When psychological research is coupled with the association's far-reaching ability to make its work known on Capitol Hill, in news media reporting and to the public, APA can, and does, make a real difference. ■



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## Cognitive training slows cognitive decline, major study finds

A new trial funded by the National Institutes of Health has found that the benefits of cognitive training for older adults can last as long as 10 years. The report, featured in the January issue of the *Journal of the American Geriatrics Society*, details how training aimed at boosting older adults' skill at memory, reasoning and speed of processing slowed their cognitive decline and helped participants maintain functioning in daily living tasks over a decade.

"It's like going to the gym 10 years ago and doing some strength training, and you still have good arm strength 10 years later," explains one of the study's co-authors, Sharon Tennstedt, PhD, vice president of the New England Research Institutes. "You are maybe not quite as strong as you were then, but there is still benefit."

The study is the largest of its kind, enrolling more than 2,800 participants ages 65 to 94 from a broad range of educational, socioeconomic, and racial and ethnic groups. The researchers randomized volunteers either to receive 10 one-hour sessions of brain training over five to six weeks in memory, reasoning or speed of processing skills or to a no-training control group. At the 10-year follow-up, those with training in reasoning and speed of processing experienced less decline in those cognitive abilities compared with non-trained

(control) participants. Participants in all three training groups reported significantly less difficulty performing daily living skills than did untrained participants.

The results imply that psychologists should encourage older adults to engage in activities that challenge their cognitive abilities. Consumers should be aware that few commercially available brain games have been tested adequately to support their claims of benefit. However, expected increase in consumer demand and market competition should result in more programs or games with proven impact, according to the study authors. In the meantime, they recommend older adults try any cognitively stimulating activity, such as solving crossword puzzles and playing cards.

"Maintaining cognitive functioning may become even more salient for the generation now moving into their 60s and 70s," says Sherry Willis, PhD, another co-author and a research professor at the University of Washington. "Baby boomers who are moving into old age are really becoming extremely aware that they may have to work longer. And this study speaks to the plasticity of cognitive functioning — that older adults can improve from cognitive training and they can maintain the effects."

— KATHLEEN SMITH

## Funding for 2014 boosts research budgets

Good news for psychological research: The 2014 omnibus spending bill signed into law by President Barack Obama provides some relief from the severe budget cuts that went into effect with last year's sequestration.

Specifically, the budget gives:

- \$29.9 billion to the National Institutes of Health (NIH), which is \$714 million less than the 2013 pre-sequester level but \$1 billion (or 3.5 percent) more than the post-sequester level. As the Senate Appropriations Committee Democratic summary states, "This amount should allow the NIH to continue all current research programs and begin approximately 385 additional research studies and trials." Last year, NIH reported that it funded 640 fewer research grants in 2013 than in 2012 because of sequestration.

- \$3 million increase in the research budget at the Department of Veterans Affairs (VA), which was exempt from sequestration. The bill includes \$585.7 million in 2014 for VA intramural research, compared with a 2013 level of \$582.7 million.

- \$7.2 billion to the National Science Foundation (NSF), down by \$82 million from 2013. An analysis from the American Association for the Advancement of Science estimates that this amount reflects a 4.2 percent increase for NSF over the FY 2013 sequester level. The largest part of the funding — \$5.8 billion — goes to NSF's Research and Related Activities account.

While research funding has still not recovered from the impact of sequester-related cuts, and while the sequester is still not repealed, the omnibus spending bill gives research funding agencies some much-needed relief and, for a change, an improved ability to plan since managers know how much they have to spend between now and the end of the fiscal year.

— PATRICIA KOBOR

alexhdnz

## Sign up now for APA's Advanced Training Institutes

APA is sponsoring four Advanced Training Institutes this summer to expose psychological scientists — new and established faculty, postdoctoral fellows, scientists and advanced graduate students — to state-of-the-art research methods and emerging technologies.

They are:

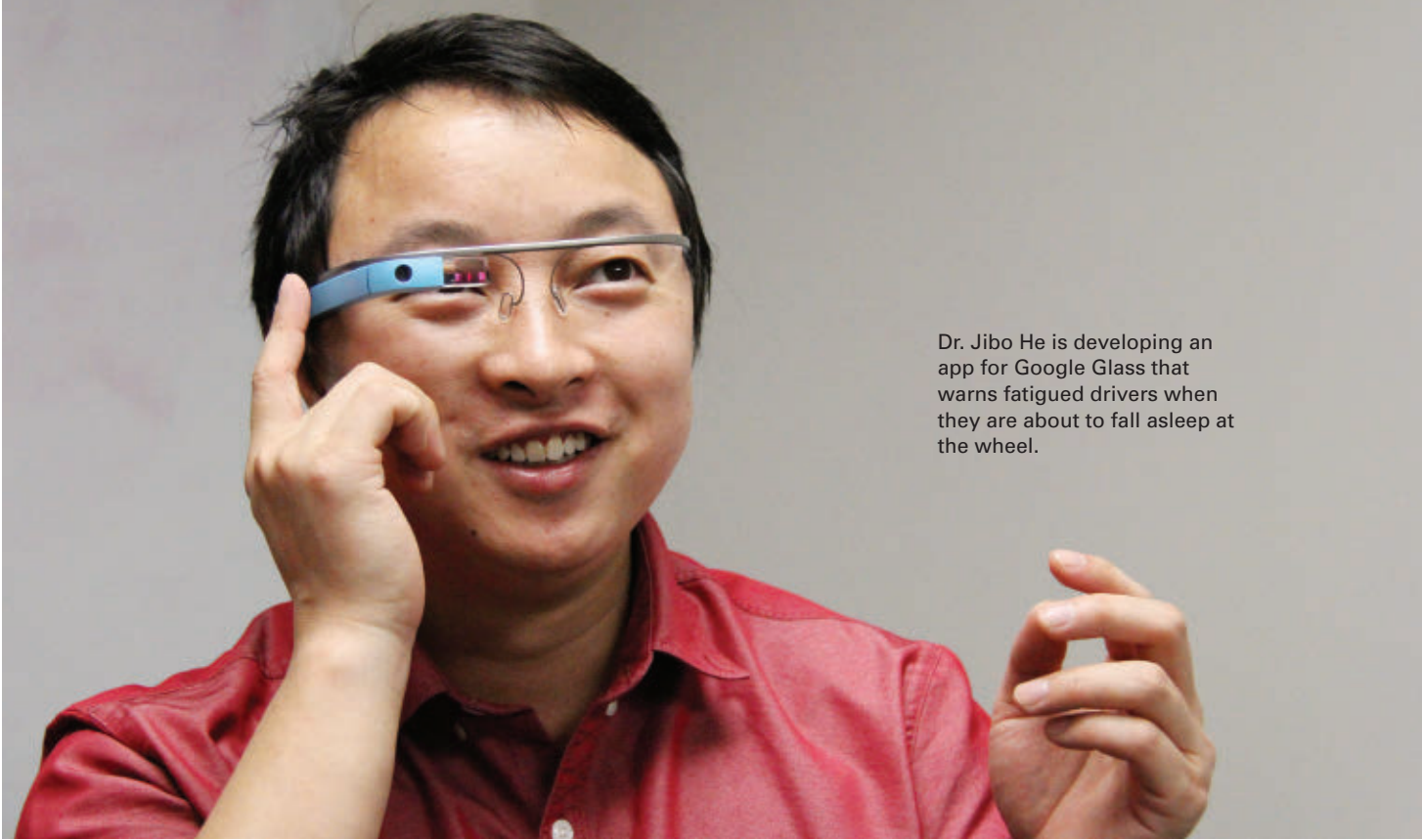
- **Structural Equation Modeling in Longitudinal Research**, University of California, Davis, May 27–31. Deadline to apply: March 24.
- **Exploratory Data Mining in Behavioral Research**, University of California, Davis, June 2–6. Deadline to apply: March 24
- **Research Methods with Diverse Racial and Ethnic Groups**, Michigan State University, June 2–6. Deadline to apply: March 31

- **Nonlinear Methods for Psychological Science**, University of Cincinnati, June 16–20. Deadline to apply: March 31

The institutes on Structural Equation Modeling and Exploratory Data Mining will be held at UC Davis in consecutive weeks. To help make it feasible for people to attend both, participants who are accepted and register for the two sessions will receive a 20 percent discount on their tuition for each institute.

Tuition for each ATI ranges from \$300 to \$1,200, with students, postdoctoral fellows and APA members paying lower tuitions. Participants may also apply for financial assistance.

For more information about these programs and to register, go to the Advanced Training Institutes website at [www.apa.org/science/resources/ati](http://www.apa.org/science/resources/ati) or call (202) 336-6000. ■



Dr. Jibo He is developing an app for Google Glass that warns fatigued drivers when they are about to fall asleep at the wheel.

## Smart glasses: Driver distraction or safety tool?

Move over, smartphones. Google Glass, the Google-made eyeglasses that allow users to snap pictures, send text messages or share on social media via a spoken command, could soon be the nation's next driving distraction. But thanks to research by psychologist Jibo He, PhD, of Wichita State University, the eyewear could improve safety for people who are at risk for operator fatigue, such as pilots and truck drivers.

He, who bought the Explorer version of Google Glass the company made available to select applicants last spring, is using eye-tracking technology and a driving simulator to study whether people are more distracted when driving with Google Glass than with smartphones. So far, He is finding that while distraction-free drivers perform best, those using smartphones swerve longer and more frequently than those using Google Glass.

He has also built an app for Google Glass called "Glass Fatigue Detector" that tracks a person's blinking and head rotation to monitor drowsiness. The app tells the driver to pull over and rest when his or her driving behaviors have

become dangerous. "If your eye is closed for longer than 400 milliseconds, then you are almost asleep," says He, who runs Wichita State's Human Automation Interaction Lab. Wichita State has applied for a patent for the Google Glass app on He's behalf.

He is one of about 10,000 people testing and conducting research on the multimedia eyewear through the Google Glass Explorers program, which launched last spring. Physicians, for example, are using Google Glass to broadcast surgeries or patient visits to train medical students or consult colleagues from afar.

Meanwhile, He is also seeking opportunities to apply his fatigue detection technology to the aviation industry.

"Fatigue is involved in at least 4 percent to 8 percent of aviation mishaps and each year driver fatigue causes about 1,550 deaths, 71,000 injuries and \$12 billion financial losses," says He. "The technology can help reduce accidents and save lives."

— JAMIE CHAMBERLIN

## By the numbers

# 1 in 5

How many older workers took leave or quit their jobs in the last five years due to adult caregiving demands, according to a 2013 AARP survey of workers ages 45 to 74.



olegganiko/Thinkstock

# 75%

Percentage of people with severe psychiatric illness — including schizophrenia, bipolar disorder and depression — who are regular smokers, compared with 33 percent of controls, according to a study in the January issue of *JAMA Psychiatry*. Compared with the general population, people with mental illness are also more likely to binge drink (30 percent versus 8 percent) and use marijuana (50 percent versus 18 percent).

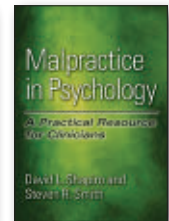
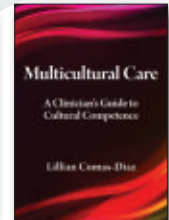
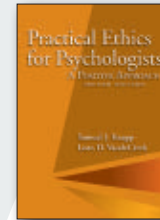
# 4x

How many more American men began taking testosterone in 2011 than in 2000, according to a study in press at the *Journal of Clinical Endocrinology & Metabolism*. The increase may be due in part to higher rates of obesity and diabetes, which can lower testosterone levels, as well as more advertising of products that can drive men to treatment.

# 13.1%

How many middle aged or older adults have experienced depression, according to continuous evaluations of 1,071 people over 24 years, according to a study in the January issue of *JAMA Psychiatry*. Only 4.5 percent of those participants, however, reported they had ever been depressed when asked to think back, indicating that lifetime prevalence rates of depression and other mental health disorders based on retrospective reports may be underestimates.

## Professional Resources for Practice



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# IN Brief

Snapshots of some of the latest peer-reviewed research within psychology and related fields.



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People who moved to greener areas experienced an immediate improvement in mental health, a study finds.

■ **Green space in towns and cities may improve residents' mental health**, finds research conducted at the University of Exeter. Scientists followed more than 1,000 subjects over five years. Half of the group moved to urban areas with more parks and gardens, while the other half relocated to less green urban areas. After adjusting for income, employment, education and personality, the study showed that, on average, people who moved to greener areas experienced an immediate

improvement in mental health that was sustained for at least three years. People who moved to areas with fewer parks and gardens suffered a drop in mental health (*Environmental Science & Technology*, online Dec. 9).

■ **Racism may accelerate aging in black men**, according to a study led by University of Maryland researchers. Investigators asked 92 black men age 30 to 50 about their experiences of discrimination in different domains,

including work and housing, as well as in getting service at stores and restaurants, from the police and in other public settings. They also measured internalized racial bias using a test that gauges unconscious attitudes and beliefs about racial groups. Even after adjusting for participants' age, socioeconomic factors and health-related characteristics, the researchers found that the combination of experiences of high racial discrimination and internalized anti-black bias was associated with the

shortest life expectancy, based on the length of the participants' telomeres — the repetitive sequences of DNA capping the ends of chromosomes, which shorten progressively over time (*American Journal of Preventive Medicine*, February).

■ **The original data behind most published papers may be inaccessible 20 years post-publication**, finds a study led by a University of British Columbia researcher. Scientists requested data sets from 516 randomly selected studies published from two to 22 years ago. They found that the odds of a data set being available fell by 17 percent per year, and that by 20 years post-publication, 80 percent of data obtained through publicly funded research is inaccessible due to such problems as old email addresses and obsolete storage devices. The authors say these results demonstrate the urgent need for policies mandating data sharing via public archives (*Current Biology*, Dec. 19).

■ **Reading a novel appears to have lasting effects on the brain**, finds a study by researchers at Emory University. Scientists asked 21 college students to read the same novel, giving them a new 30-page section to read each day over nine days. Each morning, and then for five additional mornings after the students had completed the novel, the scientists used fMRI to scan participants' brains. On the mornings after the reading assignments, the researchers found heightened connectivity in the left temporal cortex (associated with language receptivity) and in the central sulcus of the brain (the primary

sensorimotor region). These neural changes persisted for the five days after the participants completed the novel, indicating the novel may have had a biological effect on the brain (*Brain Connectivity*, Dec. 9).

■ **A fear of being too skinny may put some teenage boys at risk for depression**, according to a study conducted at Harvard University. The research was based on a nationally representative sample of 2,139 16-year-old boys who were followed for 13 years. Researchers followed up with the boys three different times to assess depressive symptoms, body image perceptions and the participants' body mass index. Boys who perceived themselves as very underweight, but actually were average weight or higher, reported the highest level of depressive symptoms. These findings remained constant across the span of the study, which ended when the participants were close to 30 years old (*Psychology of Men & Masculinity*, online Dec. 23).

■ **Children believe the world is far more segregated by gender than it actually is**, suggests a study conducted at Michigan State University. The researchers examined classroom friendships among 426 second- through fourth-graders at five U.S. elementary schools. They found that children were nine times more likely to be friends if they were the same gender. However, when asked about their friends' friends, a child was 50 times more likely to believe two classmates were friends when they were the same gender (*Child Development*, online Dec. 9).



Boys who viewed themselves as very underweight but actually were average weight or higher reported the highest levels of depressive symptoms, a study finds.

■ **Culturally appropriate interventions may improve the mental health of resettled refugees and other marginalized and traumatized populations**, finds research led by scientists at the University of New



For direct links to these journal articles, click on the journal names.

Mexico. Thirty-six refugees from African countries who had resettled in the United States within the previous two years took part in a six-month community-based intervention focused on increasing participants' enculturation, English proficiency and access to resources. The researchers found significant decreases in participants' psychological distress and increases in quality of life during, immediately after and three months after the intervention compared with before the intervention, based on interviews with participants. The research also found an increase in social support and social networks with other refugees and with Americans (*Psychological Services*, online Dec. 23).

■ **Prescribing a stimulant and an antipsychotic drug to children with physical aggression and attention-deficit/hyperactivity disorder (ADHD) may reduce aggressive and serious behavioral problems**, according to a study led by Ohio State University researchers. Scientists divided the study's 168 children, ages 6 to 12, who had been diagnosed with ADHD and displayed significant physical aggression, into two groups. All participants received a psychostimulant drug (OROS methylphenidate) and all parents received behavioral parent training for nine weeks. A subset of the participants also received the antipsychotic drug risperidone. The group that received both medications showed a greater reduction in aggression and other disruptive behaviors (*Journal of the American Academy of Child and Adolescent Psychiatry*, January).



Dmitry Berkut/Thinkstock

Even with controls for placebo effects, meditation lessened participants' anxiety and depression, providing as much relief as what previous research has found from antidepressants, a study finds.

■ **Thirty minutes of daily meditation may provide as much relief from anxiety and depression symptoms as antidepressants**, according to a Johns Hopkins University study. Researchers analyzed 47 clinical trials with 3,515 participants that evaluated the effects of an eight-week mindfulness meditation training on depression, anxiety, stress, pain and other issues. Even with controls for placebo effects, the meditation

training improved symptoms of anxiety and depression — providing as much relief as what previous research has found from antidepressants (*JAMA Internal Medicine*, online Jan. 6).

■ **People with mental illness appear to be nearly twice as likely to smoke as those without it**, according to a study led by a Harvard Medical School researcher. Using data gathered

from more than 165,000 Americans, scientists identified a 20 percent decline in smoking rates from 2004 to 2011 for people without mental illness, from 19 percent to 16 percent of the group. Smoking rates among people with mental illness remained steady at around 25 percent. This significant difference persisted even after accounting for differences in income, education and employment. The researchers also found that people who received mental health treatment were less likely to smoke than those with mental illness who did not receive treatment, and were more likely to quit (*JAMA*, Jan. 8).

■ **One-time, cross sectional population surveys that assess mental or physical disorders may underestimate the prevalence of mental disorders among middle-aged and older adults**, according to a study led by Johns Hopkins University researchers. Scientists followed more than 1,000 people of various ages in Baltimore over 25 years, interviewing them four times between 1981 and 2005. Using the information from all of the interviews, they found that estimates of the lifetime prevalence of six mental disorders — major depressive disorder, obsessive-compulsive disorder, panic disorder, social phobia, alcohol abuse and drug abuse — were two to 12 times lower when they looked at people's responses from just the last interview, compared with when they looked at reports from preceding interviews (*JAMA Psychiatry*, online Jan. 8).

■ **Feeding mice an immunity-boosting probiotic appears to ease autism-like symptoms**, finds a study led by researchers at the California Institute of Technology. Scientists used a technique called maternal immune activation in pregnant mice to induce autism-like behavior and neurological patterns in their offspring. They found that the gut microbial community of the offspring differed markedly from that of a control group of mice. When the mice with the autism-like symptoms were fed *Bacteriodes fragilis*, a microbe known to bolster the immune system, their abnormal behaviors subsided (*Cell*, Dec. 19).

■ **Anxiety appears linked to a higher long-term risk of stroke**, according to a study by University of Pittsburgh scientists. Over a 22-year period, researchers asked more than 6,000 people age 25 to 74 to take part in interviews, undergo medical examinations and complete psychological questionnaires to gauge their anxiety and depression levels. They found that people who had the highest third of anxiety symptoms had a 33 percent higher stroke risk than those with the lowest levels. People with high anxiety levels were also more likely to smoke and be physically inactive, which may partially explain the link between anxiety and stroke, the authors suggest (*Stroke*, online Dec. 19).

■ **Psychology researchers and practitioners still don't see eye to eye on repressed memory**, according to a study led by University of California, Irvine, researchers.

Investigators recruited clinicians and psychotherapists, research psychologists and alternative therapists to complete an online survey on repressed memory. The researchers found that roughly 70 percent of clinicians, psychoanalysts and therapists surveyed agreed to some extent that traumatic memories are often repressed and can be retrieved in therapy, while less than 30 percent of research-oriented psychologists believed that to be true. In a separate part of the study, researchers found that the general public still largely believes that memories can be repressed (*Psychological Science*, online Dec. 13).

■ **Rediscovering feelings of self-worth can boost performance among the poor**, according to research led by a University of Washington scientist. Researchers asked nearly 150 people at a New Jersey soup kitchen to privately record a personal story with a tape recorder before completing a variety of problem-solving tests. Compared with a control group, the participants who were randomly assigned to "self-affirm" by recounting a proud moment or past achievement performed dramatically better on the tests, equivalent to a 10-point increase in IQ. They were also more likely to seek out information on aid services from the local government (*Psychological Science*, online Dec. 19).



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People who said they were excited before a public talk gave longer speeches and were more persuasive than those who said they were calm before their presentations.

■ **People who tell themselves to get excited rather than relax seem to do better at public speaking and other anxiety-inducing activities**, finds a study performed at Harvard University. In one experiment, researchers asked 140 participants to prepare a persuasive speech on why they would be good work partners. To increase anxiety, a researcher videotaped the speeches and said they would be judged by a committee. Before delivering the speech, participants were instructed to say, “I am excited” or “I am calm.” Those who said they were excited gave longer speeches and were more persuasive,

competent and relaxed than those who said they were calm, according to ratings by independent evaluators (*Journal of Experimental Psychology: General*, online Dec. 23).

■ **The recession made people feel physically ill**, according to a study by San Diego State University scientists. The researchers counted Google searches for stress-related health problems such as abdominal pain, chest pain and migraines and then tracked how the numbers of searches for those terms changed during the recession — December 2008 through December

2011 — from levels before the recession began. The researchers compared changes in the counts with changes in all Google searches over the period. They found that queries about stomach ulcer symptoms were up 228 percent during the recession, and questions about headache symptoms were up 193 percent. Hernia and chest pain were also among the top 10 health concern searches during the recession (*American Journal of Preventive Medicine*, February).

■ **Consistent routines improve your sleep**, according to a study led by psychologists at the University of Alabama, Tuscaloosa. Researchers asked 50 younger and 50 older adults to record their daily activities for 14 days, including when they went outside, started work and ate dinner every day, as well as several sleep measures, including how long they slept at night, sleep quality and how many times they woke up at night. They found that keeping a consistent daily schedule — in which you eat, start working and go outside around the same time each day — was associated with better sleep quality and fewer night-time awakenings (*The Journals of Gerontology: Series B*, online Dec. 10).

— AMY NOVOTNEY



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# Words matter



The words we use to describe drug and alcohol use disorders contribute to stigma around the conditions, psychologist John F. Kelly told attendees at a recent White House Conference on Drug Policy Reform.

In the United States, only about one in 10 people who need drug or alcohol treatment actually gets it, according to the most recent National Survey on Drug Use and Health. Many people go without treatment because they lack insurance or other resources to pay for it. But the survey found another, more subtle barrier as well: stigma. People avoid treatment because they worry about what their friends, neighbors and employers will think of them if they admit to being a “substance abuser.”

It’s time to stop using that term and other outdated words that contribute to the stigma, according to John F. Kelly, PhD, director of the Recovery Research Institute at Massachusetts General Hospital. Health-care workers, researchers, government agencies and others should drop the description “substance abuse” in favor of “substance use disorder,” among other changes, he says.

“The word ‘abuser’ implies volitional acts of willful misconduct, and is associated with things like child abuse,” Kelly says. “Saying ‘substance use disorder’ conveys something very different — a medical disorder. Substance use is the only thing we talk about this way. People with eating problems are referred to as individuals with eating disorders, never as food abusers.”

Kelly spoke about the issue at the White House Conference on Drug Policy Reform in December, the first-ever such meeting sponsored by the Office of National Drug Control Policy. At the conference, Kelly described two studies that show the impact words can have on stigma, even among people educated in mental health treatment.

In one study, he surveyed more than 500 mental health care providers. Each clinician read one of two vignettes about a character with a substance use problem who was in a court-mandated treatment program but had relapsed and had positive urine tests. The vignettes were identical except that in one, the character was described as a “substance abuser” and in the other as someone with a “substance use disorder.” He found that the clinicians who read the vignette about the “substance abuser”

were significantly more likely to say that the character was personally responsible for his actions and should be punished for them (*International Journal of Drug Policy*, 2010).

In a similar study with the general public, Kelly found an even stronger correlation between terminology and how people felt about the character in the vignette. He found that the character described as a “substance abuser” elicited less sympathy from participants and that participants were more likely to think that the character could stop his substance use

without help if he wanted to (*Journal of Drug Issues*, 2010).

In order to distinguish among different levels and types of substance-related problems, Kelly suggests, in addition to “substance use disorder,” using such non-stigmatizing words as “misuse,” “hazardous use,” “harmful use” and “unhealthy use.”

Michael Botticelli, deputy director of the Office of National Drug Control Policy, says that Kelly’s research fits in with the office’s focus on shifting from a national drug policy based on the criminal justice system to one that treats it as a public health issue.

“Part of that is reducing stigma and increasing access to treatment,” he says. “Fear and shame play a big role as barriers to seeking care, and unfortunately our terminology hasn’t caught up with the science in many ways.”

Some things won’t be easy to change. The word “abuse” is embedded even in the names of federal agencies such as the National Institute on Drug Abuse and the Substance Abuse and Mental Health Services Administration, Kelly points out.

Those names are set by federal statute, but at a day-to-day level agencies can and are changing the words they use, Botticelli says. At the Office of National Drug Control Policy, he says, staff use non-stigmatizing terms in their own communications, and have even reached out to news organizations to talk them about the issue of stigmatizing language in news reports.

“I think [the way people use stigmatizing language] is largely not intentional because people really don’t understand the power that language can have,” he says. ■

“Fear and shame play a big role as barriers to seeking care, and unfortunately our terminology hasn’t caught up with the science in many ways.”

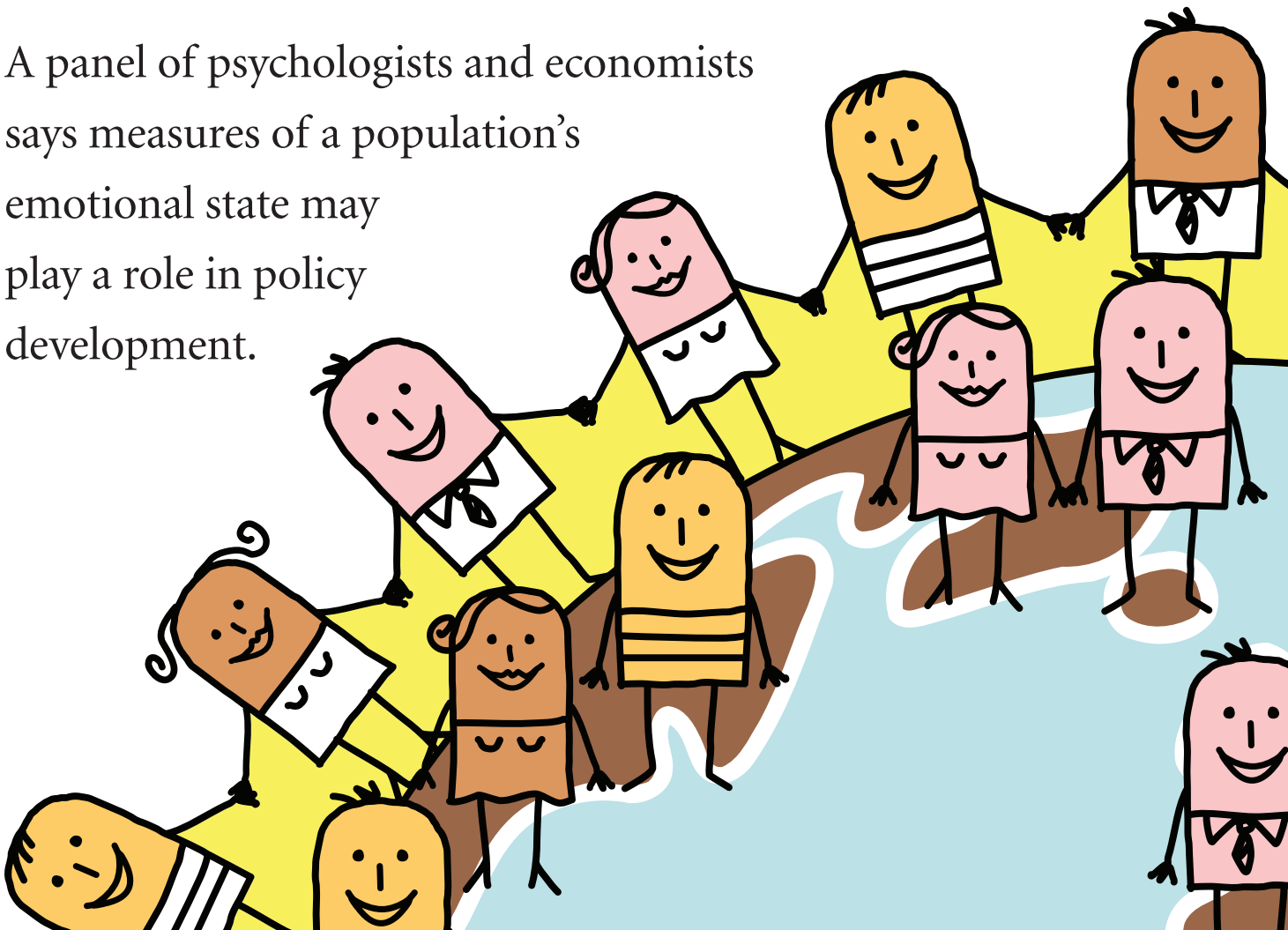
**MICHAEL BOTTICELLI**

Office of National Drug Control Policy



# Gross national well-being

A panel of psychologists and economists says measures of a population's emotional state may play a role in policy development.



BY AMY NOVOTNEY

Data about “experienced well-being” — the levels of contentment, joy, stress, frustration, sadness and other feelings that people report experiencing throughout the day — could help shape policy discussions around end-of-life care, commuting, child-custody laws and city planning, according to a new report from the National Research Council.

Interest in measuring subjective well-being has grown in recent years, as some researchers and politicians have begun to question the ability of the gross domestic product (GDP) and other traditional economic measures to reflect the true quality of life of a population or country, says Richard Suzman, PhD.

“Economic measures don’t always reveal the whole story,” says Suzman, director of the Behavioral and Social Research Division at the National Institute on Aging (NIA), which funded the study along with the U.K. Economic and Social Research Council. “If you have a disaster such as a tornado, tsunami or an earthquake, often GDP goes up because of all the reconstruction efforts, but that doesn’t in any way give you a sense of human welfare and well-being.”

Instead, the report concludes, well-informed policies must also consider self-reports of “experienced well-being,” “evaluative well-being,” or overall life satisfaction, and “eudaimonic well-being” — what brings meaning to people.

“They’re related concepts but

not exactly the same,” says Arthur Stone, PhD, chair of the report’s panel and a psychology professor at the University of Southern California. “In terms of their impact, life evaluation measures of subjective well-being have a lot to do with the decisions people make, whereas experienced subjective well-being measures have more to do with our physiology and health.”

Which aspects of subjective well-being are most important to measure depends on the policy question being addressed, said the panel, which is made up of 12 international economists and behavioral scientists, including six psychologists. For example, in studies of patient outcomes associated with medical treatment, moment-to-moment measures of emotions and sensations such as pain, cold or fear may be especially relevant. Using methods that capture details on activities and time use — what activities respondents are engaged in when they feel a certain way — can give policymakers more insight into people’s resistance to or ability to recover from illness, for use in end-of-life care policies, for example.

Researchers in the United States and several other countries have already begun to gather data on experienced well-being, including in the NIA’s Health and Retirement Study and the Bureau of Labor Statistics’ American Time Use Survey. Subjective well-being questions are also appearing in population surveys in the United States and the United Kingdom.

As this work continues, says Stone, it may help bridge the divide between economists and behavioral scientists and affect national policies.

“Gradually, there’s been a shift, and the work that psychologists, neuroscientists and other behavioral scientists are doing is starting to make subjective measures much more approachable for the economists,” he says. ■

*Amy Novotney is a writer in Chicago.*

*To read the National Research Council report “Subjective Well-Being: Measuring Happiness, Suffering, and Other Dimensions of Experience,” go to [www.nap.edu/catalog.php?record\\_id=18548](http://www.nap.edu/catalog.php?record_id=18548).*



## Nancy Rothbard, PhD

Photo courtesy of the Wharton School of the University of Pennsylvania



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**What she does:** Nancy Rothbard, PhD, is the David Pottruck associate professor of management at the University of Pennsylvania's Wharton School, where she studies organizational behavior. She's interested in how people manage the boundaries between their personal and professional lives, especially when it comes to online social networks like Facebook and Twitter. Negotiating the intersection of home and work is

"something people are really struggling with," she says. For example, is it prudent to friend a co-worker, or your boss, on Facebook? Her most recent article on this topic appears in the October 2013 issue of the *Academy of Management Review*.

**Engaging work:** Rothbard is also exploring what keeps people engaged at work and what doesn't. "I study what causes people to focus and be absorbed in their work and what detracts from

that," she says. One detractor she has identified is "the third party," or someone — say a high-level boss — who barges in on a group, bursting what's known as the employees' "task bubble."

**Setting boundaries:** Rothbard was led to study workplace boundaries by her involvement in her family's furniture-supply business while growing up in Philadelphia. "In my family's business, the boundaries were really permeable," she says. Longtime employees who weren't family members often brought their personal issues to the workplace. When she began studying organizational behavior, she found that most researchers assumed that people leave their personal lives at the door when they arrive at work. But that's not so, says Rothbard.

**A family affair:** Today, Rothbard is continuing the tradition of working in an organization that employs many of her family members as well. Rothbard's mother, Aileen Rothbard, is a research faculty member at the University of Pennsylvania's School of Social Policy and Practice and her husband, Brian Bushee, is an accounting professor at the Wharton School. The two met while in graduate school at the University of Michigan.

When she's not at work, Rothbard unwinds with her family, including her two young children, or with a book. "I read everything: science fiction, nonfiction, novels and mysteries. That's my one hobby."

— ROBIN TRICOLES

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## Could mindfulness improve judicial decision making?



BY TESS M.S. NEAL, PHD, AND EVE M. BRANK, JD, PHD • UNIVERSITY OF NEBRASKA

Imagine you are a trial judge. You look out into your crowded courtroom where 20 defendants wait to hear their names called off the docket. Some defendants are no strangers to the inside of courtrooms. Other defendants are undoubtedly innocent. You try to move the cases off the docket as quickly as possible so you will be able to get through them all. You spend much of your time multitasking as the cases are called; you sign papers and whisper answers to your clerk's questions, all while trying to listen to attorneys who present motions and arguments.

Case overload, fatigue, multitasking and burnout are everyday realities judges face as they keep the wheels of justice moving. Yet, these are also some of the conditions that psychological research shows underlie diminished decision-making abilities. One contributing factor may be relying on "rules of thumb," or heuristics, to quickly decide cases. For example, a judge may rely on stereotypes about gender and race as they can relate to reoffending. Despite the superficial similarities between cases, however, it is important for judges to pay sufficient attention to each case to reach fair and just outcomes.

A potential result of heuristic decision making might be the criminal justice system's racial disparities in process and outcomes. Evidence shows, for example, that minority defendants fare worse than white defendants who are similarly situated. Research by Jeffrey Rachlinski, PhD, JD, of Cornell University Law School, and colleagues demonstrates that U.S. trial court judges harbor the same implicit biases against black Americans that most Americans harbor. It follows that judges' decisions may be influenced by implicit racial biases; however, these researchers also showed that many of the judges were able to compensate for the influence of these biases when they had sufficient awareness and motivation to do so.

Using fair and just procedures in *all* cases is important for many reasons. Some of the reasons, according to Tom R. Tyler, PhD, of Yale Law School, are that unless trial participants perceive the court as fair, public perception of the court suffers and compliance with court orders decreases. Two conditions that undermine perceived fairness are when judges do not give litigants and defendants "voice" and when the judge is perceived as not treating participants with respect or dignity. Because of the court system's burdens, even the most well-intentioned judges may inadvertently send the message that they do not

have time to, or do not want to hear, what the litigant or defendant has to say.

Might mindfulness help lessen the effects of faulty cognitive shortcuts and implicit biases? Mindfulness is the practice of focusing attention and non-judgmentally observing thoughts, emotions and bodily sensations as they ebb and flow. For example, Bob Stahl, PhD, and Elisha Goldstein, PhD, offer a brief mindfulness practice they call the "STOP meditation." STOP is an acronym that could remind judges to **S**top what they are doing, **T**ake a few deep breaths and focus on the experience of breathing, **O**bserve their thoughts, feelings and actions, and **P**roceed with new awareness. With practice, people who engage in mindfulness are thought to be able to respond to decision-making tasks with greater focus, attention and reflection rather than relying on heuristics. And, as with physical exercise, the more one engages in the activity, the more skilled one becomes.

Pamela Casey, PhD, and her colleagues at the National Center for State Courts suggest that teaching brief mindfulness techniques to judges will enable them to "reset" their attention whenever they begin feeling distracted or overwhelmed. Would litigants and defendants feel more satisfied with the justice process if they faced judges who practice mindfulness? How much time would a mindful approach add to an average case (if any)? Would the number of appeals filed decrease if trial participants are more satisfied with the justice process? Might the racial disparities in the justice system decrease when judges are more attentive to and mindful about individual defendants? Psychological research could empirically examine these important questions to determine if a contemplative and mindful approach to cases may help judges reaffirm the priority of each case, and ensure that each person before the court is given a fair process. ■

*"Judicial Notebook" is a project of APA Div. 9 (Society for the Psychological Study of Social Issues).*

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APA effort to  
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# The association's \$3 million grant program is helping to address the internship shortage.

BY AMY NOVOTNEY

**F**or years, Carol Kerr, PhD, chief psychologist of the graduate clinical training program at Marin County Health and Human Services in California, watched highly qualified students interview for internships at the innovative community mental health site, only to rank it below other sites because it was unaccredited by APA. Students who did train at Marin County faced obstacles in finding national public service jobs, despite the program's curriculum focused on serious and persistent mental illness.

"The Veterans Administration is one of the biggest national employers of psychologists, but they wouldn't even consider our students because they weren't coming from an APA-accredited program," she says. "And the bilingual, bicultural candidates we seek to draw to our community mental health workforce were also prioritizing accredited sites."

That's changing this year, thanks to a boost from APA's internship stimulus package, a \$3 million, three-year initiative that helped the Marin County site invest in key changes that were needed to meet APA's accreditation standards.

The program succeeded in obtaining accreditation by the APA Commission on Accreditation last February, and this year Marin County is training six interns. "It's great that APA is recognizing the problem small public systems have in becoming accredited and is trying to provide some help," Kerr says. "Becoming accredited has meant our applicant pool this year increased by a third, and our number of bilingual applicants tripled."

The grant program is just one component of a multifaceted effort across the profession and APA to address the significant imbalance in supply and demand for accredited internships and to promote quality training for professional practice.

Since the first round of funding in December 2012, 64 programs have received up to \$20,000 to help with application and site visit fees, program consultation, administrative and supervisor support, intern stipends and benefits, and other costs of seeking accreditation. In addition to the two programs that have received accreditation, six more have completed the self-study process and are under review for it. APA's hope is that all unaccredited psychology internship programs will achieve accreditation by 2019.

That's welcome news for the field. In the 2013 internship match, 19 percent of 4,114 psychology doctoral students were not matched at all, and 18 percent were matched in unaccredited internships, according to statistics from the Association of Psychology Postdoctoral and Internship Centers. Many institutions, including the U.S. Department of Veterans Affairs, among other federal agencies, will not hire students who have completed internships that aren't APA-accredited. This often leads high-quality students like the ones Kerr interviewed to forgo a non-accredited internship in favor of one at an accredited site that may not offer a program that's in line with their interests.

Cynthia D. Belar, PhD, executive director of APA's Education Directorate, says she's heartened to see the grants beginning to have their desired effect.

"Professional psychology is best served by a workforce trained by programs that meet the standards of the profession," Belar says. "Our hope is that, over time, this stimulus program makes a solid contribution toward righting the internship imbalance, potentially adding as many as 150 programs and 520 new positions to the pool of accredited internships."





### Ensuring high-quality training

In addition to widening the pool of accredited internship programs, the APA internship stimulus initiative has also helped non-accredited sites improve their programs to ensure high-quality training. Many grantees note that simply going through the self-study process — which requires programs to systematically review, describe and evaluate their education and training model and outcomes — encouraged staff to collaborate on their training goals, strengthen their didactics and improve their program's comprehensiveness.

"It's a grueling process, but I understand why it's required now because it really has resulted in an improvement in our program," says Jody Pahlavan, PsyD, director of the Rogers Center for Research and Training at Rogers Memorial Hospital in Milwaukee. The hospital received an internship stimulus grant in December 2012 and began the self-study process last January. The program's site visit is scheduled for this month.

The self-study process also involves collecting data and gathering feedback about how the program may be improved, says Kristy Sakai, PsyD, director of training at the Waianae Coast Comprehensive Health Center Psychology Internship Program, in Waianae, Hawaii, which received APA accreditation in August — and is now training five interns. Through the review process, Sakai and her team gathered feedback from current and former interns about how the program helped and what they wish had

been different. Sakai and colleagues used that information to restructure several of their teaching methods.

"The quality of the training has already improved as a result of this process," she says.

Other programs that have received an APA internship stimulus grant and have applied for accreditation include:

- George Fox University Behavioral Health Clinic, Newberg, Ore.
- Heart of America Psychology Training Consortium, Central Region, Springfield, Mo.
- MCCHC-IU Health Consortium of East Central Indiana, Madison County Community Health Centers Inc., Madison County, Ind.
- PCOM Center for Brief Therapy, Philadelphia College of Osteopathic Medicine, Philadelphia.
- University of San Francisco Counseling and Psychological Services, San Francisco.
- Venture Psychology Internship Consortium, Summit Pointe, Battle Creek, Mich. ■

To apply for the next round of internship grants, visit [www.apa.org/about/awards/internship-program-grants.aspx](http://www.apa.org/about/awards/internship-program-grants.aspx).

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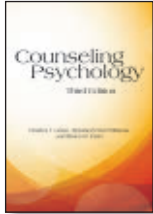
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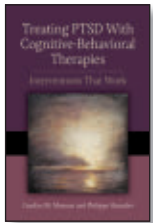
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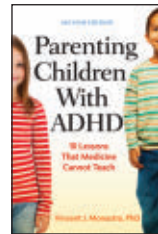
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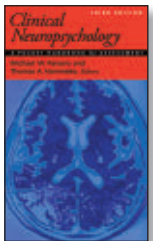
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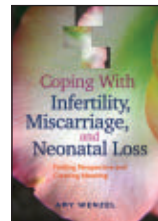
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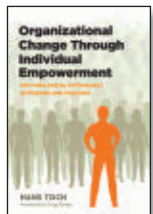
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## Paying a high price for the war on drugs

In a new memoir, neuroscientist Carl Hart discusses how his research on drugs like cocaine and methamphetamine has led him to decide that all drugs should be decriminalized.

**BY LEA WINERMAN**  
*Monitor staff*

As a child growing up in one of Miami's roughest neighborhoods during the 1970s, Carl Hart saw first-hand the toll that poverty, drugs, guns and domestic violence took on his close family and friends. When he was 6, his mother separated from his abusive father. At age 12, he saw his sister injured in a drive-by shooting. Many of his childhood friends ended up dead or in prison. As a teen he used drugs, shoplifted and occasionally carried a gun himself. But eventually — through hard work, mentors, the military and education — he launched himself to the highest rungs of academia.

Hart, who earned his PhD in 1996 from the University of Wyoming, is now Columbia University's first tenured African-American professor in the sciences, where he studies the neuroscience of drug use. Some of his work undercuts widespread assumptions about drug users, such as the idea that most will become addicted. In laboratory studies with cocaine and methamphetamine users, he's found that rather than being held hostage to their drug use, most people can make a rational decision to give up a dose in exchange for a reasonable reward — even as little as \$5.

Recently, Hart has become involved in drug policy advocacy as well. In his book "High Price: A Neuroscientist's

Journey of Self-Discovery That Challenges Everything You Know About Drugs and Society," he interweaves personal memoir and scientific research to conclude that drug abuse is a symptom rather than a cause of societal ills — and that America's drug laws, not drugs themselves, have wreaked the greatest havoc on the country's poorest and most vulnerable citizens.

Hart spoke to the *Monitor* about his research and his book.

**You've said that "this is not a book about drug addiction." Why is that such an important distinction to make?**

There are a broad range of issues that we don't even get into in science because we're trapped in this addiction narrative.

As scientists, we want to have a comprehensive understanding of whatever it is that we're interested in. But one trap that we get into in drug abuse science is that we look at the effects of drugs — on animals, people, the brain, whatever — from a very narrow perspective, the pathology of drug addiction. But that's just a small portion of the effects that drugs have.

So the book includes a little bit about drug addiction, but that's not the most important aspect of drugs in our society. I wanted the book to be about what drugs actually do, what they don't do, the political meaning of drug policy in this country and who's being really deleteriously impacted.

**Let's start with "what do drugs actually do?" Your studies have given some answers to that question that some people have found surprising.**

The most important finding that I and others have discovered is that drug effects are predictable. We hear people say, "This drug is unpredictable," but they don't have any evidence to support that. When you look at the overwhelming amount of evidence related to the drugs that we're all interested in — methamphetamine, crack cocaine, heroin, marijuana, you name it — all of these drugs produce predictable effects. As you increase the dose, you can expect to get more toxic effects. That's so important for the general public to know. That's so important for young people who may experiment with drugs. And that kind of information isn't shared as freely as I wish it would be. That's one thing.

If you're looking at individual drug effects — like what do amphetamines do — one of the most interesting findings is that they increase your alertness. They produce euphoria, they decrease food intake. All of these kinds of things are important for people to know.

Cocaine can do the same sort of thing, but not as well as amphetamines because of the short half-life relative to the amphetamines. Heroin and opioids are really good at decreasing pain, decreasing anxiety and increasing sleep.

"There are a broad range of issues that we don't even get into because we're trapped in this addiction narrative," says Dr. Carl Hart.

Peter Ash Lee



# Questionnaire

They also cause constipation, and in some people cause itchiness.

All of these things are important for [psychologists] to know because it enhances our credibility with drug users — we're not only emphasizing the potential negative effects, but we understand the positive effects as well. People who take drugs by and large are not stupid. They take them for some of these effects that we are describing, not for the addictive effects that we focus on.

Another important point is that most people who take drugs don't meet criteria for addiction. So if you're only focusing on those limited effects related to pathology and addiction, you have alienated the vast majority of drug users.

**Some of your studies that have gotten the most attention are those that show that people who use cocaine and methamphetamine react in a logical way if you give them the choice between the drug and a reward. Can you talk about that?**

The bottom line is that if you present people who meet criteria for addiction with a choice between the drug and an attractive alternative, you can shift the drug-taking behaviors if the alternative is attractive enough. People will choose the alternative reward instead of the drug. This has been shown in lab animals, in work we've done with crack cocaine users and work that we've done with methamphetamine users.

It's one of the most effective treatments we have, but it gets no or limited attention, in part because it's not sexy. You don't have a brain-imaging picture to show people, and so people are not interested. And to me, that's a shame. It's probably one of the most

powerful technologies we have, and people are ignoring it.

**We did a *Monitor* article on a program like that at Johns Hopkins a few years ago. The researchers give people jobs, where the price of admission is a clean drug test.**

That's right. You're giving them job training skills, you're teaching them how to perform and behave in the workplace. These folks hadn't had this sort of level of education previously. It's so innovative — I just have a great deal of respect for the work people like Steve Higgins at the University of Vermont and Ken Silverman at Johns Hopkins are doing. Those people are taking this work out to the clinic, and they are using these procedures to help people deal with their drug addiction. So at some level I feel almost guilty talking about my lab, when these guys have been doing this work for years. They are partly the reason that I am so vociferous about this.

**Recently, you've begun advocating the decriminalization of all drugs. Can you talk about how your research led you to decide that was the right drug policy?**

It took me a long time to come to this position, but I've come to it based on the fact that I now know that our drug policies are based on false assumptions. The vast majority of people who use drugs don't get in trouble with drugs. The data we've collected for years show this.

For example, the drugs that we are really concerned with, in terms of overdose [deaths], are heroin and

opioids. When you look at the data, you see the overwhelming majority of these people died not from the drug but from ignorance, because they combined them with alcohol or with another sedative. That's what kills them.

When we start to see that sort of stuff, that our drug policies are based on misapprehensions and inappropriate assumptions, and couple this with the fact that we arrest 1.5 million people every year for drugs — 80 percent of those for simple possession — something is very wrong. Then when you start to look at the fact that if you have a drug-related violation, it decreases the likelihood of your getting a job, it decreases the likelihood of your making a contribution to society. And the racial disparities in our enforcement of the drug laws, that just sickens me.

Decriminalization is not legalization. People still can get fined or receive some administrative sanction for drug possession, like a traffic violation. We can still send a message that we disapprove of this. But the disapproval should not ruin people's lives like it has been doing.

**You've said that the goal of a drug-free society is not realistic. So what drug policy is achievable?**

Well, you think about it in the same way you think about tobacco and alcohol. What is our goal with those drugs? We know people use those drugs to alter their consciousness, so we have to teach people to live with these drugs as safely as possible. The same is true with these other drugs. You just teach people how to live with these drugs, to enhance safety.

“Think about driving an automobile. There are people who get in trouble with driving an automobile because they drink and drive, text and drive, drive too fast — whatever they do. We have interventions to help those people, to make our society safer. But we don’t ban driving for the rest of us, yet that’s what we do with drugs.”

Have you seen the commercials that say, “Don’t text and drive”? It’s as simple as that. If you use heroin, don’t combine it with alcohol because you increase the likelihood of overdose. It’s simple, that’s it.

As scientists, we’re all concerned about education. Not to give people the proper amount and kind of education seems woefully irresponsible.

**What about for the small percentage of people who do become addicted because of their own brain chemistry or outside forces? What does the research say we should be doing for them?**

You treat the problem in the same way that you treat any other medical problem. You follow the best advice of experts. Our work shows that attractive alternative reinforcers can help some people with addiction. Other work shows the importance of making sure that you have treated the co-occurring psychiatric disorder that may be driving it.

People are addicted for a variety of reasons. Experts need to figure out what those reasons are, and then

have the appropriate treatment that’s recommended.

Think about driving an automobile. There are people who get in trouble with driving an automobile because they drink and drive, text and drive, drive too fast — whatever they do. We have interventions to help those people, to make our society safer. But we don’t ban driving for the rest of us, yet that’s what we do with drugs.

So I’m only saying, let’s be rational. Let’s get people the help they need, but do that in a smart, scientific way.

**What’s next for your own research?**

I’m interested in drug combinations right now. Often times in my field, my area, we look at one drug at a time. I’m now trying to figure out what happens when people take multiple drugs, like they do in the natural ecology.

**One last question: A lot of what makes your book so compelling is your personal story about your difficult childhood and adolescence. Why did you decide to write about that, and why now?**

I know how important narratives are for people to be engaged. I have read enough boring science books in my life to know that you’re not going to keep people’s attention too long. That was one reason.

Another reason — and this caused me a great deal of anxiety — was that I wanted people to understand that I was not perfect, I made a lot of mistakes, and continue to, by the way. But there is this American mythology that if you are successful, you are perfect, and somehow don’t have these warts. We do our young people such a disservice with that kind of thing. I wanted them to see that you can make mistakes and still be successful. ■



To watch a Google talk with Dr. Carl Hart go to [www.youtube.com/watch?v=Pdsn\\_vY23w8](http://www.youtube.com/watch?v=Pdsn_vY23w8).



# Mobile psychology

Psychologists are developing digital applications to help patients and colleagues.

BY ANNA MILLER • *Monitor* staff

Just four hours after the PTSD Coach app was released to the public, a distressed veteran called the U.S. Department of Veterans Affairs' crisis line because, he said, "my phone told me to call." The call led to an appointment, and the next day, the vet received mental health care at his local VA.

The app has the potential "to really change the course of someone's day or life," says Julia Hoffman, PsyD, a clinical psychologist and mobile applications lead at the VA's National Center for PTSD, where it was developed in partnership with the U.S. Department of Defense's National Center for Telehealth and Technology.

Hoffman is one of many psychologists developing apps as a way to circumvent barriers to mental health care, and bridge gaps in it, by putting psychology directly into people's palms.

PTSD Coach, for example, targets an important audience because stigma and logistical issues often prevent veterans, service people and civilians dealing with symptoms of post-traumatic stress disorder from receiving care, Hoffman says. The free app was launched in 2011 and as of January, had been downloaded 135,000 times in 78 countries. It also provides educational resources about PTSD, tools to assess symptoms and

hundreds of "bite-sized" evidence-based cognitive and behavioral interventions, such as deep-breathing exercises and guidance on positive self-talk, to help users manage their symptoms.

"We don't see apps as a way to replace treatment, but for those who may be reluctant consumers, this may provide a step into care and something in place of nothing," Hoffman says.

Here's a look at five other smartphone applications that can help you and your clients.

## **CBT\*ABC way: Cognitive-behavioral therapy apps in Spanish and English**

*Available on iTunes, \$6.99*

San Jose, Calif., clinical psychologist Yvette Tazeau, PhD, designed her app, CBT\*ABC way, after noticing parents and children tapping on iPhones and tablets in her waiting room but putting them away as soon as they entered the therapy room.

"I was plugging away using traditional books, workbooks and thought records, and it dawned on me ... why don't we put those two things together?" Tazeau says.

So, Tazeau teamed with a computer programmer and a graphic designer to create a series of apps for children



and adults dealing with anxiety or depression. Available in English and Spanish, the apps encourage users to record their negative experiences and thoughts, then prompt them to use cognitive-behavioral strategies, such as identifying negative thought patterns and replacing them with positive solutions. For example, a job applicant ruminating about an upcoming interview might replace, "I'll never get the job" with "My experience working abroad will set me apart."

The app is a way for clients to carry around what they learn in therapy — not to substitute for therapy itself. In fact, several users have found their way into a therapist's office *after* downloading the app, Tazeau says. "[Technology] will never supplant us — it's a way to reach people," she says.

*To learn more, go to [www.tikalbaytek.com](http://www.tikalbaytek.com).*

### **Insight Notes: Recordkeeping and notes for therapists, evaluators, students and other service professionals**

*Available on iPad, under \$10, plus monthly fee under \$20 for secure backup*

Adam Alban, PhD, JD, created Insight Notes to give fee-for-service psychologists a note-taking and recordkeeping option that also meets HIPAA requirements for encrypted data. "I wanted to create a simple system that would [allow psychologists] to take notes on a per-client basis, to do it securely and to do it incredibly efficiently," says Alban, who runs psychology and law practices in San Francisco.

The program, which Alban created with a team of attorneys, designers and app developers, allows psychologists to take notes and scan images that are organized by patient and automatically backed up. Providers can then send these files securely in batches, rather than piecemeal. Users can also include their signatures and letterhead on any documents they choose.

While Alban's team plans to add other elements that can facilitate clinical work, he says the program's appeal is in its simplicity. "There's a population of psychologists who don't need really robust practice management solutions — they just want to be able to do things quickly, easily and [digitally]," he says. "We wanted to be able to support them."

*To learn more, go to [www.insightnotes.com](http://www.insightnotes.com)*

### **ReliefLink: An app for suicide prevention**

*Available on iTunes, free*

When someone who's attempted suicide winds up in the emergency room, the news is mostly good — he or she has failed at the attempt and is receiving care. But once discharged, the patient is at risk again. Seeking to improve the coordination of follow-up care and keep patients closely connected to help is ReliefLink, an app developed by a team led by APA President Nadine J. Kaslow, PhD, at Emory University.

"My idea would be that every time someone comes to a hospital or therapist with suicidal symptoms, they would be encouraged to use the app," she says.

The app includes such features as a mood tracker, a personalized safety plan, coping strategies and an emergency button that connects users to friends, hospitals and other resources. If, for example, a user reports his mood is dipping into a risky zone, a pop-up message offers such suggestions as calling a health-care provider, using deep breathing exercises or following directions to the nearest place to get help.

The app won first prize in a contest sponsored by the federal Substance Abuse and Mental Health Services

Administration in September and may soon be used at health-care systems throughout the country, community mental health centers, as well as by suicide prevention organizations in other countries, Kaslow says.

### **Step Away: Mobile intervention for alcohol addiction**

*Available on iTunes, \$4.99*

Far too few people with an alcohol problem receive any sort of treatment, says psychologist Patrick Dulin, PhD, of the University of Alaska, Anchorage. That's why he and colleagues created Step Away, an app that helps curb or eliminate problem drinking in a subtle way that fits seamlessly into people's everyday lives, Dulin says. "We have a great opportunity with smartphones to provide alcohol interventions whenever and wherever people need them."

The app progresses through 10 intervention steps designed



to build awareness of the problem, set specific goals and develop skills either to moderate or abstain from drinking. It provides prompts for users to check in daily about progress and upcoming events, and offers weekly feedback based on their goals. For example, if a college athlete aiming to curb her drinking indicates a party on an upcoming Saturday, the app may remind her of her goals on that day — perhaps by showing a photo of her team or by showing a strategy for staying in control while at the party. A father who's worried that his drinking is alienating his children may view a photo of his family when he indicates he's tempted to drink.

The app also links to care, such as the option to call a friend, email a doctor or find a treatment facility, and it allows users to schedule alternative non-drinking-related activities on their calendars. It also records users' progress so that they can share it with friends or health-care providers. "Having this system keeps them aware of various triggers and it helps them to stay on track," Dulin says.

A pilot study of the app's prototype, which Dulin and his colleague Vivian Gonzalez, PhD, created and tested with a grant from the National Institute on Alcohol Abuse and Alcoholism, showed that people who used the app for six weeks spent 60 percent less time drinking heavily and cut their overall number of drinks in half (*Substance Abuse*, 2012).

For more information, go to <http://stepaway.biz>

### The Therapy Outcome Management System: Instant feedback on therapy outcomes

Available on iTunes, \$14.99

Tracking patient progress over the course of treatment is a proven way to improve outcomes, reduce dropout rates and strengthen the therapeutic alliance. But how exactly do you ask, and record, how a patient feels about therapy — or about you?

One new way is through TOMS (Therapy Outcome Management System), an app designed by Nicholas Wiarda, a predoctoral intern at the Spokane VA Medical Center, Mark McMinn, PhD, a professor of psychology at George Fox University in Oregon, and Scott Miller, PhD, founder of the International Center for Clinical Excellence.

Based on Miller's empirically validated session and outcome scales, the app asks clients about their well-being and satisfaction with the therapist's approach before and after each session. Having those data — which the app plots onto a graph — allows therapists to adjust their approach along the way, says McMinn, who uses the app himself. "It is simple, affordable and the results are immediate," one reviewer wrote on the Apple store's website. "This seems like the perfect solution."

To learn more, go to [www.114consulting.com](http://www.114consulting.com). ■



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# As the country commemorates the 50th anniversary of the 1964 *Surgeon General's Report on Smoking and Health*, it's time to celebrate psychologists' contributions to tobacco control.

BY TORI DEANGELIS



Durham, N.C., a little north of the state's center, sits smack in the middle of tobacco country. It was there, in the late 1970s, that newly minted behavioral psychologist C. Tracy Orleans, PhD, took her first job as an assistant professor of medical psychology at the Duke University Medical Center.

She and three colleagues were charged with writing a report for the Institute of Medicine on the psychological and behavioral contributors to poor health in America. Ironically, she was also smoking more than a pack of cigarettes every day.

"In fact, three of the four of us were smokers," recalls Orleans.

As she scoured research for the report, Orleans gathered more than enough ammunition to scare herself but found little evidence for effective quitting treatments.

After the report was filed, she quit cold turkey, determined to outlast the uncomfortable withdrawal symptoms. But her ordeal made her vow to ease the way for others. Orleans spent the next couple of decades developing effective smoking-cessation interventions, including helping to create a successful outpatient clinic at Duke, and one of the country's first inpatient smoking-cessation consultation services for patients hospitalized at the Duke Medical Center. She also launched the first "proactive" telephone quit line, which included regular follow-up calls to counseled smokers. That in turn became the model for "Free and Clear," a national quit line that has been used by more than 2.5 million quitters.

Later, with colleagues at the Fox Chase Cancer Center in Philadelphia and others, she developed smoking-cessation programs for specific populations, including pregnant women, African-American smokers, older adults and professional athletes addicted to smokeless tobacco. That work laid the foundation for her current position as senior scientist at the

Robert Wood Johnson Foundation, where she's led policy research and action for population-based tobacco control and other public health efforts for the last 18 years.

Orleans is one of a cadre of psychologists who have been working in tobacco control since the 1964 *Surgeon General's Report on Smoking and Health*, studying the basic science of addiction, designing and evaluating treatments, masterminding anti-smoking public health strategies and countering "Big Tobacco" advertising campaigns with creative and sometimes controversial counter-ads. A well-known example is the "Truth" campaign of the 1990s, created by Legacy's Schroeder Institute, a public health tobacco-control research organization with formal academic ties to the Johns Hopkins Bloomberg School of Public Health and the Georgetown University Lombardi Comprehensive Cancer Center. One of its ads shows a truck pulling up in front of a tobacco company, the word "Truth" emblazoned on its side. People hop out of the truck and start pulling bodybags onto the curb. Eventually, they amass a pile of 1,200 bodies — the number of people killed each day by smoking.

The results of this work are impressive. In the 50 years since the report shared the dangers of smoking with the public, to the release of this year's surgeon general's report, *The Health Consequences of Smoking — 50 Years of Progress*, American smoking rates have dropped from 54 percent to 18 percent. A full 45 million Americans have quit smoking in the past 50 years. (More than 30 surgeon general's reports have centered on smoking or second-hand smoking since the original report.)

What's more, the public is far better educated on smoking's dangers than it was, and the tobacco industry has been forced to make major concessions, including the 1998 agreement in which four major U.S. tobacco companies agreed to curtail or

cease certain marketing practices and to pay states the medical costs of people who had developed smoking-related illnesses.

“It’s been a collective effort — no one has worked alone,” says Orleans. “Together we’ve had an extraordinary effect on the health of the American population, and the health of the world.”

### Origins of our knowledge

Psychologists started making their mark in tobacco control years before the 1964 report, says David Abrams, PhD, of the Schroeder Institute, Johns Hopkins and Georgetown. The origins of the basic knowledge of addiction began in the 1940s, he says, when psychologists used classical and operant conditioning to test behavioral responses in lab animals.

“Nicotine and tobacco have been at the forefront of the models being used to understand the brain mechanisms that lead to the reward pathways of addiction,” Abrams says.

By the mid-1970s, he and others were continuing to conduct tobacco- and nicotine-related basic science, linking animal models to human research. Through human laboratory studies, Abrams was able to uncover the basic mechanisms behind relapse that are triggered by stress and the sights and smells of other people who are smoking — known as cue reactivity or stimulus-induced craving, phrases that have become staples in the addiction-treatment lexicon.

Another psychologist to lay the basic groundwork for understanding the effects of nicotine was Saul Shiffman, PhD, now a professor of psychology at the University of Pittsburgh. In the early 1980s, “many people doubted that smoking was addictive, and documenting withdrawal and providing a way to assess it helped turn the tide toward recognizing smoking as nicotine addiction,” he says. That distinction was made clear in the 1988 surgeon general’s report, which made a point of substituting the word “addiction” for “habit” throughout.

### Relapse prevention

The work of Shiffman and other psychologists also informed critical research on treatments that identify situations, thoughts and behaviors that spur quitting or relapse and pose cognitive-behavioral strategies to help people anticipate or avoid such triggers. A person may be tempted to smoke under a situation of work stress, for instance, but learn to substitute positive coping strategies such as relaxation techniques or reframing negative thoughts that would normally provoke smoking.

A major psychological model that employs such techniques is harm reduction, developed and widely disseminated by the late G. Alan Marlatt, PhD, of the University of Washington. It includes a component called relapse prevention, or strategies to cope with the cues and temptations of a given addictive behavior, in this case, smoking.

The model takes a pragmatic approach to addiction, acknowledging that some people won’t be able to quit immediately, fully, or forever. If a person starts to use again after

a period of abstinence, they can learn from the lapse and try again until they succeed. The model also holds that small steps toward quitting are OK — that a goal can be controlled use, rather than complete cessation.

Relapse prevention contrasts with the disease model of addiction, which holds that addiction is a life-long, biologically based disease that can only be countered by abstinence, discipline, outside help and avoidance of triggers. Examples are Narcotics Anonymous and other Twelve Step programs. While such programs are effective for many, Marlatt understood they wouldn’t work for all users, some of whom can’t quit either temporarily or permanently. Thus, in Marlatt’s view, reducing harm is a better strategy than an intervention that doesn’t work at all.

Susan Curry, PhD, now dean at the University of Iowa’s College of Public Health, worked with Marlatt to elaborate on the relapse prevention approach during a collaboration in the 1980s. A 1987 article they published in the *Journal of Clinical and Consulting Psychology*, for instance, demonstrated the “abstinence violation effect,” which describes people’s tendency to overreact to minor lapses from attempted abstinence with guilt, resignation, and sometimes, by relapsing.

Meanwhile, Shiffman was conducting extensive research that gathered data from people struggling to avoid relapse in order to identify factors that cause such relapse — rising emotional distress in the hours preceding a lapse, for instance. The research, which relied on real-time, real-world data collected by electronic diaries, also reinforced the importance of cognitive and behavioral coping in overcoming such obstacles.

Those data have “informed the content of almost all contemporary behavioral treatments for smoking,” Shiffman says. Most if not all treatments emphasize the importance of avoiding stress and of preparing coping responses for dealing with it when it does arise. Now, he and colleagues are tailoring that work by programming smartphones to help smokers overcome hurdles to quitting.

### A broader reach

In the early 1980s, psychologists studying cigarette and nicotine addiction changed tacks, finding that they could have a larger impact with broad public health interventions than with individual interventions alone.

Among them was Oregon Research Institute psychologist Ed Lichtenstein, PhD. In 1980, he was invited to work for a year with the National Cancer Institute, whose public health perspective on cancer prevention and reduction — viewing the disease from a population-level perspective and developing strategies based on which ones might have the biggest impact — inspired him to consider a similar approach to smoking cessation.

“The logic of it seemed compelling,” he says. “It was clear we needed to reach larger numbers of people, and I began to see some ways of doing that.” These included moving interventions

“It’s been a collective effort — no one has worked alone. Together we’ve had an extraordinary effect on the health of the American population, and the health of the world.”

**C. TRACY ORLEANS, PHD**  
Robert Wood Johnson Foundation

to health-care settings, and later, to telephone quit lines, an area of longstanding expertise for Lichtenstein, Orleans and University of California, San Diego psychologist Shu-Hong Zhu, PhD, who developed the award-winning California Smokers’ Helpline. Quit lines, paid for through tax funds and administered by state contractors, are now available in every state and in Washington, D.C., and in many other countries.

Meanwhile, other recent broad-scale evidence-based smoking-cessation programs — Legacy’s Become An EX website ([www.becomeanex.org](http://www.becomeanex.org)), for instance, and text messaging on cellphones — have further improved the cost-effectiveness and reach of cessation interventions.

Ellen R. Gritz, PhD, professor and chair of the department of behavioral science at the University of Texas MD Anderson Cancer Center in Houston, likewise saw the potential benefits of the public health view, thanks to her experience writing a section of the 1980 surgeon general’s report on the behavioral aspects of smoking in women. Seeing the issue from a population perspective, she was motivated to apply psychological smoking-cessation treatments to other specific groups, including people with cancer and HIV-AIDS.

Ray Niaura, PhD, of Legacy, Johns Hopkins and Georgetown, was also conducting smoking-cessation work on people with HIV/AIDS, and he and Gritz joined forces to further develop programs of research on tobacco and AIDS, which they are hoping to apply in developing countries.

Tailoring these interventions to specific populations is important because each group has different issues and needs, Gritz explains. Research by her and others has shown that compared with nonsmokers, for example, different kinds of cancer patients who smoke have differential, and worse, outcomes in terms of cancer treatment, further disease development, survival and quality of life.

“You want to be able to point out to the patient exactly what the relationships are [between smoking and different outcomes], why it’s critically important that he or she stop smoking, and how you’re going to help them to stop,” Gritz says.

Other psychologists — among them Abrams, Orleans, Niaura, Carlo DiClemente, PhD, of the University of Maryland Baltimore County, and James O. Prochaska, PhD, and Wayne Velicer, PhD, both of the University of Rhode Island — are creating worksite-wellness and community interventions based on the “transtheoretical stages of change” model developed

by DiClemente, Prochaska and Velicer, which assesses people’s readiness to act on healthier behaviors and provides strategies to get there. That work has evolved into addressing chronic lifestyle-related diseases, such as obesity and Type II diabetes in large-scale public health formats, Abrams notes.

### **Present and future**

Despite these and other forms of progress, the smoking problem remains pernicious. About 44 million Americans still smoke, despite the new surgeon general’s report showing that smoking is linked to an increasing number of diseases, including diabetes, rheumatoid arthritis and colorectal cancer.

The tobacco industry remains a well-heeled foe, spending billions of dollars each year to develop and market new products designed to capture new cohorts of nicotine addicts. And there remain important areas for research exploration. These include the new field of neuromarketing, which explores consumers’ sensorimotor, cognitive, and affective responses to marketing stimuli; pharmacotherapies that are genetically engineered to suit individual needs; safer forms of nicotine delivery, such the e-cigarette (see page 48); and effective ways of combating the socioeconomic and cultural disparities that lead some groups to smoke more than others (see sidebar on page 52).

That said, it’s a good time to celebrate the successes of the past 50 years, psychologists in the field say. Last year’s end-of-year National Institute on Drug Abuse report, “Monitoring the Future,” found the lowest-ever rates of youth smoking. Between 1990 and 2009, the number of states with Medicaid coverage for smoking cessation grew from one to 45. Tobacco dependence treatment is covered under the Affordable Care Act. And the number of physicians providing cessation counseling rose from 16 percent in 1991 to 87 percent in 2011, to name a few of the gains made.

And, thanks to its rigorous research in the realm of tobacco use and cessation, psychology incontrovertibly established itself as a hard science, says Abrams.

“The laws of human behavior are fairly well understood,” he says. “If you apply them and align them properly with political will, you can change a whole population in about a generation, and get 40 million people to quit smoking. To me, that’s a spectacular success for behavioral science.” ■

*Tori DeAngelis is a writer in Syracuse, N.Y.*

# Leading the way to better health

Psychologists have pioneered the science and policy of tobacco control since the first *Surgeon General's Report on Smoking and Health* underscored the dangers of smoking in 1964. Here are some of the most influential psychologists in the area and a few of their accomplishments.

**David B. Abrams, PhD**, Schroeder Institute for Tobacco Research and Policy Studies; Johns Hopkins University Bloomberg School of Public Health; Georgetown University Lombardi Comprehensive Cancer Center

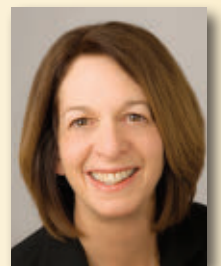
- Conducted basic research on the role of stress and reactions to cues in precipitating relapse.
- Developed and tested work site and community interventions to reach unmotivated smokers.
- Developed an equation — now an integral part of the growing field of dissemination and implementation science — that rates the overall reach, efficacy and cost of quitting programs. Abrams also developed smoking-cessation questionnaires, including the 1991 Readiness to Quit Ladder, which draws on the psychologist-created “trans-theoretical stages of change” model and is still widely used today.



Abrams

**Susan J. Curry, PhD**, University of Iowa College of Public Health

- Led the first study to show that providing full insurance coverage for smoking cessation services produced greater service use and higher quit rates than non-insured programs. The study's advice — adopted by many businesses, insurance companies and by Medicare and Medicaid — was reported in a 1998 article in the *New England Journal of Medicine*.
- Developed and evaluated both individual-level programs and a national sample of community-based youth tobacco cessation programs. One finding: When you combine quit-smoking interventions for women with pediatric visits for their children, they are twice as likely to quit.



Curry

**Ellen R. Gritz, PhD, MD**, Anderson Cancer Center at the University of Texas, Houston

- Conducted early research with smoking cessation pioneer Murray Jarvik, MD, PhD, demonstrating that nicotine is the addicting agent in tobacco smoke.

- Wrote the behavioral sections of the first *Report of the Surgeon General on Women and Smoking* in 1980, and contributed as author or editor to nine surgeon general's reports on smoking and health.

- Led the first randomized controlled trial of a smoking cessation intervention in cancer patients, specifically, those with head and neck cancers. She also was one of the first scientists to call for systematically documenting tobacco use and effects in cancer patients, and for the critical need for smoking-cessation treatment as a standard part of cancer care.

**Jack Henningfield, PhD**, Johns Hopkins University School of Medicine

- In the 1980s, was lead researcher at the National Institute on Drug Abuse on investigating nicotine as a potentially addicting drug.

- Co-edited the 1988 Surgeon General's Report on nicotine addiction, the first of these reports to conclude that cigarettes met all the criteria of addicting drugs.

- Co-authored the first article on reducing the nicotine in tobacco to non-addictive levels, which remains a central FDA focus today.

- Co-authored the 2010 World Health Organization technical report discussing the science and potential public health implications of electronic nicotine delivery systems, or e-cigarettes.

**Robert M. Kaplan, PhD**, National Institutes of Health, Office of Behavioral and Social Sciences Research

- Beginning in the late 1970s, conducted a series of studies designed to help rehabilitate smokers with chronic obstructive pulmonary disease and other smoking-related health diseases. This work inspired him to help combat the tobacco epidemic.

- Starting in the 1980s and continuing to the present, conducted cost-related analyses for the state of California examining the effects of tobacco taxes and smoking bans in apartment buildings.

- Lead author on a 1995 *Annals of Behavioral Medicine* article



Gritz



Henningfield



Kaplan

advocating for the adoption of tobacco regulation by the FDA, a tobacco tax, a ban on youth cigarette advertising, and Medicare payment for smoking cessation services. All are now policy.

- Along with psychologists John Pierce, PhD, and Shu-Hong Zhu, PhD, initiated the ongoing California tobacco surveys to examine tobacco use and its determinants for random samples of the California population. Helped Zhu establish the California Smokers' Helpline, which has become a model for broad-scale cessation interventions throughout the country.

**Edward Lichtenstein, PhD**, Oregon Research Institute

- Among the first to construe smoking as an important target for behavioral intervention. He helped point the field in a public health direction — away from purely individual interventions to strategies that could impact large numbers of people — thanks to a 1992 *Journal of Consulting and Clinical Psychology* paper he co-authored with Russell E. Glasgow, PhD.

- One of the first to identify the role of self-efficacy in cessation and to focus research on the benefits of social support in helping people quit smoking.

- His work and that of C. Tracy Orleans, PhD, Shu-Hong Zhu, PhD, and others helped to institutionalize smoking quitlines that now serve hundreds of thousands of smokers in the United States and around the world.



Lichtenstein

**Raymond S. Niaura, PhD**, Schroeder Institute; Johns Hopkins University Bloomberg School of Public Health; Georgetown University Lombardi Comprehensive Cancer Center

- Co-authored an influential 1996 *Annals of Behavioral Medicine* paper that spelled out a comprehensive managed-care model that uses cost, user motivation and program impact to triage smokers into one of three treatment steps. Other psychologist authors include Abrams, Orleans, James O. Prochaska, PhD, and Wayne Velicer, PhD.



Niaura

**Judith K. Ockene, PhD**, University of Massachusetts Medical School

- Helped move the practice of tobacco control into clinical medicine.

- Held key positions related to tobacco control, including scientific editor of the 25th Anniversary Surgeon General's Report on Smoking and Health, and of the 1990 Surgeon General's Report on Smoking and Health, which examined



Ockene



the benefits of cessation. She also was the behavioral scientist on the independent U.S. Preventive Services Task Force from 2003 to 2008, and on Surgeon General C. Everett Koop's Advisory Committee on Smoking and Health.

- The Department of Health and Human Services used her research on topics including tobacco intervention and cardiovascular disease, physician-delivered smoking interventions, and medical student training on tobacco treatment counseling to develop its tobacco treatment guidelines in 1996, 2000 and 2008.

**C. Tracy Orleans, PhD**, Robert Wood Johnson Foundation

- Developed, evaluated and disseminated evidence-based quit-smoking programs in many venues and with many populations including pregnant women, African Americans, older adults and athletes addicted to smokeless tobacco.

- Helped pioneer links between evidence-based individual-level clinical interventions and population-level interventions, for maximum impact. Developed and led many national research programs related to this topic, including at the Robert Wood Johnson Foundation.

- Documented the limited Medicaid reimbursement for evidence-based cessation counseling, which helped propel dramatic increases in this coverage.

- Modeled the synergistic effects of clinical cessation and broader public health tobacco control policies, which helped make the case for combined clinical and policy-oriented national tobacco control efforts.

**Marina Piciotto, PhD**, Yale University

- Conducted genetic knockout mice studies of the nicotine receptor, showing how nicotine activates the reward centers of the brain and hence leads to its compulsive use. Such research has contributed to the field's understanding of the basic mechanisms of smoking addiction and treatment.

**Terry F. Pechacek, PhD**, Centers for Disease Control and Prevention

- A contributor, peer reviewer, senior scientific reviewer, editor and lead federal scientist on many surgeon general's reports on smoking since 1979, including this year's report. Received the Surgeon General's Medallion in 2006 and other awards from the surgeon general's office for his work on 20 of these reports.



Orleans



Piciotto

- In 1989, helped to establish the American Stop Smoking Intervention Study (ASSIST) at the National Cancer Institute, which funded 17 states and the American Cancer Society to implement this comprehensive tobacco control model. The study reduced the number of adult smokers by 1.2 million, and its findings supported the creation of CDC's National Tobacco Control Program.

- Wrote the CDC's "Best Practices for Comprehensive Tobacco Control Programs" in 1999, updated it in 2007, and testified on its recommendations before legislatures and governor's advisory boards in more than 20 states. His technical advice and the National Tobacco Control Program have guided the implementation of more than \$10 billion in state investments to implement comprehensive tobacco control programs.

- Lead federal scientist in developing most of the common "key facts" used to describe the tobacco epidemic in this country, including smoking-related morbidity and mortality economic costs' methodology, CDC's updated smoking-attributable annual death estimates, the estimated economic costs of smoking, and the projected future death estimates among youth.

**Saul Shiffman, PhD**, University of Pittsburgh

- Conducted one of first systematic studies of nicotine withdrawal, which helped change the view of smoking from that of a bad habit to a physical addiction.

- Contributed 35 years of research to understanding what makes smokers relapse and how they can prevent it.

- Studied pharmacological treatment of smoking, including nicotine replacement therapies. This work influenced treatment policy, helping to shape the current consensus that medication is an essential part of smoking-cessation treatment.

- His work informed the decision to allow nicotine medication to be sold over the counter rather than through a doctor's prescription. The move increased medication use by more than 250 percent, and allowed psychologists to use medication as part of their treatment approach.



Pechacek



Shiffman

— TORI DEANGELIS

# APA effort aims to reduce smoking among minorities

**E**thnic minorities are among those most strongly targeted by the tobacco industry's marketing tactics, according to data from the Centers for Disease Control and Prevention. For example, the industry reaches out to African-Americans with campaigns involving menthol cigarettes, which are especially popular in this group. It also markets cigarettes to Hispanics, American Indians and Alaska Natives with brand names like Rio, Dorado and American Spirit, to name some of its tactics.

To counter such ploys and to help promote health among ethnic minority populations, APA's Health Disparities Initiative, headed by Lula Beatty, PhD, former director of the special populations office at the National Institute on Drug Abuse, is involved in the following efforts:

- **Developing an APA action plan.**

In December 2012, APA hosted a multidisciplinary conference in Washington, D.C., to help APA develop a plan to strengthen, expand and enhance its efforts to prevent and treat tobacco use in health priority populations. The conference resulted in 130 recommendations on education and training; materials, resources and publications; partnerships and collaborations; research; advocacy and policy; and funding and reimbursement. For more on the conference, visit [www.apa.org/topics/health-disparities/tobacco-meeting.aspx](http://www.apa.org/topics/health-disparities/tobacco-meeting.aspx).

- **Creating a mobile app.** With a grant from the Agency for Healthcare Research and Quality, APA is developing an app to help psychologists and other health care practitioners find and implement evidence-based practices to reduce tobacco use among underserved populations. It will include



AndreyPopov/Thinkstock

information on smoking and tobacco use in different demographic groups; links to best practices; and case examples of psychologists who work in smoking prevention and cessation.

A prototype of the app is expected later this year.

- **Building a best-practices network.** APA also is developing a Web-based network of best practices, featuring content similar to that on the app, but with more detailed information on health disparities in smoking and tobacco use.

- **Speaking out to FDA.** In November, APA endorsed a research-based petition to FDA along with 24 other groups calling for a ban on menthol cigarettes because of their potential to lure in new smokers and keep others hooked.

— TORI DeANGELIS





# Are e-cigarettes a game changer?

Electronic cigarette use doubled among adults from 2010 to 2011, and the trend is expected to continue.

What could this new product mean for smokers' health?

BY TORI DeANGELIS

Chinese pharmacist Hon Lik had good reasons for inventing the first commercially viable electronic cigarette. His father died of smoking-related lung cancer, and Hon himself tried unsuccessfully to quit using the nicotine patch. One night in 2003 he dreamed he was drowning in a sea that turned into a cloud of vapor, and awoke inspired to create a safer product based on liquid vapor, rather than combusted smoke. He received a patent for the device in 2007.

Since then, an estimated 250 e-cigarette brands have become available in the United States alone. Use nearly doubled among adults from 2010 to 2011 — from 3.3 percent to 6.2 percent in Web-based surveys, or about 15.5 million people — and more than doubled among minors from 2011 to 2012, according to the Centers for Disease Control and Prevention. Wells Fargo Bank tobacco analyst Bonnie Herzog has predicted that e-cigarette sales will outstrip regular cigarette sales within a decade.

But are e-cigarettes safe? So far, that question remains unanswered. On the individual level, they appear to be much less harmful than traditional cigarettes, and as such, have the potential to serve as a relatively healthy substitute for people who smoke — provided they quit smoking, say tobacco experts, including Johns Hopkins University School of Medicine psychologist Jack Henningfield, PhD, who also is vice president of Pinney Associates, a consulting firm that addresses issues related to the science of tobacco and pharmaceuticals. (In January, the company signed an agreement with Sottera, which manufactures the e-cigarette NJOY, to provide them with scientific, regulatory and policy support to encourage regular adult smokers to adopt these devices as an alternative to combusted tobacco.)

But concerns remain. Among them is a lack of regulation, since there are no specific quality control standards on e-cigarettes, except those that apply to all consumer products. Relatedly, critics are worried about contaminants. And there are questions about e-cigarettes' long-term health effects and the potential dangers of second-hand vapor.

More to the point for psychologists are behavioral concerns and how to minimize them. Studies to date have not shown regular use among non-smokers, but how can researchers and policymakers make sure e-cigarettes won't act as "gateways" to traditional smoking for kids who never smoked before? Or that people won't use them for more nefarious purposes, such as carriers for drugs more potent than nicotine? For these reasons and more, psychologists in the field — most or all of whom are also

public health advocates — are concerned that data on individual behavior may not translate to the population level. In other words, will 10 percent or 90 percent of people use e-cigarettes as a bona fide way to quit smoking? Or will most use them as stopgaps for times when they're not allowed to smoke?

However these questions are answered, one thing is certain: Because of the lack of appeal of nicotine replacement products like gum and patches — they're expensive, available only in pharmacies and often not used as directed — e-cigarettes hold a lot of promise as a new way to help smokers quit or reduce conventional smoking.

"It's the first time in 100 years that we've had a real harm-reduction alternative," says psychologist David Abrams, PhD, of the Schroeder Institute for Tobacco Research and Policy Studies, Johns Hopkins' Bloomberg School of Public Health and the Georgetown University Lombardi Comprehensive Cancer Center, who expands on the topic in a Jan. 8 editorial in the *Journal of the American Medical Association*. "There's every indication that e-cigarettes may be both a safe and appealing way to get your nicotine."

### What are e-cigarettes?

E-cigarettes — also known as ENDS, or electronic nicotine delivery systems — look and act a lot like regular cigarettes. They're plastic or metal rods that can light up at the end and release vapor that looks like smoke when puffed — an action popularly called "vaping." When users inhale, they get a nicotine hit.

Unlike combustible cigarettes, though, they have a battery-operated heating element and cartridge that contains nicotine, water, glycerol, propylene glycol, flavorings, and in some cases, trace amounts of other potentially dangerous ingredients, like metals. Puffing on the device activates the heater, which vaporizes the nicotine solution.

They are believed to be safer than conventional cigarettes largely because they don't deliver toxic elements like tars and carbon monoxide through burning. (While nicotine is addictive, it does not harm adult health at the amount delivered in smoking or vaping.) But it's their design that makes them

Black electronic cigarette (e-cigarette) with e-liquid bottle.



appealing to would-be quitters, says Jean-François Etter, PhD, a public health professor and tobacco researcher at the University of Geneva in Switzerland.

“E-cigarettes provide nicotine, and they also provide flavor, the gesture, the throat hit that smokers want, and the visible vapor — all of these things together explain why the product is so successful.”

That said, the devices have been unregulated at the federal level since their introduction in the United States in 2007, though some states, counties and cities do have standards in place relating to minors. In a 2010 court case, the e-cigarette manufacturer Sottera argued successfully that the products are tobacco products, not therapeutic devices. That means they don't have to undergo painstaking testing by the Food and Drug Administration, or be marketed only as smoking-cessation devices. The FDA is due to announce plans to regulate e-cigarettes as tobacco products in the near future, but until then, anyone can buy them — including minors if they do so over the Internet.

### Studies underway

A number of complex issues make e-cigarettes both an intriguing and a thorny subject to study. One is that many e-cigarette smokers still use traditional cigarettes — called “dual use” by researchers — leaving it unclear whether adding e-cigarettes to their repertoire results in a net gain or loss of health.

“It would be good news if dual use were just a transition period — if people were acclimating themselves to e-cigarettes but, over a period of weeks or months, were transitioning completely to e-cigarettes,” says Tim McAfee, MD, director of the CDC's Office on Smoking and Health. “But we have considerable reason to be concerned this might not be the case for a large number of users.”

Others, like Abrams, counter that because e-cigarettes are clearly different from conventional cigarettes, they may further de-normalize conventional smoking and even speed its demise.

Meanwhile, McAfee and others also are concerned that e-cigarette advertising — which likewise lacks specific regulations, with some ads looking a lot like the seductive cigarette ads of the past — could minimize the substantial gains made in preventing youth tobacco uptake or convince more smokers to become vapers.

“If you watch someone using an e-cigarette in some ads and you didn't know they were using an e-cigarette, you'd think they were smoking,” says McAfee. “We're worried that this kind of imagery may help break down barriers for adolescents.” Other

## Improving the science of regulation

Psychologists are heading several major projects funded by a federal program designed to support tobacco regulatory science, a research area aimed at ensuring that U.S. tobacco regulation is based on the best possible science.

The program was created by a mandate from the 2009 Family Smoking Prevention and Tobacco Control Act in response to an increasingly complex scientific and regulatory landscape of tobacco-related products, including e-cigarettes.

The grants, which total more than \$273 million, were administered in 2013 by the National Institutes of Health through the Tobacco Regulatory Science Program, a collaborative effort between the NIH Office of Disease Prevention and the Food and Drug Administration's Center for Tobacco Products. Fourteen universities and the American Heart Association were each awarded up to \$20 million to establish a Tobacco Center of Regulatory Science, or TCORS.

Each center will conduct up to five years of research that includes at least three integrated research projects, the opportunity for developmental and pilot research, and a training component for junior researchers, says Cathy Backinger, PhD, deputy director of the FDA Center for Tobacco Products' Office of Science.

TCORS locations with psychologists as principal investigators are:

- **The Pennsylvania State University**, led by epidemiologist Joshua Muscat, PhD, and clinical psychologist and tobacco researcher **Jonathan Foulds, PhD**.
- **The University of Pennsylvania**, directed by communication researcher **Robert C. Hornik, PhD**, and psychologist and nicotine dependence researcher **Caryn Lerman, PhD**.
- **University of North Carolina at Chapel Hill**, headed by UNC ecological-community psychologist **Kurt M. Ribisl, PhD**.
- **University of Southern California**, led by psychologist and prevention expert **Mary Ann Pentz, PhD**, and pulmonary physician and epidemiologist Jonathan Samet, MD.
- **University of Vermont**, directed by psychologist and behavioral pharmacologist **Stephen T. Higgins, PhD**.
- **Virginia Commonwealth University**, headed by VCU psychologist **Tom Eissenberg, PhD**, and research psychologist and behavioral pharmacologist **Robert L. Balster, PhD**.
- **Yale University**, led by pharmacologist and toxicologist Suchitra Krishnan-Sarin, PhD, and clinical psychologist and addiction researcher **Stephanie O'Malley, PhD**.

— TORI DEANGELIS

experts think the ads could attract smokers desiring to quit who would otherwise not have been able to stop.

Despite such concerns, research shows some hopeful signs about the products, including findings about their dual use. A 2013 study reported in *Addictive Behaviors* by Etter and Christopher Bullen, MD, PhD, of New Zealand's National Institute for Health Innovation, found that of 477 people they surveyed on e-cigarette and smoking cessation forums, 22 percent of dual users had stopped regular smoking after a month and 46 percent of the remaining sample had quit after a year.

Similarly, the Toolkit Study, a major smoking-cessation study in England, found that the number of people who used e-cigarettes to help them quit regular cigarettes increased 30 percent from 2012 to 2013. And in a study of 650 would-be quitters reported in the Nov. 16, 2013, *Lancet*, Bullen and colleagues found that nicotine-based e-cigarettes were as effective as nicotine patches in helping people stay smoke-free over 13 weeks. They were no less healthy than patches, and participants found them more appealing.

Psychologist Robin J. Mermelstein, PhD, of the University of Illinois at Chicago, is finding that image, too, is a big draw for e-cigarette users between ages 18 and 24 — a prime target for advertisers. In preliminary observations from an ongoing two-year National Cancer Institute study on young adult e-cigarette use, Mermelstein is finding that “young adults

find e-cigarettes intriguing and cool.” They like the chance to become “connoisseurs” by filling the e-cigarettes with hand-selected liquids, for instance, or using distinctive terminology to talk about them.

Such findings help explain why, even though e-cigarettes are not problem-free, they could be considered a viable harm-reduction or quitting option for those who continue to smoke, says psychologist Dorothy Hatsukami, PhD, a tobacco researcher at the University of Minnesota. “Even if they have comparable efficacy [to other quitting methods], there may be more smokers willing to try them,” she says. “If that’s the case, there may be more smokers trying to quit and even succeeding in quitting.”

### Nicotine uptake

Other researchers are looking more closely at the product itself and how users interact with it. In one study, Virginia Commonwealth University (VCU) psychologist Thomas Eissenberg, PhD, and colleagues asked 32 regular smokers who had never smoked e-cigarettes to vape, smoke, or otherwise puff on different products, including two brands of e-cigarettes, a traditional cigarette and an unlit cigarette.

The researchers measured participants’ heart rate, blood nicotine levels and reported symptoms of withdrawal as participants puffed on each product 10 times, waited 90 minutes and puffed 10 times again. They found that neither

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e-cigarette delivered nicotine as effectively as puffing on a lit tobacco cigarette. The devices did, however, suppress withdrawal to some extent, suggesting that cues such as moving one's hand to one's mouth and inhaling and exhaling vapor may be enough to suppress craving and other withdrawal symptoms, Eissenberg notes.

Thanks to these unexpected findings, half of the results were published early, in a 2010 paper in *Tobacco Control*. (Full results can be found in another 2010 paper, in *Cancer Epidemiology, Biomarkers & Prevention*.)

The team then conducted another study published in *Nicotine & Tobacco Research* in January 2013, this time with experienced e-cigarette users. Many in this group received "cigarette-like" doses of nicotine, suggesting they had developed more effective ways of drawing in the vapor — a topic to examine in future studies.

In a newly funded five-year project (see sidebar on page 51), Eissenberg will examine other basic questions related to e-cigarettes, including their toxic effects over the long term and how their use influences cigarette use. He and colleague Robert L. Balster, PhD, will head the new Tobacco Center of Regulatory Science at VCU, one of 14 institutions to receive major federal grants in this area through a joint program of the NIH and FDA.

### **New choices on the shelf**

On the public health level, researchers are using technology-driven methods to capture how the influx of e-cigarettes into the sales environment might influence people's buying habits. They're combining ecological momentary assessment, which prompts people to keep a regular record of their actions with cellphones or other mobile devices, with geographic information system technologies, which provide real-time information on users' geographic locations and link them to street-view photos and other information. The resulting data are used to study users' interaction with the rapidly evolving landscape of e-cigarettes and other non-combustible tobacco products.

The combination promises greater accuracy in understanding the influence of environmental factors on buying or smoking behavior, says psychologist Tom Kirchner, PhD, of the Legacy Foundation's Schroeder Institute, who is leading the development of the new methodology.

Past studies have all been associative, using aggregated data on tobacco use from one source and pairing it with data on nearby tobacco outlets. "This data can be informative," says Kirchner, "but it does not allow study of each individual's point-of-sale experience."

One study found that of 477 people who used both e-cigarettes and traditional cigarettes, 22 percent of dual users had stopped regular smoking after a month and 46 percent of the remaining sample had stopped after a year.

Kirchner and colleagues tested the new method with 475 people attempting to quit smoking, using data on their movements to study contacts with tobacco outlets in real time. Their report in the October 2013 issue of the *American Journal of Preventive Medicine* found that people's contact with point-of-sale outlets was associated with smoking, and that visiting these outlets triggered them to smoke even if their craving was low.

Such data show the method "can identify previously unrecognized patterns of association among individual mobility, the built environment, and behavioral outcomes," Kirchner says. The team is now using the same methodology to study the way the growing availability of e-cigarettes in point-of-sale outlets may affect youth and adult decisions to purchase combustible cigarettes.

The public health imperative indicates why it's important to keep studying e-cigarettes in formats like this, says Johns Hopkins's Henningfield.

"We can't force people to do certain things," Henningfield says. "But we know that we can alter behavior to some degree with communications, regulation and marketing. In this area, like so many others in public health, the outcome will depend very much on behavior at the individual and population levels." ■

*Tori DeAngelis is a writer in Syracuse, N.Y.*



## Unexpected findings

BY JUDY ILLES, PHD, FRSC, AND MATTHEW P. KIRSCHEN, MD, PHD

*How to anticipate — and respond to — unexpected findings in basic and clinical research.*

One of the most resilient debates in science, medicine and ethics surrounds best practices for handling incidental human research findings that may be clinically significant. Whether in imaging, genetic testing, behavioral studies or a combination of modalities of inquiry, at the heart of the debate about these findings are questions about the blurring of boundaries between research and clinical practice and the risk of causing human subjects anxiety when a researcher finds or suspects an abnormality that may be benign or ultimately prove to be a false positive.

Further fueling these discussions are issues about the duty to warn participants about the possibility of an incidental finding in advance of a research study, the extent to which investigators are obligated to look for abnormalities, and how these unanticipated findings should be communicated to participants.

Here we highlight two major categories of challenges with respect to incidental findings that psychologists ought to be thinking about: planning for incidental findings in research and responding to them when they occur. We use neuroimaging and genetics research to situate the discussion.

### Planning for incidental findings

Both empirical and consensus-based attempts in the past to wrangle with the issue of incidental findings in neuroimaging and genetics research have yielded practical recommendations for investigators and clinicians who engage in this type of research. Guidance has created awareness about incidental findings and compelled explicit and transparent consideration of their management during study design, requests for ethics and human subjects approval, the informed consent process and study implementation. This approach is highlighted most recently and significantly in the December report of the Presidential Commission on the Study of Bioethics Issues, “Anticipate and Communicate: Ethical Management of Incidental and Secondary Findings in the Clinical, Research, and Direct-to-



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Consumer Contexts.” The practical details about how to handle incidental findings are largely left up to investigators and local institutional review boards, which have benefited from both writing in the peer-reviewed literature and online reports and materials.

In the domain of brain imaging, and fMRI in particular, one major issue in planning for incidental findings is whether a physician who is qualified to interpret these scans, such as a neuroradiologist or a neurologist, should be a required collaborator on research protocols, and whether he or she should read all MRI scans or only scans on which the investigator detects a suspected anomaly. This has been a hotly debated issue and is an especially complicated question

This installment of “Ethically Speaking” was invited by members of APA’s Committee on Human Research. Send your comments and questions to [researchethics@apa.org](mailto:researchethics@apa.org).

for investigators in psychology departments that have MRI scanning capabilities but are unaffiliated with a medical center where qualified physicians can interpret their scans.

There are several approaches these psychology-based imaging programs can adopt. If the institutional approach is “don’t look, don’t tell,” and this is communicated to participants through an informed consent process, then there is full transparency and the ethical duty to warn is met. However, there remains the nagging possibility that something life-threatening and treatable — such as an arteriovenous malformation or certain tumors — could be missed by this approach. The incidence of medically actionable brain findings is about 2 percent, potentially generating anxiety and guilt among investigators and a false sense of security for participants.

Many have argued, however, and we are generally among this group, that investigators in neuroimaging studies should always have access to physicians qualified to interpret scans. If these physicians are only reviewing scans identified by the investigator as having a suspicious finding, then a new question arises: Should an investigator who is not qualified to clinically read brain MRI scans — such as the PhD investigator, postdoctoral fellow or trainee — review the images to search for possible structural abnormalities in the brain? If the answer is yes, then this approach may put an undue burden on an untrained individual and could create either anxiety over potentially missed findings or a sense of guilt if a missed finding caused preventable harm. Health economics analyses suggest that the answer to this question is unequivocally no, based on the estimated costs that false positives would bring to society. The other approach, then, is to report to a collaborating physician only an anomaly that is indisputably apparent even to the most naive eye, or have qualified physicians formally review all scans.

Assuming that a physician can review either all scans or scans with suspicious findings, should participants be given the opportunity to explicitly opt out of being informed of an incidental finding, irrespective of the type of lesion and its clinical significance? We highlight this possibility even against a backdrop of data from our own work, which has shown that an overwhelming number of participants would want to know about an abnormal brain finding, whether or not it has clinical significance. For moral and ethical guidance on these issues of detection and disclosure of incidental findings, however, there are perhaps as many answers and opinions as people asked.

Beyond testing individuals who are ostensibly healthy, additional challenges around anticipating incidental findings

are raised by studies that involve children and people with mental health disorders or dementia. Risks related to incidental findings in neuroimaging and genetics research with vulnerable populations include, for example, the complexities of informed consent; the heightened susceptibility to anxiety, depression and fear concerning the possible or actual discovery of an abnormality; and justice-related issues, such as re-contacting participants after a study or insurance coverage following the unexpected discovery of clinically significant incidental findings.

Additional concerns pertain to people whose professional duties or activities — such as members of the military, operators of public transportation or competitive athletes — may be affected or delayed by an incidental finding, regardless of its ultimate clinical significance. And, finally, as views on consent, ownership and reporting of findings may differ widely among participants from diverse cultural backgrounds, thinking and planning ahead will ensure the integrity of the research, the protection of participants and the respect for the diverse pools from which they may be drawn.

### **Responding to incidental findings**

Within the domain of functional neuroimaging, most would argue that a suspicious finding should never be reported directly to a participant prior to review of this finding by a physician qualified to clinically read and interpret brain MRI scans, even if only to encourage medical follow-up. Thus, physicians who are qualified to read MRI scans should always confirm a suspicious finding as abnormal before relaying this information to participants. When being informed of an incidental finding, irrespective of its identity and clinical significance, participants will undoubtedly have questions about the finding’s clinical implications, possible interventions and long-term consequences. A qualified physician, such as a neurologist or neurosurgeon, is the preferred person to communicate an abnormal finding to a participant in conjunction with the research investigator, even if the physician does not have a prior therapeutic relationship with the participant. It may be beneficial to have psychologists be in the front line of counseling research participants in whom an incidental finding has been detected, both for life-threatening findings and, maybe more important, for abnormalities of unclear significance, where follow-up imaging and testing are required.

With increasing numbers and applications of neuroimaging and genetics studies, there is a growing mandate to bank data. While the significance of banked data that contain functional

brain activity maps for predicting future neurocognitive performance or neurological disease is unclear, genetic profiles may provide more concrete predictions of disease or the risk of transmitting a condition to future generations. The disclosure of genetic information is also a controversial topic, and new recommendations are emerging. One set from the American

College of Medical Genetics (ACMG) suggests that laboratories and physicians must report the results of at least 56 genes from whole exome sequencing, even the results that are unrelated to a primary inquiry.

Although genetic counselors are the obvious professionals to provide support when unexpected genetic findings are detected and disclosed, they will likely need to partner with psychologists to be able to address anxiety-provoking questions, such as whether people should participate in genetics research, especially when the choice to be told about their genetic profile has been stripped, as the new ACMG guidelines direct. By working with psychologists, genetic counselors, physicians and others will be more equipped to counsel study participants when unanticipated discoveries are made, and they can begin to address such issues as how to time the communication of these findings, the psychological impact on participants and their children, and the personal and psychological implications for third parties.

Advances and sound policy at the interface of biomedicine and psychology hinge not only on good answers to these questions but also on the way that scientists and health providers approach them in thoughtful partnership, with openness and foresight. As we see it, an excellent metaphor to invoke here is: All hands on deck. ■

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*Dr. Matthew P. Kirschen is a pediatric neurologist and fellow in pediatric critical care medicine at The Children's Hospital of Philadelphia.*

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# Enhancing support for research ethics

BY DR. STEVEN J. BRECKLER • APA EXECUTIVE DIRECTOR FOR SCIENCE



The APA Science Directorate supports a vigorous program to promote ethical and responsible conduct of research. The Research Ethics Office provides a wealth of online resources, along with staffing support for APA's Committee on Animal Research and Ethics (CARE) and the Committee on Human Research (CHR).

Basic ethical standards and principles for research are an important part of APA's Ethical Principles of Psychologists and Code of Conduct. Section 8 of the Ethics Code covers research and publication, including such topics as informed consent, deception, humane care and use of animals, plagiarism, publication and data sharing. Additional resources and guidance are provided by the Office of Research Integrity in the U.S. Department of Health and Human Services.

A confluence of events brings renewed focus and attention to research ethics in psychology. Recent cases of data fabrication, efforts to revise the Common Rule (governing protection of human participants in research), and growing demands for data sharing are among the many issues creating pressure for psychology to devote even more attention to research ethics and responsible conduct of research.

The *Monitor* is doing its part through a new regular feature called "Ethically Speaking." In partnership with the Committee on Human Research, a series of brief articles will focus on topics in research ethics. The first article appeared in January, in which James M. DuBois, DSC, PhD, used fictional scenarios of plagiarism and data fabrication to explore cases of research misconduct. The lesson shared by DuBois is that although society tolerates the bending of social rules of conduct, it expects far stricter adherence to rules of proper research conduct.

In this month's installment of "Ethically Speaking" on page 54, Judy Illes, PhD, and Matthew P. Kirschen, MD, PhD, draw from neuroimaging and genetics research to highlight complex issues associated with incidental findings. Numerous ethical challenges occur in this area, where it is clear that successful resolution demands partnerships that extend beyond the psychologist's research laboratory. Future articles in this series will focus on team science, the use of digital technologies in research, and cognitive capacity to consent to participation in research. These are all topics with which researchers need to be

familiar and for which ethical guidance is not always readily available.

The landscape of research ethics appears to be broadening and growing in complexity. This raises the question of whether we are doing enough to educate ourselves and to train our students in the responsible conduct of research. In a crowded curriculum, these issues often get squeezed into courses on research methods or as addenda to content courses. Training in research psychology should carry demonstrated competence in research ethics.

One challenge in this regard is the diversity of topics that fall within the rubric of research ethics. APA's own committee structure reflects some of that diversity, with separate committees to deal with animal research ethics (CARE) and human research ethics (CHR). As good disciplinary citizens, we all bear some responsibility for understanding the ethical issues across the field. Some of those are truly transdisciplinary, such as data sharing and data fabrication. It is easy to imagine how a broad research training curriculum for psychology would cover these issues.

Other topics in research ethics may apply idiosyncratically to subareas within psychology, where the relevance of ethical issues across the field may not always be appreciated. The obvious example is human research versus animal research, each of which carries almost independent sets of ethical challenges and bureaucratic oversight. Yet, as a discipline, even these seemingly separate subareas share deep goals. And increasingly, these areas come together in team-based efforts to address those shared goals.

The methods of psychology bring with them a rich array of ethical challenges. The preamble to APA's own Ethics Code asserts that "psychologists' work-related conduct requires a personal commitment and lifelong effort to act ethically." This is an important value for us and for our discipline. ■



# Having a baby?

Clinicians offer tips for expecting psychologists on how to manage the effects of pregnancy and new parenthood.

BY AMY NOVOTNEY



Fourteen years ago when clinical psychologist Lynn Bufka, PhD, was pregnant with her son, she used her near-daily morning sickness to connect with several clients who were dealing with severe social anxiety and fear of having a panic attack in a public setting and vomiting.

“I would put the trash can in between the two of us during the session and tell them, ‘I’m throwing up all the time right now’ and it winds up not being a big deal,” recalls Bufka, now assistant executive director for practice research and policy in APA’s Practice Directorate.

“They were sort of taken aback at first, but it was the reality of my life at the time,” she says.

While Bufka never actually lost her lunch with a client in the room, she did often munch on snacks in front of patients — something she’d never do outside of her pregnant state — when it was the only way to keep her nausea at bay.

The passage into and through pregnancy and new parenthood affects all aspects of a clinician’s life, including her work with patients. No matter the therapist’s theoretical orientation, she is faced with making decisions that aren’t usually addressed in training or psychotherapy literature, such as the delicate task of communicating with clients about an impending maternity leave and managing a pregnancy’s effect on the therapeutic alliance.

Bufka and others who have practiced through pregnancy offer this advice:

• **Set boundaries.** For many early career psychologists, pregnancy and new parenthood are the first time your career may need to take a backseat to your personal life — or at least get less of your attention. That’s important for your new family’s sake, suggest the results of a longitudinal study with 126 practicing psychologists. It found that the more hours a psychologist worked and the greater his or her emotional exhaustion, the poorer his or her family functioning (*Professional Psychology: Research and Practice*, October).

“Dealing with the complete exhaustion of the first trimester

was really the beginning of my realizing that my work–life balance was already starting to shift,” says Houston clinical psychologist Kay Hurlock Brumbaugh, PsyD, who had her first baby last March. “While maybe a couple of years ago I could be go-go-go — preparing presentations, working with clients, starting a new group therapy — I realized that might no longer be the case as this new chapter began in my life.”

The months before a new baby arrives might be a good time to set stricter client rescheduling and late arrival policies, if you don’t already have them in place. And as preparing the nursery and researching child-care options begin to take up more of

your time, energy and mental capacity, do your best to set up a mental divide between home and work life as well, to help you stay focused on the task at hand, says Joshua Knox, PhD, a psychologist in the University of Houston’s counseling and psychological services department. Before his daughter was born, he’d been providing intensive therapy for people with personality disorders.

“When we were expecting our daughter, my wife and I would often have a weekend all about buying baby gear, getting excited about our daughter’s arrival,

and it was really jarring to switch my mindset on Monday to then go into the clinic and work with people who had tough childhoods, and tough relationships with their parents,” Knox says.

• **Remember that one size doesn’t fit all.** Just as there’s no one way to provide treatment to every client, there’s also no one way to handle when and how to share your news with every client, says clinical psychologist April Fallon, PhD, co-author of the 2003 book “Awaiting the Therapist’s Baby.”

“It’s very much an individual experience,” Fallon says. “On the one end, you have the more analytic type of therapy ... where not much at all is shared, maybe only that you’re pregnant or that you had a baby boy or girl and the rest is left up to helping the patient deal with it, whereas psychologists in more supportive therapy roles may be willing to share more.”

“For most patients, a therapist’s pregnancy is not going to be a big deal. But it’s important for clinicians to be sensitive to the fact that for some patients this *will* be a big deal, and to think through how best to handle things with them.”

LYNN BUFKA, PHD  
APA’s Practice Directorate

Before telling any clients you're expecting, it's important to think about where they are therapeutically in the relationship, as well as what their own experiences have been. For example, clients with a history of miscarriages or infertility may experience renewed feelings of loss as the therapist's belly continues to grow. Patients dealing with jealousy or rejection may view an anticipated maternity leave as abandonment.

"For most patients, a therapist's pregnancy is not going to be a big deal," Bufka says. "But it's important for clinicians to be sensitive to the fact that for some patients this *will* be a big deal, and to think through how best to handle things with them."

• **Be flexible.** Clinicians should also be accommodating when it comes to allowing clients to change their minds about their interim treatment plan several times as the clinician's due date approaches, says Heather Loffredo, PsyD, a clinical child psychologist in Silver Spring, Md., who had her second child in December.

"Some clients think they don't want to see anyone else [while you're on leave] and that they'll be OK managing without you for a while, but then as you get closer to the baby's due date, they either experience some anxiety around that or they hit a nice stride in therapy and they want to maintain it, so you really have to be flexible with your plan."

• **Reach out.** Get support from colleagues who have had children while in practice. Their advice can be particularly helpful if you have concerns about a client's reaction or behavior related to your pregnancy, Fallon says.

Also, early in your pregnancy, introduce your clients to the therapist who will be covering for you to help facilitate smooth continuity of care. This may be especially important if you need to leave your practice earlier than expected due to enforced bed rest, a premature birth or other complications.

If a client plans to just take a break from therapy while you're out, you may want to contact other professionals with whom the client may already have a rapport, rather than transferring to another clinician. "If a client already has a relationship with a school counselor or a psychiatrist or past therapist," Loffredo says, "ask if that person would be willing to check in with the client during your absence. That creates less of a loss for the client, but it definitely also takes more individualized planning."

• **Build in nap time.** Hormonal surges can leave pregnant women tired and — as Bufka experienced — nauseated for much of the day. Pay attention to your own needs and adjust your work environment, Fallon says. Adjust your client schedule to incorporate stretch breaks and snack times, and bring in pillows and a footstool to create a more comfortable and ergonomically supportive office space.

"If you can, build in the ability to take a nap during the day, and try not to see so many people late into the evening," Fallon says.

• **Make it a learning experience.** In many ways, your pregnancy and transition into maternity leave can be a great way to support a client's therapy, Bufka says.

"If the person is anxious about change, this is going to be a change," she says. "Use the experience to talk with clients about their plan, and help them see it as a chance to practice the skills and cognitive flexibility you've been working on in session."

• **Ease back in.** Loffredo recommends that therapists stop taking new clients a couple of months before their due date so that they don't feel inundated when they return from maternity leave. When they do come back, they should gradually build their client base back up as they adjust to the new lifestyle and the sleep deprivation that often comes with having an infant at home. Some therapists — for financial or other reasons — move quickly back into full-time work, while others keep their schedules lighter for a few months, or even a few years, to allow for more time at home with the baby.

Before you resume work, leave the baby under someone else's care and go into the office for a few hours to plan for your return, Fallon says. It's a good time to see what it feels like to be away from the baby, to check mail and email, and to evaluate your office's accommodations for pumping breast milk if you plan to do this once you return to work.

"Your brain is in a very different place than it was before you had the baby, and a lot of women describe this sense of their brain's just being mushy and not being able to think clearly about a lot of the issues that you need to think about as a clinician," Fallon says. "Doing one or two dry runs before you actually go back can really help smooth the transition back to work."

• **Forgive yourself.** As an expectant or new parent, it's important to give yourself a break every so often. You might feel stressed about whether you'll be able to keep your milk supply going once you return to work, for example, but don't beat yourself up over it, says Norma Ngo, PsyD, director of counseling and psychological services at the University of Houston.

"We perceive a lot of expectations placed on us as women, and some days may be better than others," Ngo says. "This is not a reflection of who you are as a mom or who you are as a professional." ■

*Amy Novotney is a writer in Chicago.*

### Further reading

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# An all-out anti-bullying focus

A psychologist-run center at the University at Buffalo is dedicated to helping educators and parents understand the lifelong consequences of bullying — and how they can prevent it.

BY AMY NOVOTNEY

**F**orget zero tolerance policies or one-day awareness events. A series of studies points to limited evidence that they actually curb bullying behaviors among children and teens.

Instead, schools and communities really need to implement intensive, long-lasting programs that are regularly assessed and monitored — and also train parents, says Amanda Nickerson, PhD, a professor of counseling, school and educational psychology at the University at Buffalo, State University of New York. A 2011 meta-analysis conducted by Maria Ttofi, PhD, found that school-based interventions that met the above criteria helped decrease bullying by 20 percent to 23 percent, and victimization by nearly 20 percent, on average (*Journal of Experimental Criminology*).

Since 2011, Nickerson has directed the Alberti Center for Bullying Abuse Prevention, which seeks to reduce bullying by developing effective tools to change the language, attitudes and behaviors of educators, parents, students and society.

The center — the only one of its kind nationwide — was established in 2010 thanks to a gift from University at Buffalo Graduate School of Education alumna psychologist Jean M.

Alberti, PhD, who was disturbed that many educators viewed bullying as “normal, kids-will-be-kids behavior.”

“If an adult exhibited these bullying behaviors to a child, we’d call it child abuse,” Alberti says. “Why do we allow children to do it to other children? We teach children to be kind and compassionate rather than self-centered, and we teach them to wait their turn rather than allowing them to push their way to be first all their lives. We need to teach them in this same way to not bully each other.”

Since its launch, the center has conducted research; developed presentations, fact sheets and anti-bullying toolkits

the types of programs or interventions schools were already using to deal with and/or prevent bullying, Nickerson says.

“We found out that many of the most common strategies were very reactive in nature — disciplinary consequences for the bully, talking to the bully and the victim, notifying parents,” she says. “There didn’t seem to be much of an overall prevention angle to it, or much focus on systematic parent and school staff training on bullying.”

To enhance those efforts, Nickerson and her staff developed a clearinghouse of evidence-based information about bullying. Because bullying has become much more newsworthy since

“This is the first center on bullying that has concentrated on outreach while also serving as a gatekeeper for good science and weeding out non-evidence-based work. That’s important because as the area of bullying has gained interest, we’ve been moving away from the science with the pressure for quick fixes.”

**DOROTHY ESPELAGE, PHD**

University of Illinois, Urbana-Champaign

for students, parents and educators; and hosted conferences and colloquia for researchers, educators and community agency professionals. While the center does not offer a specific degree, its 10 faculty affiliates — who represent diverse fields of psychology, including school, counseling, clinical, educational and developmental — conduct research and teach courses relevant to aggression, human behavior in multiple contexts and intervention in schools.

Most important, its work has focused on staying true to the science around bullying abuse prevention, says Dorothy Espelage, PhD, educational psychologist at the University of Illinois, Urbana-Champaign, and a member of the center’s advisory council.

“This is the first center on bullying that has concentrated on outreach while also serving as a gatekeeper for good science and weeding out non-evidence-based work,” she says. “That’s important because as the area of bullying has gained interest, we’ve been moving away from the science with the pressure for quick fixes.”

### **Providing guidance**

One of the center’s first projects was an assessment to pinpoint

the 1999 Columbine shooting and the rash of “bullycidies,” as the phenomenon of bullying-related suicide is being labeled, many laypeople are speaking on the topic, often propagating misinformation, Nickerson says.

“For example, when I hear people call bullying an epidemic and say that almost every child is bullied and no one can escape from it, I think they’re really just talking about people being mean or someone insulting you, which is not the same as bullying,” she says.

The center defines bullying as a form of aggressive behavior characterized by intent to harm, repeated occurrence and an imbalance of power between the bully and the victim. Among its most popular resources are research-based presentations, toolkits and fact sheets that schools, teachers, mental health professionals, parents and students can use to better understand bullying. The center’s presentations also comprise data on bullying’s prevalence among children and teens, why it happens, who is most likely to bully, who are most likely to be victims, and how parents and teachers can prevent such abuse.

The center’s website also offers a guide to school-wide bullying prevention programs, reviewing the evidence base

for nine popular programs and offering guidance on how to review and select one.

Nickerson says that at first, she was reluctant to pull together a list of programs because she didn't want people to think that "simply implementing a program is going to solve this problem — we know from the research that it's not."

Instead, she says, school administrators must collect data about the nature and extent of bullying in the school and then develop and implement a whole-school anti-bullying policy that emphasizes personal, social and conflict resolution skill development. Effective bullying prevention efforts also integrate bullying awareness into the class curriculum and increase supervision or restructure "hot spots" such as the school cafeteria, where bullying is most likely to occur, and reach beyond the school to include parents.

However, she says, "There are some programs that certainly have more evidence than others, and we want people to know about them."

### Research guiding practice

The center is also conducting an array of research on bullying. Nickerson, for example, is studying the role of empathy in a witness's choice as to whether or not to intervene in a bullying situation and the process involved in helping others in this way.

Another faculty affiliate — Jamie Ostrov, PhD — is examining what aggression looks like in early childhood and was featured on *Sesame Street*, in a segment that showed him providing Big Bird with some skills that he could use if he was being bullied by someone.

Other research by faculty affiliate Jennifer Livingston, PhD, examines how teenage girls define — and often downplay — sexual harassment. Livingston and Nickerson are also engaged in a five-year study, funded by the National Institute on Alcohol Abuse and Alcoholism, to examine the immediate and long-term consequences of bullying. And Darren Treadway, PhD, a faculty affiliate from the University at Buffalo's School of Management, has investigated how bullies in the workplace are evaluated by their supervisors.

This ongoing research is an important aspect in better understanding the lifelong effects of bullying, says Alberti, and one of the main reasons she helped establish the center.

"As a clinical practitioner, I have had clients who have been victims of bullying when they were younger, and it's had incredibly negative repercussions, including depression and an inability to form and maintain relationships later in life," Alberti says. "It's just heartbreaking for me to see and hear about." ■

Amy Novotney is a writer in Chicago.



Credit: © 2014 University at Buffalo

Dr. Amanda Nickerson directs the Alberti Center for Bullying Abuse Prevention at the University at Buffalo, State University of New York.

### Further reading, resources

- Alberti Center for Bullying Abuse Prevention: <http://gse.buffalo.edu/alberticenter>.
- Hazler R. J., Carney J. V. Critical characteristics of effective bullying prevention programs. In: Jimerson S. R., Nickerson A. B., Mayer M. J., Furlong M., eds. *Handbook of school violence and school safety: International research and practice*. 2nd ed. New York, NY:Routledge; 2012:357–368.
- Swearer S. M., Espelage D. L., Napolitano S.A. *Bullying prevention & intervention: Realistic strategies for schools*. New York, NY: Guilford Press; 2009.
- Ttofi M. M., Farrington D. P., Effectiveness of school-based programs to reduce bullying: A systematic and meta-analytic review. *Journal of Experimental Criminology*. 7(1):27–56.

# Improving the health of low income populations

BY DR. GWENDOLYN PURYEAR KEITA • APA EXECUTIVE DIRECTOR FOR THE PUBLIC INTEREST



As national attention turns increasingly toward the growing financial divide between the rich and the poor, APA's Public Interest Directorate continues its efforts to better understand and reduce socioeconomic health disparities. Identifying the causes of and ways to reduce health disparities is a major APA strategic initiative housed within the directorate.

Evidence has shown the critical role of socioeconomic factors in understanding health disparities. For example, low socioeconomic status is linked to such negative health outcomes as low birth weight, diabetes, depression, life expectancy, heart attacks and lower self-rated health.

APA's Public Interest Office on Socioeconomic Status explores the intersection between health disparities and poverty in its latest annotated bibliography series, *Examining the Complexities Between Health Disparities and Poverty*. This compilation uses a psychosocial framework with a social justice lens in its exploration of physical and psychological factors to include social and environmental forces that shape health.

Socioeconomic status and race and ethnicity are very much intertwined, and both must be considered if we are to fully understand health disparities. We know that higher proportions of blacks and Hispanics are poor and more likely than their white counterparts to live in neighborhoods with higher concentrations of poverty, even when family incomes are similar. Americans who are socioeconomically disadvantaged, ethnic-minority or have little formal education experience significantly worse health outcomes than those who are white, more affluent or better educated.

A 2013 report from the Robert Wood Johnson Foundation, *Overcoming Obstacles to Health*, describes the association between socioeconomic status and health status. For example, the authors found that 25-year-old college graduates can expect to live eight to nine years longer than those who have not completed high school, and two to four years longer than those who have attended but not graduated from college. They also found that life expectancy gaps are even greater when race and education are considered. Between 2008 and 2010, white college graduates could expect to live 10 to 14 years longer than blacks who had not finished high school.

Failure to address socioeconomic factors continues to be a

major barrier to improving health outcomes for underserved, poorer populations. Poor people face multiple barriers to good health, in addition to those related to access. These include chronic stress, unsafe housing, crime and violence, poor schools, inadequate transportation, limited availability of healthy food choices, and inadequate places to play and exercise. I should note that one of the APA Health Disparities Initiative working groups is Stress and Health Disparities.

Poor people face multiple barriers to good health, in addition to those related to access. These include chronic stress, unsafe housing, crime and violence, poor schools, inadequate transportation, limited availability of healthy food choices, and inadequate places to play and exercise.

Psychology has a long history of commitment to underserved populations, and psychologists are recognized for competencies and leadership in research and practice in the health arena. Therefore, we have a substantial role to play in the work that must be done to reduce poverty and socioeconomic health disparities. Through our committees, offices and initiatives, the Public Interest Directorate is working with psychologists in doing just that. ■

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# Fascinated by people, on and off the page



# Understanding human motivation drives these psychologist-novelists.

BY LEA WINERMAN • *Monitor* staff

**A**s a psychotherapist, Jacqueline Sheehan, PhD, found that she first had to learn some key facts about new clients before she could help them: “Who are they? What hurdles have they come up against that led them to my office? What’s their baseline [emotional state] on a good day?”

As a novelist, Sheehan asks those same questions — about her characters. “I get at the same thing differently now,” she says.

For Sheehan and the other three writers below — Keith Oatley, PhD, Maryka Biaggio, PhD, and Shira Nayman, PsyD — a keen interest in people led to their dual careers as novelists and psychologists. Below, they talk about the process of writing, their work, and why delving into a character’s emotional life is not so different from working with a patient in therapy.

## Healing through literature

Sheehan first learned about the healing power of literature at age 9, when her father died. At the time, she says, people didn’t know how to help children process grief. Left to her own devices, she discovered the stories of Edgar Allan Poe.

“[Poe] understood grief, he just completely got it,” says Sheehan. “So that made this early imprint on me, that writing and literature can help you process emotions and feelings. That really stayed with me.”

The threads of psychology and writing have wound their way through her life ever since. In her 20s, Sheehan worked as a freelance journalist, but after she had a child, she decided to try a more stable field. She earned a doctorate in psychology at New Mexico State University and worked at counseling centers at California State University, Chico, and Westfield University in Westfield, Mass.

She loved the work. “I felt like I had found my tribe” among psychologists, she says. But the writing bug never left her. In 2003, she published a novel based on the life of Sojourner Truth, the African-American woman born into slavery in the 18th century who became an abolitionist and women’s rights





activist. The book, “The Comet’s Tale: A Novel about Sojourner Truth,” was a critical but not a commercial success.

When her second novel, “Lost & Found,” was published in 2007, it made *The New York Times* best-seller list. Her success has allowed Sheehan to write full time, after many years of balancing writing with counseling center jobs and then with a part-time private psychotherapy practice.

But she hasn’t left psychology behind entirely.

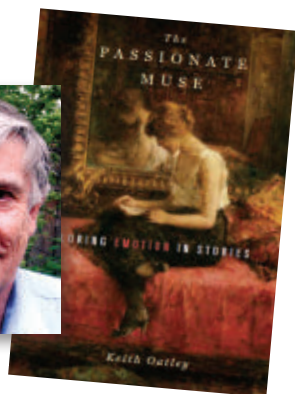
In “Lost & Found” and its sequel, Sheehan draws directly on her psychology training. The main character is a psychologist named Rocky who leaves her job at a college counseling center and moves to small-town Maine after her husband’s death. Another character is a teen girl who battles anorexia. “Almost everything I learned about that I learned from the patients sitting in front of me,” Sheehan says.

### Insights into human behaviors

In his laboratory at the University of Toronto, professor emeritus of cognitive psychology Keith Oatley, PhD, has found that reading fiction can be more than just a frivolous pleasure — it may actually affect readers’ personalities, increasing their empathy and social skills. In one 2006 study, for example, he and colleagues found that people who read more fiction are better able than non-readers to accurately guess another person’s emotional state from a photo, and are also better able to grasp what’s going on in a 15-second video clip of a social interaction.

Such findings make sense, Oatley says, since fiction is really about “selves in the social world.” Just as reading non-fiction books on genetics or astronomy teaches a person about those subjects, reading fiction gives readers insights into why people act the way they do, by delving into characters’ emotions and motivations in all sorts of situations.

Oatley’s interest in fiction is more than academic. In addition to his scholarly work, he’s published three novels. The first, “The Case of Emily V.,” imagines what would have happened if Sigmund Freud and Sherlock Holmes had both worked on a case in which a young woman’s psychoanalysis and a real-life murder intersect. The novel won the 1994 Commonwealth Writers Prize for best first novel. A second novel, “A Natural History,” is set in the mid-19th century and follows a physician trying to solve the mystery of cholera. His most recent novel, “Therefore Choose,” published in 2010, is about a love triangle among three friends in Germany and



England on the eve of World War II.

Until his retirement a few years ago, Oatley mainly worked on his novels during summer breaks. “I’ve found that the bits of my mind that were involved in teaching turned out to be the same ones involved in writing, so I just got into a muddle. I’ve only been able to do these things in lumps.”

Now officially retired, he continues to work on both his research and his novel writing. He also runs an online magazine on the psychology of fiction called *OnFiction*. His favorite metaphor, he says, is to think of novels as a kind of “flight simulator.”

“Ninety-nine percent of the time, if you’re flying a real plane, nothing extraordinary happens. So if you’re learning to fly, you’ll probably spend some time in a flight simulator [to practice and learn about situations that haven’t happened to you in the real world]. Fiction is the mind’s flight simulator.”

### Making time for her passion

Maryka Biaggio, PhD, works on her novels every Monday through Friday morning — and some weekends, too. She devotes the rest of her workweek to her consulting business, helping shepherd psychology doctoral and internship programs through the accreditation process.

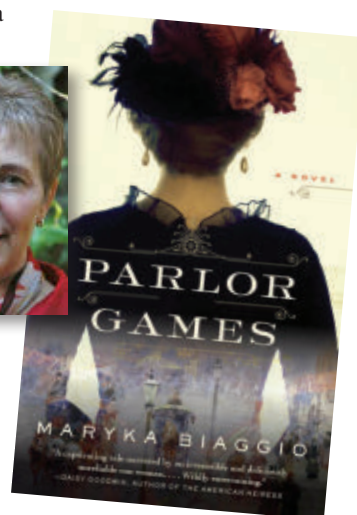
Her disciplined schedule has paid off. Last year, Biaggio published her first novel, “Parlor Games,” a work of historical fiction based on the real life of a turn-of-the-century con artist and extortionist named May Dugas.

Success came after more than a decade. “It turned out that writing a novel was much harder than I thought it would be,” she says. “‘Parlor Games’ is the fourth one I’ve written. It took three for me to learn how to do it.”

Biaggio spent nearly three decades as a clinical psychology professor and academic administrator at the University of Idaho, Indiana State University and Pacific University in Oregon. She left academia in 2004 to start her consulting business. The move also gave her time to focus on writing — a passion since her undergraduate literature studies.

Her novels draw on her psychological training, she says, particularly because she works in historical fiction and bases her characters on real people.

“‘Parlor Games’ is told in the first person,” she says. “So I had to work to get under the skin of this person. It’s really the ultimate in empathy.”



*“What it boils down to, in psychology and marketing and writing, is that you don’t want to lose the important detail. You have to wrap your arms around the richness that presents itself to you, and then you have to find what’s salient, and then reveal the essence.”*

SHIRA NAYMAN, PSYD

Now, she’s working on a new novel based on the life of Barbara Follett, a child prodigy born in 1914 who published two novels by age 14. But Follett’s life unraveled after her parents divorced and she was unable to publish any work during the Depression years. She disappeared at age 25, after a fight with her husband, and was never seen again.

Writing historical fiction raises unique concerns, Biaggio says. Writers cannot be sued for writing about deceased historical figures, but at the same time, she says, “you don’t want to offend their families by misinterpretation or exploitation.” Biaggio makes a point to seek out and talk to descendants of her characters, and she says that May Dugas’s granddaughter — who didn’t know Dugas herself — has read “Parlor Games” and found it amusing, viewing it as Biaggio’s interpretation of the people and events involved.

For now, Biaggio plans to continue both her novel writing and consulting. “I really enjoy both, and I foresee doing both for some time to come.”

### Revealing ‘the essence’

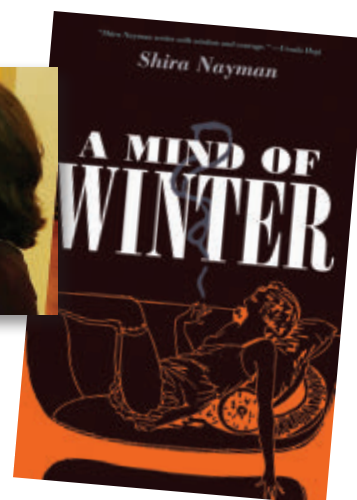
From the outside, Shira Nayman, PsyD, says that her career looks like it’s taken a meandering path. After earning a doctorate in psychology from Rutgers University, she spent several years doing postdoctoral work at a New York mental health facility. Then she earned a master’s degree in literature at Columbia University. Knowing she “had to make a living,” Nayman found her way to a career in brand management, where for 20 years she has used her psychology background to help politicians and Fortune 500 companies shape their messages.

Along the way, she also became a successful novelist. Since 2006, she’s published two novels and a collection of short stories, and has earned praise in publications including *The New York Times* and *Library Journal*.

But to Nayman, her career “feels coherent because it’s all coming from within me,” she says. “Being a writer and a psychologist comes from the same place — I’m interested in the human experience.”

Nayman’s first book, a collection of short stories called “Awake in the Dark,” was published in 2006. It focuses on the experiences of the children of

Holocaust survivors. The inspiration was personal: Nayman grew up in the 1960s in a tightly knit Jewish community in Melbourne, Australia. “Everyone I knew, their parents had numbers tattooed on their arms,” she says. “I think in general many people who are drawn to psychology are in touch with human suffering, as is true with artists and writers.”



Her second book, “The Listener,” published in 2010, focuses on the relationship between a psychiatrist and his patient, a World War II veteran, at a New York asylum in the years following the war. A third, “A Mind of Winter,” a psychological thriller set in New York, Shanghai and London also in the years after World War II, was published in 2012.

Her different careers require different skills, Nayman says.

“When I’m doing the marketing stuff, it’s all very cognitive and analytic. But when I’m writing, my analytic side is shut down. The story feels like it’s coming at me, I’m not writing it so much as getting it down.”

But the essence of her work, she says, remains the same. “What it boils down to, in psychology and marketing and writing, is that you don’t want to lose the important detail. You have to wrap your arms around the richness that presents itself to you, and then you have to find what’s salient, and then reveal the essence.” ■

### New editor for general psychology journal

**Gerianne M. Alexander, PhD**, is taking over from Douglas Candland, PhD, as editor of the *Review of General Psychology*, the journal of APA's Div. 1 (Society for General Psychology).

Alexander is a professor of psychology at Texas A&M University, where she studies the development of human sex differences in social and cognitive behavior, hormonal influences across the life span, and reproductive endocrinology and behavior.

The journal focuses on theoretical, conceptual or methodological articles that transcend the traditional subdisciplines of psychology.

"The journal will continue to advance psychological theory and methodology by publishing manuscripts that adopt interdisciplinary and novel transdisciplinary perspectives," says Alexander.

Manuscripts may be submitted through the journal's submission portal at [www.apa.org/pubs/journals/grp](http://www.apa.org/pubs/journals/grp).



### Consulting Psychology welcomes Kaiser

**Robert B. Kaiser** became the new editor of *Consulting Psychology Journal: Practice and Research* in January. Kaiser is founder of Kaiser Leadership Solutions, of Greensboro, N.C., which creates and distributes tools for leadership assessment and development. He will replace Rodney Lowman, PhD.



The quarterly journal, which focuses on advancing knowledge and practice in all areas of consulting psychology, is a publication of APA's Div. 13 (Society of Consulting Psychology).

As editor, Kaiser seeks a balance between empirical research and application models to reflect a science-practitioner focus.

"We are encouraging more empirical papers — not just quantitative, statistical analyses, but rich, qualitative analyses as well," he says. "We also are soliciting well-regarded researchers who work in areas related to consulting psychology to submit papers that sum up the key implications for practice from their programs of research." The journal will also be providing support for consultants to write up and submit articles based on their practical experience delivering psychological interventions to improve organizational performance. More information on this support is provided at <http://www.apa.org/>

[pubs/journals/cpb/development-editor.aspx](http://pubs/journals/cpb/development-editor.aspx).

Manuscripts may be submitted through the journal's submission portal at [www.apa.org/pubs/journals/cpb](http://www.apa.org/pubs/journals/cpb).

### New journal on sexual orientation launches in March

A new APA journal, *Psychology of Sexual Orientation and Gender Diversity*, will debut in March. The journal is dedicated to research on sexual orientation and gender diversity and their impact on practice, education, public policy and social action. The publication is the first official journal of APA's Div. 44 (Society for the Psychological Study of Lesbian, Gay, Bisexual and Transgender Issues).

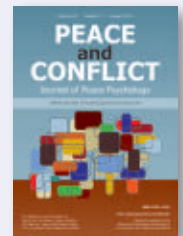


"It is my hope that the journal will not only provide an outlet for scholars and researchers in this area, but that it will also encourage scholarly growth and diversification and set a high standard for psychological science and critical thinking in this area," says John Gonsiorek, PhD, ABPP, who is the founding editor. He is an expert on professional misconduct and impaired professionals, sexual orientation and identity, and professional ethics.

Manuscripts may be submitted through the journal's submission portal at [www.apa.org/pubs/journals/sgd](http://www.apa.org/pubs/journals/sgd).

### Peace and Conflict welcomes new editor

**Fathali Moghaddam, PhD**, a professor of psychology at Georgetown University who studies intergroup relations and conflict, is the new editor of *Peace and Conflict: Journal of Peace Psychology*, taking over from Susan Opatow, PhD. The journal is a publication of Div. 48 (Society for the Study of Peace, Conflict, and Violence: Peace Psychology).



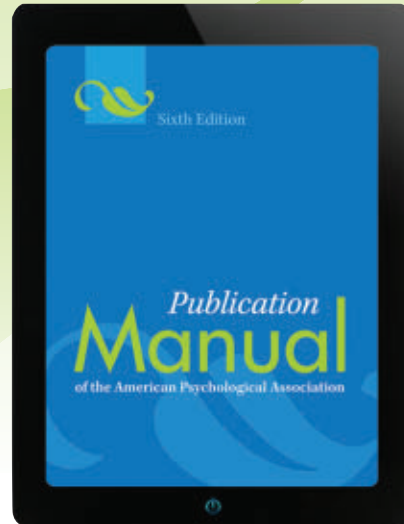
*Peace and Conflict* welcomes scholarly manuscripts that examine peace, conflict, and their interaction at all levels of analysis, from interpersonal to community, regional, national and international issues.

During his term, Moghaddam says he hopes to expand the journal's global coverage, add a section that includes brief reports and replace traditional single-book reviews with critical essays that analyze several books on the same theme.

Manuscripts may be submitted through the journal's submission portal at [www.apa.org/pubs/journals/pac](http://www.apa.org/pubs/journals/pac).

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## Chen to edit *Journal of Applied Psychology*

**Gilad Chen, PhD**, a professor of organizational behavior at the University of Maryland, College Park, is the new editor of the *Journal of Applied Psychology*.

The journal publishes research on people's work experience, including such issues as team conflict, leadership, work-family balance and personnel selection.

Chen says he views the journal as "a bridge between the psychological and the organizational sciences." To strengthen that bridge, he plans to feature more articles that apply research from such areas as cognitive neuroscience, social psychology and developmental psychology to enhancing workplace experiences and practices.

Chen also plans to expand the journal's international reach. He will recruit international scholars to the journal's editorial board and encourage more papers from international researchers on what works in the workplace. "The context of work has continuously become more global," he says. "To understand what individuals go through when they work and develop their careers, you need to think about it in a global mindset."

Manuscripts may be submitted through the journal's submission portal at [www.apa.org/pubs/journals/apl](http://www.apa.org/pubs/journals/apl).

## Sexton is new editor for couple and family psychology journal

**Thomas L. Sexton, PhD**, is replacing **Mark Stanton, PhD**, as editor of *Couple and Family Psychology: Research and Practice*.

Sexton is director of the Center for Adolescent and Family Studies and a professor of psychology at Indiana University-Bloomington.

The journal publishes peer-reviewed papers representing the science and practice of family psychology and is the publication of Div. 43 (Society for Family Psychology). *CFP* serves as a forum for scholarly dialogue regarding the most important emerging issues in the field, a primary outlet for research particularly as it impacts practice and for papers regarding education, public policy and the identity of the profession of family psychology.

Manuscripts may be submitted through the journal's submission portal at [www.editorialmanager.com/cfp](http://www.editorialmanager.com/cfp).

— ROBIN TRICOLES

The *Publication Manual of the American Psychological Association*®, Sixth Edition, provides invaluable guidance on all aspects of the writing process, from the ethics of authorship to the word choice that best reduces bias in language. Well-known for its authoritative and easy-to-use reference and citation system, the *Publication Manual* also offers guidance on choosing the headings, tables, figures, and tone that will result in strong, simple, and elegant scientific communication. 2010. 272 pages.

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### **Div. 13 launches communications initiative**

Div. 13 (Society of Consulting Psychology) welcomes input and volunteers for its new communications initiative, launched in January as a way to keep pace with today's communication trends and to identify ways to enhance its communication with members and the public. Adam Feiner, PsyD, MBA, is the communications coordinator for the initiative, and clinical psychology doctoral candidate Alok Sawhney will manage the division's social media presence and listserv. To volunteer to help or share ideas, contact Feiner at [ajfeiner@gmail.com](mailto:ajfeiner@gmail.com) or via the division's new Society of Consulting Psychology LinkedIn Group.

### **Save the date for educational psychology conference**

The first Div. 15 (Educational) Advances in Educational Psychology conference, set for Oct. 24–

25, will offer a mix of plenary and working sessions, small group discussions and poster sessions. For details and registration information, go to [www.apadiv15.org](http://www.apadiv15.org). Direct questions to Wade George at [wade.george@apadiv15.org](mailto:wade.george@apadiv15.org).

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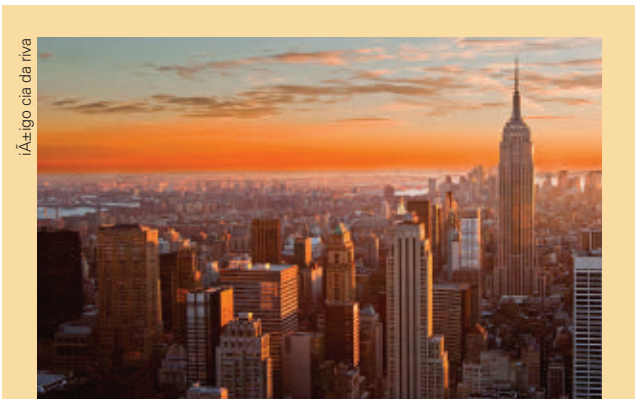
Div. 15 (Educational) seeks applications for two \$1,000 Dissertation Research Grants, which support educational psychology doctoral students in collecting their dissertation data. Applications are due May 1 by midnight. For more information, visit <http://apadiv15.org/awards> or contact April Taylor, PhD, at [ataylor@csun.edu](mailto:ataylor@csun.edu), or David Wakefield, PhD, at [david.wakefield@csun.edu](mailto:david.wakefield@csun.edu).

### **Div. 17's student group co-hosts Great Lakes Conference in Cleveland**

Cleveland State University and Student Affiliates of Seventeen, the student arm of Div. 17 (Society of Counseling Psychology), will co-host the 27th annual Great Lakes Regional Counseling Psychology Conference, April 11–12 in Cleveland. The theme is "Building Bridges within the World of Counseling Psychology and Beyond its Borders to Connect Diverse People, Communities, and Concerns: Benefits of Social Justice to All." The conference will feature a keynote address by Div. 17 President Sharon Bowman, PhD. Early career psychologist Katharine Hahn Oh, PhD, will speak about the transition from student to psychologist and pathways to leadership in Div. 17. To register, visit <http://engagedscholarship.csuohio.edu/greatlakes>.

### **Div. 40 seeks feedback on two grant award projects**

Div. 40 (Society for Clinical Neuropsychology) welcomes ideas and contributions for its two APA Interdivisional Grants projects. The first, "Promoting Brief, Evidence-Based Assessment and Intervention in Interdisciplinary Health Care Settings: An Online Educational Tool Kit and Conference Event for Students," is a joint project with Div. 22 (Rehabilitation) and Div. 38 (Health) and aims to provide training resources for graduate students.



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### **Attend Div. 39's interactive spring conference in New York**

Div. 39 (Psychoanalysis) will hold its annual spring conference, "Conflict: Reconsidered and Recontextualized," in New York City, April 22–28. The meeting will emphasize discussions and audience participation more than prepared lectures. For more information and to register, go to [www.division39.org](http://www.division39.org).

The second, "A Web-Based Concussion Toolkit — A Collaborative Resource for Clinical, Research and Legislative Efforts," is a collaboration with Divs. 19 (Society for Military Psychology), 22, 31 (State, Provincial and Territorial Psychological Association Affairs) and 47 (Exercise and Sport) and will provide resources for clinicians, researchers and legislation advocates working in the concussion field. Send your content ideas to Div. 40 Secretary Heather Belanger, PhD, at [heather.belanger@va.gov](mailto:heather.belanger@va.gov).

**Div. 46 focuses on psychology applied through technology**

Div. 46 (Society for Media Psychology and Technology) says it will focus on increasing its membership and encouraging undergraduate and graduate-level educators to add coursework on media

psychology in 2014. With a mission of advancing the science of psychology in the research and use of media and technology, the division plans to help educators teach students that media psychology is about theories in psychology applied through technology. Media psychologists can be researchers, user experience designers, communicators, mental health providers, consultants, educators or application developers. "Technology includes electronic technology, since all broadcast media is communicated through technology — the 'medium is the message,'" says Div. 46 President Bernard Luskin, PhD. "All of APA today is about psychology and technology, and 46 is the special focus division where it all comes together." To share ideas or get more information, contact Luskin at [bernieluskin@gmail.com](mailto:bernieluskin@gmail.com). ■

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ALWAYS LEARNING

PEARSON

### APF supports neuroscientist examining suicide risk in adolescents

**Catherine Glenn, PhD**, is the recipient of the 2013 Lizette Peterson-Homer Memorial Injury Research Grant. The \$5,000 annual grant supports research related to the prevention of injuries in children and young adults through accidents, violence, abuse or suicide.

Glenn's research aims to understand the processes leading to self-injurious behaviors and to improve the ability to predict which youth are at greatest risk so that interventions can target at-risk groups. She plans to use the grant to examine how adolescent-specific neural patterns relate to suicide risk during this developmental stage.

Glenn is an NIMH-funded postdoctoral fellow working with Matthew Nock, PhD, at Harvard University. She received her master's and PhD in clinical psychology from Stony Brook University. Glenn completed her clinical internship at the University of Mississippi Medical Center/VA Medical Center.

### Yu honored with 2013 Robert L. Fantz Award

APF has given its 2013 APF Robert L. Fantz Award to **Chen Yu, PhD**, associate professor in the department of psychological and brain sciences at Indiana University Bloomington. Yu's research seeks to understand mechanisms of early word learning, selective attention, perception-action coupling and more by using head-mounted eye tracking, computational modeling and data-mining techniques.

The Robert L. Fantz Award recognizes

promising young investigators conducting scientific research on perceptual-cognitive development and the development of selective attention.

*Since 1953, APF has been supporting innovative research and programs that launch careers and seed the knowledge base on critical issues*



Yu

around the globe. For more information, please visit the APF website at [www.apa.org/apf](http://www.apa.org/apf).

### Vasquez and Keane join APF Board of Trustees

Melba J.T. Vasquez, PhD, and Terence M. Keane, PhD have been elected to three-year terms on the APF Board of Trustees beginning in 2014.

Keane is professor and vice chairman in psychiatry and professor of clinical psychology at Boston University. He is also the associate chief of staff for

## Upcoming deadlines for grants and scholarships

### April

Div. 17 Counseling Psychology Grants: April 1  
Ungerleider-Zimbardo Student Travel Scholarships: April 1  
Visionary Grants: April 1  
David H. and Beverly A. Barlow Grant: April 1  
Drs. Rosalee G. and Raymond A. Weiss Research and Program Innovation Grant: April 1  
Paul E. Henkin Travel Grant: April 15

### May

Violet and Cyril Franks Scholarship: May 15  
John and Polly Sparks Foundation Grant: May 15

### June

Benton-Meier Neuropsychology Scholarships: June 1  
Robert L. Fantz Award: June 1  
Joseph B. Gittler Award: June 1  
Kenneth B. and Mamie P. Clark Grant: June 15  
Div. 39 Grant: June 15  
APF/COGDOP Graduate Scholarships: June 30

*For more information about APF's funding programs, visit [www.apa.org/apf](http://www.apa.org/apf), or contact APF Program Officer Samantha Edington at [sedington@apa.org](mailto:sedington@apa.org) or (202) 336-5984.*

research and development at the VA Boston Healthcare System, and director of the National Center for Posttraumatic Stress Disorder's Behavioral Science Division. He has published 11 edited volumes and more than 225 articles on the assessment and treatment of PTSD. He is developing a nationally representative registry of PTSD



Keane



Vasquez

patients and building an Internet-based treatment program for returning war veterans who have risky alcohol use and war trauma symptoms.

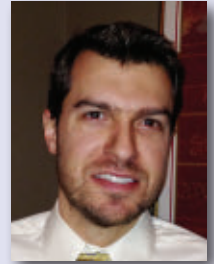
Vasquez is an independent practitioner in Austin, Texas. She received her doctorate from the scientist-practitioner counseling psychology program at the University of Texas at Austin in 1978. She served as APA president in 2011 and has provided leadership service to the profession of psychology for three decades. Her areas of scholarship are ethics, multicultural psychotherapy, psychology of women, supervision and training. Vasquez is co-author of three books, more than 65 journal articles and book chapters, and served on the editorial boards of 10 journals.

### Leaving a legacy for psychology

Psychologists such as Edmund Nightingale, PhD, are leaving bequests

## Grantee Spotlight:

### Mian's research looks for ways to decrease anxiety for low-income parents



Mian

Childhood anxiety prevention programs traditionally have been troubled by low participation, especially in underserved communities. In 2011, Nicholas Mian, a graduate student at the University of Massachusetts-Boston, received a \$10,000 Elizabeth Munsterberg Koppitz Scholarship to study whether enhanced outreach would lead to higher levels of participation in an anxiety prevention program for low-income parents in underserved communities.

The Koppitz scholarship allowed Mian to devote an entire semester to completing his dissertation project. He found that parents were three-and-a-half times more likely to attend an intervention session focused on alleviating anxiety symptoms with enhanced recruitment efforts.

"Carrying out this project changed my approach to preventive intervention research," says Mian. "Rather than focusing on the design of the intervention itself, it may be more beneficial to focus on the delivery of the intervention to maximize dissemination in underserved communities."

Mian successfully defended his dissertation early in his internship year in 2012, giving him the opportunity to apply for postdoctoral fellowships and positions that would not otherwise have been available.

to APF to ensure that the field of psychology grows and changes in response to changes in society.

"Giving represents an opportunity to help future generations of young psychologists, extending a helping hand to the many who the foundation serves."

### Psychological organizations support APF's Campaign to Transform the Future

APF would like to thank the following organizations for helping the Campaign to Transform the Future:

- **APA Div. 45 (Society for the Psychological Study of Culture, Ethnicity and Race)** and **APA Div. 35 (Society for the Psychology of Women)** each made a \$10,000 gift to support the National Multicultural Conference and Summit Fund. The fund will provide financial support to the biennial National Multicultural Conference and Summit, which brings together scientists,

practitioners, scholars and students in psychology and related fields to inform and inspire multicultural theory, research and practice.

- **The Minnesota Psychological Association** made a \$15,000 gift to support APF's Visionary Fund priorities, which are to understand and foster the connection between behavior and health to ensure well-being; reduce stigma and prejudice; understand and prevent violence; and support programs that address the long-term psychological needs of people and communities in the aftermath of disaster.

*APF's Campaign to Transform the Future is seeding the next generation of psychologists with the knowledge and tools they need to conquer 21st-century problems. Through scholarships, fellowships and student research grants, APF is filling the funding gap for today's psychology graduate students. ■*



# Personalities

■ The American Association for Marriage and Family Therapy has given **Frank M. Dattilio, PhD**,

a clinical psychologist in Allentown, Pa., its 2013 Outstanding Contribution to Marriage and Family Therapy award

in recognition of his exceptional and significant contributions to the field of marriage and family therapy.



Dattilio

■ Nevada Gov. Brian Sandoval has appointed forensic psychologist **Joel A. Dvoskin, PhD**, to chair a mental health

council that will recommend ways to improve the state's mental health system. The Behavioral Health and Wellness Council will include several

state legislators, law enforcement officials, state health and mental health administrators, a consumer, a family member of a person with serious mental illness and members of the legal community. Dvoskin is an assistant professor at the University of Arizona School of Medicine and runs a full-time forensic practice in Tucson, Ariz.



Dvoskin

■ The University of Oregon has named **Ellen Hawley McWhirter, PhD**,

as the inaugural Ann Swindells Professor in Counseling Psychology. McWhirter, a fellow of APA Div. 17 (Society of Counseling Psychology),

has served on the faculty of the university's College of Education for 16 years. She studies the career development of Latina/o adolescents and won the university's Faculty Excellence Award in 2012.



McWhirter

■ The Federation of Associations in Behavioral and Brain Sciences has given

**Ethan Kross, PhD**, its Early Career Impact Award. Kross, an associate professor of psychology at the University of Michigan,

integrates social-personality, clinical, neuroscience and developmental approaches to study how people can control emotions that threaten to undermine their goals and compromise their health.



Kross

## Former APA president to serve on HHS committee

U.S. Secretary of Health and Human Services Kathleen Sebelius appointed APA Past President **Patrick DeLeon, PhD, JD**, to the Health Resources and Services Administration's Advisory Committee on Interdisciplinary, Community-Based Linkages. The committee advises the secretary on a range of federal public health programs affected by the implementation of the Patient Protection and Affordable Care Act, including those related to graduate psychology.



DeLeon

"This is a wonderful opportunity to ensure that the critical expertise of psychology and the behavioral sciences is appropriately recognized throughout the evolving delivery system," DeLeon says. He is one of 16 appointees who will serve three-year terms.

The convenience of online renewal

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**Go to** <http://my.apa.org>

**Log in** using your APA user ID and password

**Click on “Pay 2014 Dues”** (Have your credit card or APA Bank of America card handy)



**Scan here** to access My.APA.org with your smartphone

**Or, call 1.800.374.2721** to pay your dues by phone

# Personalities

■ The University of California, Berkeley, has named **Claude Steele, PhD**, its new executive vice chancellor and provost. Steele, a social psychologist, is well known for his research on stereotype threat — the role that stereotyping can play in reducing minority student achievement. He was most recently dean of Stanford University's Graduate School of Education, and before that served as provost of Columbia University from 2009 to 2011.

■ Former APA President **Robert J. Sternberg, PhD**, has joined the

faculty of the department of human development in Cornell University's College of Human Ecology.

Sternberg was a professor of psychology and education at Yale University for 30 years. He also served as provost at Oklahoma State University and for a brief term as president of the University of Wyoming.



Sternberg

■ **Jeff Temple, PhD**, has been named vice chair of a new Texas state task force on domestic violence. Temple is an associate professor and director of behavioral health and research at the University of Texas Medical Branch at Galveston. The task force was born out of a 2013 law that calls for measuring the impact of domestic violence on women and children during pregnancy and the first two years of life and helping health-care providers identify signs of domestic abuse. ■

## APA/ABA CONFERENCE

May 1-3, 2014 • Washington, DC • Marriott Washington Wardman Park Hotel



### CONFRONTING FAMILY AND COMMUNITY VIOLENCE The Intersection of Law and Psychology

The American Psychological Association and the American Bar Association are cosponsoring the conference, *Confronting Family And Community Violence*, May 1-3, 2014, in Washington, DC. The conference will provide an opportunity to examine how psychologists, attorneys, judges, legal scholars and others can support healthy children and families in a safe society.

- Appropriate for psychologists, attorneys, judges, legal scholars, behavioral and social science scholars, social workers, and other professionals in legal, mental health, social service, and education fields
- Nearly 40 plenary and invited sessions addressing prevention and intervention
- Focus on violence across individual, family, community, and society contexts
- Continuing education credits available
- Attorney General Eric Holder invited as keynote speaker
- Networking session to close out the conference

**Requests for information on conference can be directed to:** Donna J. Beavers, Director, Law/Psychology Coordination c/o APA Office of General Counsel, APA, 750 First Street, N.E., Washington, D.C. 20036

E-mail: [dbeavers@apa.org](mailto:dbeavers@apa.org) or [SAPAABAViolenceConf@apa.org](mailto:SAPAABAViolenceConf@apa.org)  
<http://www.apa.org/about/offices/ogc/apa-aba/conference.aspx>



**Confronting Family and Community Violence**  
The Intersection of Law and Psychology



# Monitor

A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION  
ON PSYCHOLOGY

**Advertising:** The following are guidelines for use in composing and responding to advertisements to be placed in the Career Opportunities section of the *Monitor on Psychology*.

By vote of the Council, 1974, listings will be accepted from academic institutions under censure by the American Association of University Professors (AAUP). However, these listings are identified in this publication by the placement of the symbol (\*) preceding line classified career opportunities (and by an editor's note located in these guidelines for classified display ads) in order to advise applicants that the employing institution, or its administration, which includes the administrative officers and the governing board of the institution, has been censured by the AAUP, and that further information may be obtained from the relevant AAUP Bulletin.

Department of Defense advertisements for positions requiring military service must include the following disclaimer: Eligibility for military service requires certain physical abilities and attributes including age, height, weight, and physical ability requirements.

APA policy on the use of the title "psychologist" is contained in the *General Guidelines for Providers of Psychological Services*, which defines the term "professional psychologist" as follows: "Psychologists have a doctoral degree in psychology from an organized, sequential program in a regionally accredited university or professional school." APA is not responsible for the specific title or wording of any particular career opportunities, but it is general practice to refer to master's-level positions as counselors, specialists, clinicians, and so forth (rather than as "psychologists"). In addition, it is general practice to refer to APA-accredited programs as "APA-accredited" rather than "APA-approved." The position as described must be in conformity with the statute regulating the use of the title psychologist and the practice of psychology in the state in which the job is available.

Employers are required to include any limits or restrictions on career opportunities in advertisements, including any restrictions on the basis of geographical, age, and/or religious factors.

**Advertisements should be written to convey the following information:**

- Job title with area of specialization required.
- Name of employer. (Blind or box ads cannot be accepted.)
- Description of position, responsibilities involved, permanent or temporary, tenure-track or not, etc.
- Minimum qualifications required, including any restrictions on the basis of geographical, age, and/or religious factors.

- Salary range and period covered.
- Closing date for applications and date position will commence.
- Indication if interview expenses are not to be fully paid.
- List of documents to accompany initial letter of application, e.g., vitae, names of references, etc.
- Name and address of person to whom application should be directed.

**Placement of an advertisement implies that:**

- Jobs exist as described.
- There is/are no prescribed candidate(s).
- Employer will acknowledge receipt of applicant's material.
- It is recommended that advertisers inform an applicant when (s)he is eliminated from consideration or when the position is filled.

**Responding to an advertisement implies that:**

- Training experience and interests are accurately represented by letter of application and supporting material and are consonant with those specified in the advertisement.
- Applicant should notify prospective employer if (s)he no longer wishes to be considered for the position.

**Equal Employment Opportunity**

The American Psychological Association endorses equal employment opportunity practices and accepts only ads that are not discriminatory on the basis of race, color, gender identity and expression, religion, age, national origin, veteran status, sexual orientation, or physical disability. In keeping with this policy, the use of "recent Ph.D." in APA advertising is not allowed on the basis that it is potentially age-discriminatory (see U.S. Department of Labor prohibition on use of "recent graduate"). The term "beginning-level salary" may be used. Positions may also be defined in terms of teaching load, specified number of years away from a tenure decision, or requirements of certain skills. We reserve the right to edit all copy and to refuse ads that are not in consonance with the principles of Title VII of the Civil Rights Act of 1964, the Age Discrimination in Employment Act of 1967, the Veterans' Reemployment Rights Act Handicap Bias, the Vietnam Era Veterans' Readjustment Assistance Act of 1974, and the Americans with Disabilities Act of 1990. The Equal Employment Opportunity Act, in addition to Public Law 100-238, makes specific legally permissible exceptions to discrimination in hiring by religious institutions, Indian tribes, and federal correctional facilities. For this reason, certain position opening advertisements will include job opening restrictions on the basis of religious, racial, and age factors.

Without limiting PsycCareers's terms, conditions, and policies, PsycCareers in accordance with Department of Justice guidelines: 1) Prohibits any job

posting that requires U.S. citizenship or lawful permanent residence in the U.S. as a condition of employment, unless otherwise required in order to comply with law, regulation, executive order, or government contract. 2) Prohibits any job requirement or criterion in connection with a job posting that discriminates on the basis of citizenship status or national origin. You can review more information at [http://www.justice.gov/crt/about/osc/htm/best\\_practices.php](http://www.justice.gov/crt/about/osc/htm/best_practices.php). For complete EEO guidelines please refer to the following resource: <http://www.justice.gov/crt/osc/>.

**Policy concerning advertisements appearing in APA publications:**

The publication of any advertisement by the American Psychological Association (APA) is an endorsement neither of the advertiser nor of the products or services advertised. APA is not responsible for any claims made in an advertisement. Advertisers may not, without prior consent, incorporate in a subsequent advertisement or promotional piece the fact that a product or service has been advertised in an APA publication. The *Monitor on Psychology* is received mid-month by readers. APA recommends that response deadlines in advertisements be no earlier than the 15th of the month following the month of publication.

The acceptability of an ad for publication in APA publications is based upon legal, social, professional, and ethical considerations. All advertising must be in keeping with the generally scholarly and professional nature of the publication. In addition, the association reserves the right to refuse advertising submitted for the purpose of airing either side of controversial, social, or professional issues. The general policy is stated as follows:

"The publications of the APA are published for and on behalf of the membership to advance psychology as a science, as a profession, and as a means of promoting human welfare. The Association, therefore, reserves the right to unilaterally REJECT, OMIT, OR CAN-CEL advertising which it deems to be not in the best interest of these objectives, or which by its tone, content, or appearance is not in keeping with the essentially scientific, scholarly, and professional nature of its publications. Conditions, printed or otherwise, which conflict with this policy will not be binding on the publisher."

**Classified Rate/Payment Terms**

**2014 Rates:** \$12.25 per line for Career Opportunities and Availability Notices, \$14.00 per line for all other advertising. Minimum order is six lines. Each line contains approximately 32 characters, including spaces and punctuation.

Purchase Orders should accompany advertisements from colleges, universities, or government agencies. All other classified advertising orders must be prepaid prior to publishing with the exception of either member advertising agencies of the American Association of Advertising Agencies (AAAA) or agencies listed in the Standard Directory of Advertising Agencies. Line classified advertisements are not subject to frequency or agency discounts.

**Deadlines:**

All new ads, ad cancellations, and corrections, as well as instructions to rerun a previous advertisement, must be received in writing. Classified advertisements can be submitted online at [www.PsycCareers.com](http://www.PsycCareers.com). Nonrecruitment advertising can be submitted by e-mail to [adodson@apa.org](mailto:adodson@apa.org).

**Closing dates are as follows:**

May	March 27
June	April 28
July/August	May 29
September	July 28

**American Psychological Association classified ads on APA's Online Career Center:**

Line-for-line and display classified advertisements published in the *Monitor on Psychology* also appear on PsycCareers. This service is provided at no additional cost to the reader or the advertiser. The advertisements are easily located. They are arranged by category—e.g., by the state in which the position is available, by specialty area, and also under other topical headings such as conferences and workshops.

Updated advertisements are released on PsycCareers approximately the first of the month of issue. Early online postings are now available for \$10.00 per day up to publication date. Select this option when submitting a line ad at [www.PsycCareers.com](http://www.PsycCareers.com), or include a request when placing a display ad.

**Online-only ads on PsycCareers:**

Those classified advertisers who miss the current deadline for publication in the *Monitor on Psychology*, or who wish to run an online-only ad, can submit their classified advertisement for release on PsycCareers. 30-day postings are \$550, 60-day postings are \$925, and 90-day postings are \$1,122. Visit [www.PsycCareers.com](http://www.PsycCareers.com).

**For recruitments and classified advertising, contact:**

Amelia Dodson  
Advertising Sales Department  
American Psychological Association  
Phone: (202) 336-5564  
Fax: (202) 216-7610  
E-mail: [adodson@apa.org](mailto:adodson@apa.org)

Corey Bockhaus  
Advertising Sales Department  
American Psychological Association  
Phone: (202) 336-5567  
Fax: (202) 216-7610  
E-mail: [cbockhaus@apa.org](mailto:cbockhaus@apa.org)

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Visit [PsycCareers.com](http://www.PsycCareers.com), APA's Online Career Center at [www.PsycCareers.com](http://www.PsycCareers.com)

## US OPENINGS

**AUTHOR ONLINE CE COURSES:** HealthForumOnline.com, a nationally-accredited (APA, NBCC, ASWB, CA-BBS) provider of online CE courses for mental health professionals, seeks psychologists, social workers, counselors, academics/researchers to author online course content. View our extensive library of available online CE courses at [www.healthforumonline.com](http://www.healthforumonline.com) and forward contact information, list of potential course topics, and curriculum vitae to: [info@healthforumonline.com](mailto:info@healthforumonline.com). Health Forum Online is accredited by the American Psychological Association to offer continuing education for psychologists. HealthForum Online maintains responsibility for the program.

**LICENSED PSYCHOLOGIST POSITIONS:** Deer Oaks-A Behavioral Health Organization, the leading provider of geropsychology services, is now hiring licensed clinical psychologists and licensed clinical social workers to join its team. Ser-

vice locations are available in the following states: Arkansas, Delaware, Idaho, Iowa, Maine, Maryland, Massachusetts, Minnesota, Missouri, Nebraska, New York, New Hampshire, North Dakota, South Dakota, Oklahoma, Texas, Vermont, and Wyoming. Doctoral-level psychologists are needed full-time or part-time to provide assessment and therapy services to geriatric and older adults in nursing homes and assisted living communities. Send resume and letter of interest to: Jennifer Wilson, Employee Recruiting at [jwilson@deeroaks.com](mailto:jwilson@deeroaks.com) or fax to: (210) 615-1877; or mail 7272 Wurzbach Rd., Suite 601, San Antonio, TX 78240. For more details call (210) 378-1926. An Equal Opportunity Employer.

## ALABAMA

**PRIVATE PRACTICE OPPORTUNITY:** Grayson & Associates, established in 1985, has grown into a large and thriving, multidisciplinary, private mental health prac-

tice in Birmingham, AL. We are currently seeking psychologists to provide outpatient treatment in our Birmingham offices. In addition, we seek psychologists with an enduring interest in acutely mentally ill patients to provide treatment in a hospital setting in Montgomery, AL. We are also anticipating opening an office in Mobile, AL, and are looking for psychologists to staff an outpatient clinic in that area. All candidates must have a Ph.D. in clinical psychology and be licensed in the state of Alabama. Note these are full-time positions. Send curriculum vitae and cover letters to: Dr. Storey at: [parker.storey@graysonmentalhealth.com](mailto:parker.storey@graysonmentalhealth.com).

## ARIZONA

**NEUROPSYCHOLOGIST:** Be part of the innovation and inspiration that makes Banner Health one of the best places to work in Arizona. With 24 hospitals in seven western states (twelve in Arizona), Banner Health is not only well-positioned for continued growth,

we're one of the nations most respected and awarded health systems recognized for our leadership and dedication to the communities we serve. Banner Children's Specialists (BCS), a successful multispecialty group within the Banner Health Family is seeking a neuropsychologist for this employed practice opportunity. BCS covers two highly integrated Banner Health facilities—Cardon Children's Medical Center (CCMC) and Banner Thunderbird Medical Center (BTMC) and has over 300+ pediatric physicians practicing in 27 different specialties. As an integral member of BCS you will provide neuropsychological diagnostic testing services for patients with complex conditions; trains staff and may provide ongoing supervision for clinical and research cognitive testing activities. Will also participate in the design and implementation of neuropsychological testing research. CCMC, an NACHRI member, is a state-of-the-art children's care facility that opened November 2009. Pediatric population is 350,000 serving children in the East Valley with referrals from the entire Southwest region. CCMC offers comprehensive pediatric care including a 104-bed NICU and dedicated pediatric cancer and blood disorder unit with a 24-bed hematology/oncology unit and six pediatric OR's. BTMC located in Glendale, has a 40-bed inpatient pediatric unit and offers the first and only PICU capable of caring for the most critically ill or injured children and is staffed with specially trained and certified Child Life Specialists. In addition BTMC, offers a higher level of care to children and newborns that features a separate waiting area for children and their parents with a redesigned kid-friendly, state-of-the-art 14-bed emergency department. We require a Ph.D. in psychology with fellowship training in neuropsychology, from an accredited college or university whose curriculum in psychology is approved by the American Psychological Association (APA) and completion of APA-accredited internship and a postdoctoral training in neuropsychology. Must be licensed by applicable state boards of Psychologist Examiners and possess at least five years experience with specialized neuropsychological testing. Must be Board Certified in clinical neuropsychology by the American Board of Professional Psychology or pursuing this credential. In addition, candidate must be eligible for appointment to affiliate with the medical staff at assigned facility or work unit. *Experience* in teaching and supervising clinical staff and therapists, familiarity with research methodology, excellent written, oral communication and interpersonal skills are required for patient care activities including documentation, supervision of others, presentations and conduct of teaching activities. Considerable reading and comprehension of printed, typed and hand-

## POSITION ANNOUNCEMENT

### APA Executive Director for Education

**The American Psychological Association (APA) is seeking a senior-level psychologist for the position of Executive Director for its Education Directorate.**

The APA Education Directorate is one of the four key content-area components of the APA Central Office (along with the Science, Practice, and Public Interest directorates), and its Executive Director is a member of the APA Executive Management Group, reporting to the APA CEO.

The Executive Director supervises and oversees the Education Directorate and is responsible for major APA program areas related to education, from precollege through postgraduate levels, including accreditation, continuing education and sponsor approval, the application of psychology to K-12 education, and federal education advocacy. The position also includes responsibility for the Education Advocacy Trust, which is part of APA's companion organization, the APA Practice Organization. In collaboration with APA boards and committees, the Executive Director plans and implements policy and program development in all matters related to education and training. The Executive Director acts as liaison to the other APA directorates, the Board of Directors, and to major APA boards, committees, programs, and divisions on all education and training initiatives. The Executive Director also develops and maintains contact with senior-level officials in professional organizations and associations related to education and training.

*Requirements include* a doctoral degree in psychology and a minimum of 12 years' postdoctoral experience in teaching, academic administration, public policy or other fields related to psychology and education. In addition, Executive Director candidates must be competent in administration, strategy development, and fiscal management and should possess strong communication, interpersonal, and leadership skills. Benefits and salary are commensurate with experience.



If interested, please apply online: <http://www.apa.org/careers/apa-jobs/index.aspx>. All applications must include a cover letter and resume/CV. All inquiries in reference to this position should be sent to: L. Michael Honaker, PhD ([mhonaker@apa.org](mailto:mhonaker@apa.org)). Applications will be accepted until position is filled; however, those interested are strongly encouraged to apply prior to March 12, 2014.

*The American Psychological Association is an Equal Opportunity/Affirmative Action Employer. Women, ethnic minorities and other qualified individuals are encouraged to apply.*

written material is essential. Banner Health offers highly integrated and innovative environments, a collaborative team workplace and a clinical setting that focuses on patient excellence. Banner Health is: seventh in the Top 100 Integrated Healthcare Networks in the nation (2012)—SDI, one of the most admired companies (2012)—Arizona Business Magazine and BestCompanies AZ, one of the Best Places to Work in metro Phoenix (2012)—Phoenix Business Journal and BestCompaniesAZ, and rated one of the Top 15 Health Systems Nationally by Truven Analytics (2013). Banner Health offers attractive compensation plus incentives, fully paid occurrence-based malpractice, paid CME plus allowance and outstanding benefits that provide security for you and your family. Apply online: <https://jobs-bannerhealth.icims.com/jobs/120623/neuropsychologist/job>. For more information, contact: Dawna Johnson at (602) 747-2145 or via e-mail at [dawna.johnson@bannerhealth.com](mailto:dawna.johnson@bannerhealth.com). Visit our website at: [www.bannerhealth.com](http://www.bannerhealth.com). An Equal Opportunity Employer. Not a J-1/H1B Opportunity.

## CALIFORNIA

**CLINICAL PSYCHOLOGIST:** Orion Academy, an innovative high school program for gifted teens w/NLD and Asperger's in Northern California, seeks a talented clinical psychologist with training in adolescent social skill development, individual therapy and parent training. We are looking for a clinician who wants a non-traditional clinical career and is excited by the idea of being part of an educational program with responsibilities that include activities, social events, group work, faculty consultation and developing individual student interventions that involve teachers and parents. Comfort with assessment, public speaking, dogs on campus (yes) and working with all aspects of a school community needed. This is a full-time position in a school setting that includes some Saturday events and periodic evening meetings. Vacations are set and include all faculty holidays, plus three weeks at winter break and three weeks in summer (eight weeks vacation total). Begin July 2014. **Position open until filled.** Send curriculum vitae with three reference to: [director@orionacademy.org](mailto:director@orionacademy.org) or mail to: Orion Academy, 350 Rheem Blvd, Moraga, CA 94556; Re: Psychologist position 2014. [www.orionacademy.org](http://www.orionacademy.org).

**POSTDOCTORAL PSYCHOLOGY FELLOWSHIP, CAMPUS BASED:** Casa Pacifica Program Services. We are pleased to offer a two-year postdoctoral psychology fellowship beginning in September 2014. The fellowship will provide advanced training in child and adolescent clinical psychology with emphasis on community mental health and

practice of evidence-based treatments. *Training opportunities include:* cognitive-behavioral interventions, crisis management, brief and long-term psychotherapy, group therapy, psychological assessments and intakes, case management and consultation. Supervised training experiences which meet licensing requirements for the state of California are a central component of the fellowship. The fellowship program is a member of the Association of Psychology Postdoctoral and Internship Centers. Postdoctoral fellowship opportunities may be available in our campus-based residential programs which include an emergency shelter care for children and adolescents and an adolescent residential program; our transition-age youth program, or the non-public school. *Eligibility requirements include:* completion of a doctoral degree from an institute of higher education accredited by the American Psychological Association. **Application deadline was January 30, 2014. However, applications will be accepted until position is filled.** If interested visit our website to find our program description and brochure, as well as an application. <http://www.casapacifica.org/programsservices/clinicaltraining> supervision. You may contact the following with questions: Contact: Elizabeth H. Latu, Psy.D. [elatu@casapacifica.org](mailto:elatu@casapacifica.org), Program Manager of Postdoctoral Fellowship Program, Casa Pacifica, 1722 South Lewis Rd. Camarillo, CA 93012 or Sean Dickson, Administrative Assistant, [sdickson@casapacifica.org](mailto:sdickson@casapacifica.org), Fax: (805) 484-7157.

## DISTRICT OF COLUMBIA

**PROGRAM DEAN—AMERICAN SCHOOL OF PROFESSIONAL PSYCHOLOGY:** American School of Professional Psychology at Argosy University, Washington, D.C. seeks a program dean to be the principal academic officer for the clinical psychology programs. *Responsibilities include:* day-to-day academic operations, assisting students toward successful program completion and selecting, training and managing program faculty. The dean is also responsible for the fiscal well-being of the program; will help to promote both the department and college; and must abide by mandates set by the Board of Trustees, President and Executive Committee. *Requirements include:* a Ph.D. or Psy.D. in clinical psychology with a minimum 3–5 years related experience in the field and/or academic affairs. Fiscal and personnel management experience also desired. Argosy University is committed to building an environment where diverse ideas, cultures and perspectives can thrive, and those from diverse backgrounds are encouraged to apply. For more detail and to apply, visit <https://edmc.hua>.

[hrsmart.com/ats/js\\_job\\_details.php?reqid=22864](http://hrsmart.com/ats/js_job_details.php?reqid=22864).

**PSYCHIATRISTS—FULL AND PART-TIME POSITIONS NOW:** We are currently looking for both FTE and part-time psychiatrists to work in a variety of settings in the DC metro and surrounding Maryland area. Axis Healthcare Group is the capital region's premier provider of mental health services. We are a mission-driven organization dedicated to integrative care. Our teams provide inpatient, outpatient, addiction, ECT and TMS services. Compensation from \$185,000–\$210,000, full benefits. E-mail curriculum vitae and salary requirements to: Paul Stanford at [pstanford@axishealthcaregroup.com](mailto:pstanford@axishealthcaregroup.com) or fax at (202) 360-4787.

**DIRECTOR, LEGAL AND PROFESSIONAL AFFAIRS (REQUISITION 52)—PROFESSIONAL PRACTICE, AMERICAN PSYCHOLOGICAL ASSOCIATION:** The Director will coordinate with AED and Senior Special Counsel to formulate strategies to use legal and regulatory systems and government agencies to achieve legal and regulatory affairs goals of optimal practitioner participation in the health care field. *LRA initiatives that the director will focus on include:* licensure/scope of practice (e.g., behavior analysis, coaching), delivery of psychology services (e.g., business models for practitioners, treatment guidelines, practice guidelines), managed care and insurance (e.g., advocacy and/or litigation to curb unfair practices by insurers), quality assurance, hospital practice, integrated care activities, Medicaid, workers' compensation and disability issues, and other activities as they arise within the LRA department. *The director also will be responsible for* monitoring, analyzing and responding to initiatives, proposed standards, and proposed changes to existing standards by the National Committee for Quality Assurance (NCQA), the Joint Commission, and the Commission on Accreditation of Rehabilitation Facilities (CARF) including serv-

ing as the APA representative to the CARF International Advisory Committee, and other outside organizations relevant to ensuring full participation of psychologists in the health care field. *Required qualifications, education and experience:* Juris Doctor (J.D.), required, Doctorate of Psychology Ph.D. or Psy.D. Preferred, 4–8 years of work experience in health-care law or health care/psychology field required. *Skills required:* proficient in Microsoft Word, Outlook and Internet use, including legal research, such as Lexis/Nexis. Responsibilities as requested by AED, represent LRA in practice directorate initiatives, governance committee meetings (such as CAPP, BPA and COPPS) and related task forces or workgroups. Provide evaluation and assistance from legal and psychological perspectives. In consultation with AED, manage various aspects of the LRA agenda, including licensure/scope of practice, delivery of psychology services (e.g., treatment guidelines, practice guidelines), managed care and insurance, quality assurance, parenting coordinating activities, Medicaid, workers' compensation and disability issues, and other activities as they arise. This includes evaluating and researching emerging issues, contacting the relevant government or private organization on the issue, organizing and attending meetings with state leaders on these issues, and assisting individual members with complex contractual, regulatory and legal issues. Monitor and analyze outside organizations relevant to managed care, institutional practice, licensure and other regulatory issues, such as NCQA and CARF. Participate in meetings or other relevant forums, provide input on relevant organizational activities, prepare comments on proposed standards, initiatives, or other materials issued by the organization. Media and PR roles: provide articles and reviewing expertise to in-house publications and affiliated organizations; help organize and participate as speaker in APA-sponsored and affiliated conferences and conventions. Work

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with SPTAs to develop and pursue a regulatory enforcement agenda. Application instructions: Qualified candidates should apply online through APA's Candidate Space portal at <http://www.apa.org/careers/apa-jobs/index.aspx>. Candidates must complete the online application and attach a resume and cover letter for the position. Incomplete applications will not be considered. The American Psychological Association is an Equal Employment Opportunity/Affirmative Action Employer, M/W/V/DV.

## FLORIDA

**PSYCHOLOGIST—PRIVATE PRACTICE OPPORTUNITY:** Seeking Florida licensed or license eligible psychologist to join a well-established group practice in Fort Myers, FL. Child/adolescent and adult positions available. Both therapy and assessment skills are required. Forward curriculum vitae to: Dr. Steven Cohen at [career@ctrpsych.com](mailto:career@ctrpsych.com). Visit our website at [www.thecenterforpsychology.com](http://www.thecenterforpsychology.com) or call (239) 278-3443.

## GEORGIA

**EXECUTIVE CONSULTANT:** TalentQuest, a progressive talent management consulting and software services firm in Atlanta, GA, is seeking an early to mid-career Ph.D. license-eligible psychologist to join our talented group of consultants. We are searching for an individual who is confident and high achieving while also displaying strong emotional intelligence. The individual will work closely with other senior level psychologists in the firm to deliver selection and developmental assessments, provide feedback, identify and improve organizational dynamics by working with teams, and uncover future opportunities. Work is at a manager and executive level, and the candidate must be comfortable interacting with self-assured business people. Clinical or counseling degrees preferred. Send resume to: Rick

Brandt, Ph.D., President Consulting Services, TalentQuest at: [rbrandt@talentquest.com](mailto:rbrandt@talentquest.com).

## ILLINOIS

**SELECTIVE MUTISM PROJECT, TRAINING PROVIDED:** Recruiting therapists of all levels/various disciplines to participate in renowned Adventure Camp (August 4–8, 2014) for children with selective mutism (SM). Must commit to training (June 2–5, 2014) supervised sessions to practice program intervention, and camp. Excellent training and live supervision by SM Specialist Carmen Lynas, Ph.D. Previous experience with SM not required. Ideal for those seeking a time-limited summer project, additional practicum/field work, and/or potential for employment. Therapists of all levels (including graduate students), teachers, school SW, psychologists, SLPs, OTs, psychiatrists, and others who may encounter a child with SM in their work and interested in gaining more knowledge/experience can benefit. Potential for research projects. **Deadline April 1, 2014.** Apply early: competitive placement for limited slots; rolling admissions until slots filled. E-mail cover letter, curriculum vitae, and two recommendation letters to: [CounselorTraining@AdvancedTherapeuticSolutions.org](mailto:CounselorTraining@AdvancedTherapeuticSolutions.org). Incomplete applications will not be considered. Visit us at [www.selectivemutismtreatment.net](http://www.selectivemutismtreatment.net).

**PSYCHOLOGIST POSITION IN A GROUP PRACTICE:** Gersten Center for Behavioral Health, a private psychology practice with locations in Chicago, is looking for two full-time licensed psychologists to join our expanding group. Both candidates should be open to working with the full spectrum of clinical disorders. **Position 1:** The ideal candidate should have broad experience and interest in working with children, adolescents, and adult populations. **Position 2:** The ideal candidate should have broad experience and interest in working with adolescents and adult populations. Send your curriculum vitae to: Dr. Deborah Liebling

at: [dliebling@gerstencenter.com](mailto:dliebling@gerstencenter.com). We welcome you to visit us at [www.gerstencenter.com](http://www.gerstencenter.com).

**PSYCHOLOGISTS WITH ILLINOIS LICENSE:** Needed for full-time or part-time positions in Chicago and surrounding suburbs and the Springfield area with Davken Associates, P.C., a well-established group. Fax: (847) 673-0875 or e-mail at: [artoffugue16@gmail.com](mailto:artoffugue16@gmail.com) with resume/questions.

## MICHIGAN

**NEUROPSYCHOLOGIST:** Mercy Health ([mercyhealth.com](http://mercyhealth.com)) is a large multi-specialty medical group based in beautiful Grand Rapids, MI. We are looking for a full-time neuropsychologist for July 1, 2014. The position is for a neuropsychologist with requisite clinical skills specializing in brain-behavior relationships. It includes clinical and research time. Send curriculum vitae, three letters of reference, and cover letter with goals and aspirations to: Jenna Thayer, Recruiter: [thayerjr@mercyhealth.com](mailto:thayerjr@mercyhealth.com), 245 State Street, Grand Rapids, MI 49503, Suite 220. For questions, contact: Dr. David Nyenhuis at (616) 685-5119 or [nyenhuda@mercyhealth.com](mailto:nyenhuda@mercyhealth.com).

## MINNESOTA

**ASSISTANT PROFESSOR OR INSTRUCTOR, HUMAN NEUROSCIENCE:** The Psychology Department at the University of Minnesota Duluth invites applications for a tenure-track assistant professor position specializing in human neuroscience, broadly construed, to commence August 25, 2014. Individuals with clinical or nonclinical interests in neuroscience (cognitive, social, developmental, or behavioral) are encouraged to apply. We are seeking a teacher/scholar who is committed to excellence in collegiate teaching, and who possesses the interest and ability to establish an active research program resulting in the creation and dissemination of knowledge. *The successful candidate will be expected to:* teach courses in the department's core curriculum (such as methods, statistics, physiological psychology, cognition, sensation and perception, abnormal, psychopharmacology, developmental); teach undergraduate and graduate courses in their areas of expertise; actively engage in research; contribute to our new master's program with three tracks (industrial/organizational, clinical/counseling, and general/experimental); advise students; and participate in departmental and university service. *Essential qualifications include:* a master's degree or equivalent with advanced ABD standing (with a clear plan for completion by December 31, 2014) in human neuroscience or a sub-field closely related to psychology from a regionally accredited institution, the ability to conduct re-

search in their field, and a commitment to working with diverse student populations. *Preferred qualifications include:* a Ph.D. in human neuroscience or a sub-field closely related to psychology, strong quantitative background, demonstrated teaching skills at the collegiate level, teaching experience in core curriculum courses, a record of published research, experience in advising and working with college students in research, and experience in working with diverse student populations. ABD candidates will be hired as an instructor until their degree is conferred. Our department is comprised of an eclectic group of productive faculty, dedicated to our University's mission of integrating liberal education, research, creative activity, and public engagement to prepare students to thrive as lifelong learners and globally engaged citizens. Information about the department may be found at <http://www.d.umn.edu/psy>. The University of Minnesota Duluth was recently ranked one of the top 50 regional universities in the Midwest (*U.S. News & World Report*). The city of Duluth, located approximately two and a half hours north of Minneapolis, is nationally ranked as one of the best and most affordable places to live and work. Perched on the shores of Lake Superior and surrounded by natural forests, Duluth offers some of the best outdoor recreational activities and boasts of thriving industries in technology, healthcare, aviation, and education. The University of Minnesota requires applicants to apply online. For information on how to apply online, visit <http://employment.umn.edu/>, and search for Job Requisition #188995; this position may also be accessed at <https://employment.umn.edu/applicants/Central?quickFind=107970>. **Review began February 24, 2014 and will continue until the position is filled.** Applicants needing reasonable accommodation for any part of the application and hiring process, contact the University of Minnesota Disability Specialist at (218) 726-7725 or via e-mail at [sforhrp@d.umn.edu](mailto:sforhrp@d.umn.edu). The University of Minnesota is an Equal Opportunity Educator and Employer.

**CLINICAL CHILD/PEDIATRIC PSYCHOLOGIST, CONCUSSION:** Children's Psychological Services and Neuroscience programs are experiencing significant growth and have openings for a clinical child/pediatric psychologist to support children's concussion clinic, as well as additional subspecialty programs, including neurology, within our new neuroscience program. *In addition to consultation-liaison services, responsibilities will include:* outpatient therapy, psychological assessment, education of staff and families and supervision of interns in our APA-accredited doctoral internship program. *Qualifications:* doctoral degree in psychology from an accredited graduate program; clinical internship at an APA-accredited program; and licensed or license eli-

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gible in Minnesota. We offer an attractive salary and a flexible benefits package. Interested candidates: contact: Ryan Berreth, Physician and APP Recruitment, (612) 813-8125 and submit cover letter outlining experience and training along with curriculum vitae to: ryan.berreth@childrensmn.org.

**CLINICAL CHILD/PEDIATRIC PSYCHOLOGIST, SLEEP DISORDERS:** Children's Psychological Services and Neuroscience programs are experiencing significant growth and have an opening for a Clinical Child/Pediatric Psychologist to support children's sleep disorders clinic, as well as additional general pediatric and subspecialty programs. In addition to consultation-liaison services, responsibilities will include outpatient therapy, psychological assessment, education of staff and families, and supervision of interns in our APA-accredited doctoral internship program. *Qualifications:* doctoral degree in psychology from an accredited graduate program; clinical internship at an APA-accredited program; and licensed or license-eligible in Minnesota. We offer an attractive salary and a flexible benefits package. Interested candidates: contact Ryan Berreth, Physician and APP Recruitment, (612) 813-8125 and submit cover letter outlining experience and training along with curriculum vitae to ryan.berreth@childrensmn.org.

**POSTDOCTORAL FELLOWSHIPS IN RURAL CLINICAL PSYCHOLOGY:** The Minnesota Consortium for Advanced Rural Psychology Training (MCARPT), an APPIC listed training program, announces the availability of a one-year (2,000-hour) postdoctoral residency in rural clinical psychology. MCARPT is a privately funded psychology training program in Northwest Minnesota with an emphasis on preparing new doctoral graduates for service in rural America and is seeking two trainees to begin October 1, 2014. Residents will be exposed to a variety of settings and clients typically encountered by rural psychologists. *This may include:* primary care/health psychology (with emphasis on delivery of mental health services in rural primary care medical clinics and nursing homes) and community mental health (with emphasis on delivery of mental health services in rural school systems, human service systems, tribal systems, community mental health agencies, and domestic violence centers). MCARPT is a non-profit consortium comprised of multiple independent agencies providing a variety of medical, social, psychological, educational and community services to a three-county catchment area of rural Minnesota along with the White Earth Indian Reservation. All of the MCARPT catchment area is designated as a Federal mental health shortage area. The goal of the fellowship is to provide trainees an in-depth rotation-

al experience in rural mental health designed to prepare residents to assume clinical and leadership roles in service to rural communities as a professional psychologist. Member agencies are committed to providing a rich, integrated training experience for selected trainees. Individual and group supervision meets and exceeds the requirements for licensure as a psychologist in Minnesota. Interested applicants should possess a Ph.D./Psy.D. in clinical/counseling psychology from an APA-accredited institution or be awarded the degree by the start of the training program and should also be graduates of APA-accredited or APPIC listed predoctoral internships by the beginning of the training. Stipend is \$40,000 plus liberal benefits including subsidized health insurance. Selected applicants will have substantial commitment to rural mental health practice. **Deadline for receipt of completed application is May 1, 2014.** To apply, send letter of interest, resume, copy of graduate transcripts, professional writing sample (all identifying information redacted) and three letters of recommendation from psychologists familiar with the student's academic and clinical acumen to: MCARPT Recruitment, P. O. Box 948, Detroit Lakes, MN 56501. See our website at www.mcarpt.org.

## NEVADA

**NEW INTERNSHIPS AVAILABLE 2014-2015:** Through the Nevada Psychological Association Training Consortium (NPATC). We are in the third year of offering predoctoral internships in clinical psychology. NPATC is committed to meeting all standards of an APA-accredited program and plans to actively pursue accreditation. Applicants from APA-accredited doctoral programs and programs seeking accreditation will be considered. Visit our website at www.nvpsychology.org/training-consortium. If interested, mail APPIC Match application and supporting documents, including a writing sample, to one of our Training Directors: Gary Lenkeit, 1820 E. Warm Springs Rd, Suite 115, Las Vegas, NV 89119, e-mail to: garylenkeit@gmail.com or Nicole Cavanaugh, 874 American Pacific Drive, Henderson, NV 89014 or Nicole.Cavanaugh@tun.touro.edu.

## NEW HAMPSHIRE

**PSYCHOLOGIST/LICENSED CERTIFIED SOCIAL WORKER—PHILLIPS EXETER ACADEMY (TEMPORARY ONE-YEAR ASSIGNMENT):** This one-year temporary clinical position is responsible for providing psychotherapy, crisis intervention, consultation, and mental health outreach services to enhance the psychological and emotional welfare of PEA students. In addition, depending upon Sabbatical replacement term,

this position will help coordinate the Academy Student Assistance Program (ASAP) and help facilitate the Student Listener program. Visit www.exeter.edu/careers for further detail and a complete listing of current openings and to apply online. An Equal Opportunity Employer.

**LICENSED/LICENSE-ELIGIBLE CHILD/ADOLESCENT PSYCHOLOGIST:** Full-time or part-time to join large 50+ provider, Nashua-Manchester-Peterborough-London-derry based multidisciplinary outpatient group practice. Opportunity to work on-site at family medical practices, conduct child/adult psych/neuropsych testing, and see adult therapy referrals available, if desired. Postdocs with long-term interest in staying at practice post-licensure may be considered for this position. Very collegial, high referral volume, practice with lots of peer consultation and supervision, located one hour from Boston, White Mountains, and seacoast. FFS income ranging from \$65,000-\$110,000 in tax-free New Hampshire, based on experience and clinical hours worked. Health, dental, disability, 401K. Start date March through September 2014. Send curriculum vitae to: Evan Greenwald, Ph.D. (evan.greenwald@counselingcenter.com) or fax: (603) 883-0007. Website: www.counselingcenter.com.

**ASSISTANT PROFESSOR:** Saint Anselm College, Department of Psychology, seeks three-year appointment at the rank of assistant professor, in developmental Psychology with a secondary proficiency in some other area of psychology. Ph.D. required and involves teaching general psychology, specialty areas, demonstrated teaching experience and close work with students in the classroom and research. **Review of applicants will begin immediately.** Saint Anselm College is a Catholic liberal arts college in the Benedictine tradition dedicated to educating students for a diverse world. Support for the college mission is expected. Successful candidates will be able to assist the college to further its strategic goals for institution-wide diversity and inclusiveness. Applicants should submit a letter of application, curriculum vitae, and a description of research interest online at www.anselm.edu/hr and three letters of reference may be e-mailed as a PDF document to the department's faculty assistant, Barbara Bartlett at bbartlett@anselm.edu with subject heading Psychology Search. Saint Anselm College is an Equal Opportunity Employer.

## NEW YORK

**PART-TIME CLINICAL PSYCHOLOGIST, PH.D./PSY.D., NYS:** Work with older adults in Nassau, Suffolk, Brooklyn or Westchester at Aging Matters Psychological Services, P.C. Rewarding population, flexible schedule, collegial atmosphere, sup-

portive supervision. Excellent clinical/administrative skills. Fluency in Spanish a plus for some positions. Send resume to drptomasso@agingmattersny.com.

**(-) ASSISTANT PROFESSOR, TENURE-TRACK:** Yeshiva University, Ferkauf Graduate School of Psychology, School-Clinical Child Psychology program, assistant professor, tenure-track. We are looking for an outstanding candidate with training and professional identification with the professional specialty of school psychology. *The position will involve the following:* 1) research/scholarship in a substantive area related to school psychology, 2) graduate teaching in assessment and specialty areas, 3) supervising doctoral research and 4) program responsibilities. Applicants with a strong record of research productivity and potential external funding are sought. The candidate should be licensed or license eligible in New York State. Salary is competitive/nine months. Ferkauf Graduate School of Psychology is located on Yeshiva University's Albert Einstein College of Medicine Campus. The School-Clinical Child Program is an APA-accredited and NASP-accredited Doctor of Psychology program. Information about the program can be obtained at <http://yu.edu/ferkauf/school-clinical-child-psychology/>. Ferkauf Graduate School of Psychology offers three APA-accredited doctoral programs: Clinical, School-Clinical-Child and Clinical Health and a master of mental health counseling program. Applications from minority candidates are especially encouraged. Yeshiva University is an equal opportunity employer. **Application review will begin immediately and will continue until the position is filled.** Send in both print copies and e-copies of curriculum vitae, evidence of teaching credentials, representative publications, and three letters of reference to: Dr. Abraham Givner at [abraham.givner@einstein.yu.edu](mailto:abraham.givner@einstein.yu.edu), and at Ferkauf Graduate School of Psychology, Rousso Building - Room 116, 1300 Morris Park Avenue, Bronx, NY 10461.

**IN SEARCH OF PSYCHOLOGIST WHO LIKES TO WORK WITH CHILDREN AND ADOLESCENTS:** Looking for psychologist with an interest in minimum of three days position with good solid expertise in child and adolescent therapy. Advantage if experience, and on insurance panels. Contact: Andrea Grunblatt at: [AGrunblatt@gmail.com](mailto:AGrunblatt@gmail.com) for more information.

**POSTDOCTORAL FELLOWSHIPS IN RESIDENTIAL SCHOOL SETTING:** The Berkshire Farm Center/Berkshire Union Free School District (Berkshire) in rural Canaan, NY, announces two openings in its training program for postdoctoral fellows in clinical/school psychology. Fellows function as members of



## Clinical Health Psychologist

**Geisinger Health System (GHS) is seeking a Clinical Health Psychologist to join a well-established, collegial group practice in this dynamic regional health system. Find innovation, integrated healthcare and a respected, valued role in patient care at Geisinger.**

The position offers a unique and exciting opportunity to help our team develop an integrated primary care program, with a large internal grant sponsored by the Geisinger Quality Fund. The program will be initially instituted at four clinical sites across central Pennsylvania.

### **About the Position:**

- Innovative, integrated approach to patient care, with commitment to evidence-based practice and outcomes evaluation
- In addition to primary care, work with integrated care teams across a variety of medical disciplines including oncology, cardiology, bariatric surgery, endocrinology, chronic pain and outpatient psychiatry
- Supervise and teach psychology interns, postdoctoral fellows and medical students
- Collegial, collaborative relationship with psychiatrist group
- Opportunities for research collaboration, particularly in outcomes research
- Clinical faculty appointment available at Temple Medical School

### **Job Requirements:**

- PhD or PsyD from an APA accredited program and internship
- License eligibility in Pennsylvania
- Demonstrated experience and interest in clinical health psychology

**Geisinger Health System** serves nearly 3 million people in central and northeast Pennsylvania and has been nationally recognized for innovative practices and quality care. A mature electronic health record connects a comprehensive network of 4 hospitals, 43 community practice sites and more than 900 Geisinger primary and specialty care physicians.

**Discover for yourself why Geisinger has been nationally recognized as a visionary model of integrated healthcare. For more information, please visit [Join-Geisinger.org](http://Join-Geisinger.org) or send CV to: Charlotte Collins, PhD, c/o Jocelyn Heid, Manager, Professional Staffing, at 1-800-845-7112 or [jheid1@geisinger.edu](mailto:jheid1@geisinger.edu).**

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interdisciplinary teams and work in a number of capacities. *Assessment responsibilities include:* standardized evaluative methods for children and adolescents as part of clinical intake and Committee on Special Education processes. *Intervention responsibilities include:* group and individual counseling contacts that promote social growth and emotional regulation. Fellows provide mental health and behavioral consultation to families, school, clinical and residential staff. Fellows accrue hours necessary for licensure in psychology. All applicants should have experience working with children and adolescents with a history of disruptive behavior challenges as well as mental health needs. Applicants should have completed pre-doctoral internship prior to anticipated start date and have earned a doctorate from an APA-accredited clinical, school, or counseling psychology program. Submit a letter of intent, curriculum vitae, transcripts, and three letters of recommendation. **Applications will be reviewed immediately and this will continue until the positions are filled; apply by March 24, 2014.** Start dates will be negotiated shortly after appointments are finalized. Submit materials to: John M. Kowalski, Ph.D., Training Director, Berkshire Farm Center/Berkshire Union Free School District, 13640 Route 22, Canaan, NY 12029. Berkshire is an Equal Access/Equal Opportunity/Affirmative Action Employer.

## OHIO

**STAFF PSYCHOLOGISTS, DIVISION OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS:** The Division of Developmental and Behavioral Pediatrics at Cincinnati Children's Hospital Medical Center is seeking full-time staff psychologists with formal training and/or experience with individuals with developmental disabilities including autism spectrum disorders. **We have openings in two specialized programs.** Our staff psychologists work in multidisciplinary teams of professionals in the comprehensive evaluation and treatment planning of children from infancy to young adulthood with a range of disabilities and behavioral challenges. *Additional opportunities include:* supervision of graduate trainees and postdoctoral fellows and involvement in on-going research projects. In our main division, we are seeking full-time staff psychologists with expertise and experience in the diagnosis and treatment of individuals with developmental disabilities in an outpatient center. In collaboration with the Division of Psychiatry we are seeking full-time staff psychologists with expertise and formal training in applied behavioral analysis to provide behavioral assessment and treatment of children dually diagnosed with developmental disabilities and severe behavior disorders and their

families in an acute care stabilization program, in step-down outpatient services and when admitted for medical care. Cincinnati Children's Hospital Medical Center is a leading medical research and teaching hospital consistently ranking among the top three pediatric hospitals in the nation, according to the *U.S. News & World Report* 2013–2014 edition of America's Best Children's Hospitals. As an organization committed to supporting faculty, it makes this a great place to launch and/or develop your career and change the outcome for children. We also offer a top tier compensation and benefits package. Interested candidates should send letter of interest along with curriculum vitae to: Nicole Bing, Psy.D., DDBP Psychology Lead, Division of Developmental and Behavioral Pediatrics (DDBP), e-mail: Nicole.Bing@cchmc.org.

## OKLAHOMA

**POSTDOCTORAL CHILD PSYCHOLOGY:** ASD, TFCBT, early childhood postdoc starting September 2014. \$36,000 health/dental insurance, 401k match, paid leave, etc. Possible staff position thereafter. Send curriculum vitae to: Moore Counseling Center, P.C. at: Dr.Ward@yahoo.com.

## PENNSYLVANIA

**CLINICAL DIRECTOR:** Keystone Human Services is seeking an experienced clinician to serve as Director of Clinical Services and provide clinical leadership for a range of programs and services to individuals with developmental disabilities and behavioral challenges in community-based residential settings. The clinical director will provide direction and supervision to employees performing clinical functions. The successful candidate will fulfill a variety of clinical tasks and maintain clinical oversight to assure consistent and effective implementation of services and individual treatment plans. The incumbent also will participate as a member of the senior management team for ID Services-Central Region. The clinical director will work collaboratively with other clinical directors regarding the overall planning, organization, coordination and development of clinical services throughout KHS. *Required minimum qualifications:* The Director of Clinical Services must be a human services professional licensed to practice in Pennsylvania, preferably in the field of psychology. A doctoral degree is preferred but not required if exceptional clinical skills have been demonstrated. Minimum of six years of experience working in human services, developmental disabilities and/or autism support. To apply, visit [www.keystoneemployment.com](http://www.keystoneemployment.com) or contact: Mandie Levan at [alevan@keystonehumanservices.org](mailto:alevan@keystonehumanservices.org).

**VISITING ASSISTANT PROFESSOR, SOCIAL PSYCHOLOGY:** Westminster College, New Wilmington, PA. Westminster seeks a Ph.D. social psychologist for a visiting assistant professor position, renewable for up to two years, to begin fall 2014. *The primary courses to be taught in the six-course teaching load:* a laboratory course in Social Psychology, Organizational Psychology and Advanced Social Psychology Research, in which collaborative research is conducted with students. *Other possible courses include:* Cognition, Research Design and Statistics, Introductory Psychology, or additional classes that fall under the candidate's area of expertise. Westminster College is a coeducational, national liberal arts institution with historical ties to the Presbyterian Church (USA). The College enrolls approximately 1,400 students and employs approximately 104 full-time faculty. It is located in rural western Pennsylvania and is within easy driving distance of both Pittsburgh and Cleveland. Westminster College was ranked first in the nation by *Forbes* magazine as the "Best College for Women in Science, Technology, Engineering and Math." See <http://www.westminster.edu/>. *Preferred qualifications include:* a Ph.D. in psychology and appropriate teaching and research experience. A successful interview and demonstration of relevant ability are required. **Review of applications will begin March 15, 2014 and continue un-**

**til the position is filled.** Applicants should submit a letter of application that addresses areas of research interests and teaching philosophy, curriculum vitae, graduate transcripts, representative publications, and three reference letters to: Dr. Mandy B. Medvin, Department of Psychology, Westminster College, 319 S. Market Street, New Wilmington, PA 16172-0001. An Equal Opportunity Employer.

## SOUTH CAROLINA

**EXPERIENCED CLINICAL PSYCHOLOGIST:** Established private practice within a 25 physician multidisciplinary practice. Referrals from outside sources also. Must be licensed or eligible for license in South Carolina. Practice located in beautiful and growing Greenville, SC. Forward curriculum to: [hjacobsonphd@yahoo.com](mailto:hjacobsnphd@yahoo.com) or contact: Howard A. Jacobson, Ph.D. at (864) 546-7315.

## TEXAS

**ASSOCIATE DEAN FOR RESEARCH AND CHAIRPERSON, DEPARTMENT OF EDUCATIONAL PSYCHOLOGY:** The College of Education (COE) at the University of Houston (UH), a Carnegie designated Tier 1 university, seeks dynamic leaders to assume key administrative

## Child Psychologist Opportunity

**Geisinger Health System is seeking a Pediatric/Clinical Child Psychologist to work in an established integrated primary care setting.**

**About the Pediatric Integrated Primary Care Psychologist Position:** Join a team of enthusiastic psychologists working collaboratively with psychiatrists, pediatricians and pediatric subspecialists in an academic healthcare system; Provide a broad range of behavioral health services to children and adolescents; Participate in research/program evaluation of the Geisinger integrated care initiative; Supervise a postdoctoral fellow; Participate in teaching activities associated with our APA-accredited psychology internship; Clinical faculty appointment is available at Temple Medical School

**If interested, contact: Paul Kettlewell, PhD, ABPP, c/o Jocelyn Heid, Manager, Professional Staffing, at 1-800-845-7112 or [jheid1@geisinger.edu](mailto:jheid1@geisinger.edu).**

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positions as we aspire to significantly impact the education and health of Houston's nearly 2 million Pre-K-20 students through our research, service, and professional degree programs. The College is centrally located in one of the most diverse and vibrant metropolitan areas in the U.S., with access to the internationally renowned Texas Medical Center and the largest school district in Texas. Successful candidates for these positions will have a demonstrated track record of innovation and leadership and a history of interdisciplinary collaboration and peer-mentorship. *Associate Dean for Research will be responsible for advancing the research culture in the COE while serving as a catalyst for the ongoing cutting-edge research that advances the educational, health, and quality of life experiences of local, state, national, and international communities. Scope of work:* advance the COE research mission of achieving greater local, state, national, and international prominence, facilitate targeted relationships with external funding agencies and community partners, provide leadership and oversight of the COE Research Office which includes pre- and post-award grant support, facilitate collaborations among researchers

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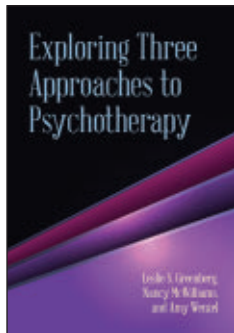
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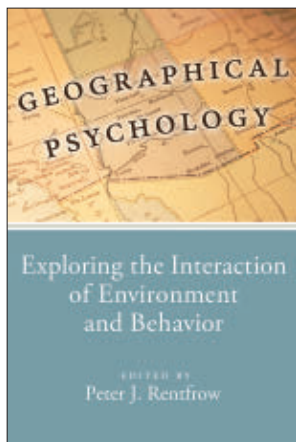
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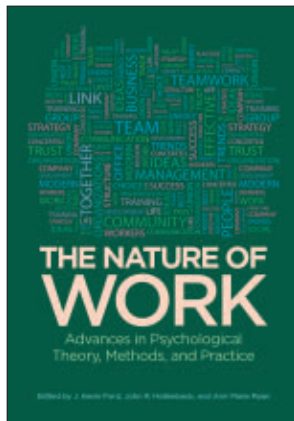
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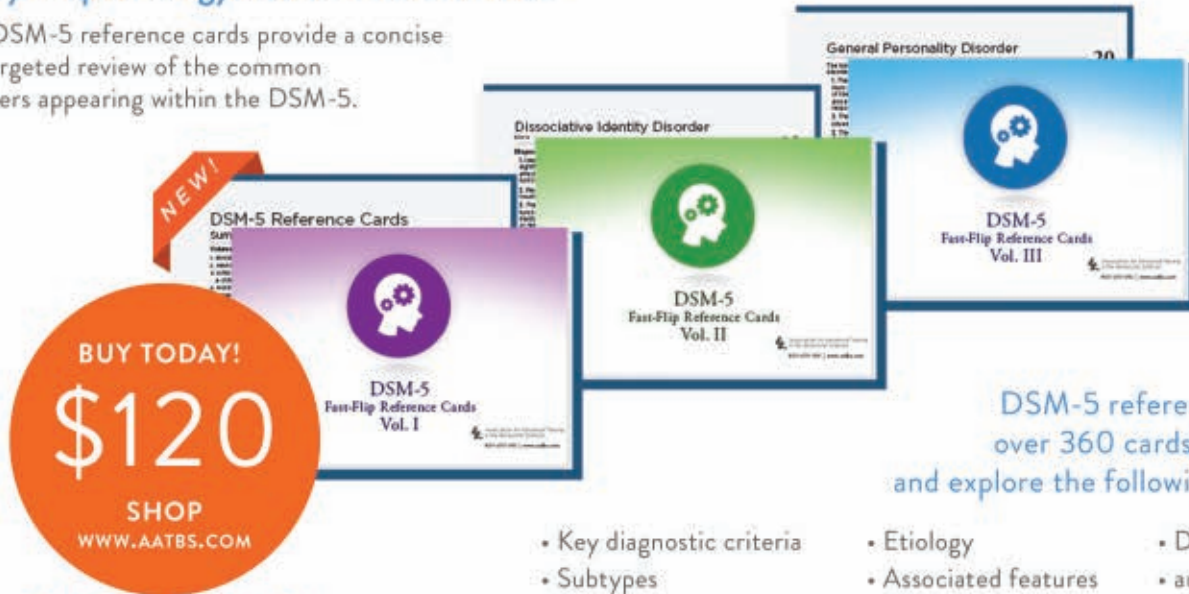
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