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Monitor



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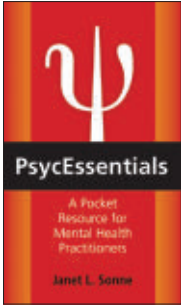
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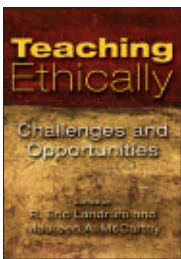
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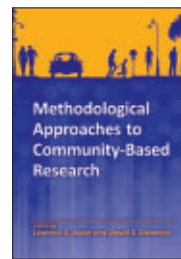
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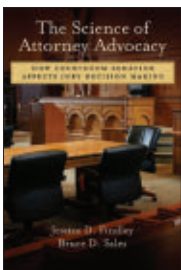
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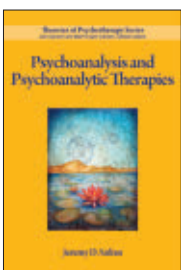
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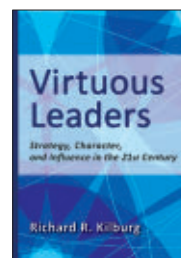
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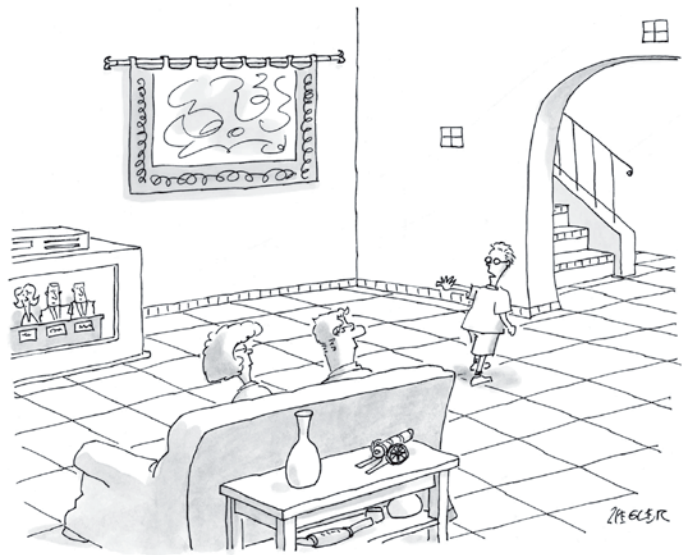
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“I’m going back to my room, where the media is a little less mainstream.”

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Letters

Treatment guidelines

I am concerned about APA's plans to write treatment guidelines for obesity ("Treatment guideline development now under way," December *Monitor*). Since when is obesity, per se, a psychological disorder? Why are we not writing treatment guidelines for *eating* disorders?

As far as I am aware, the literature (scientific literature in general, not just ours) shows that obese people are *no different* psychologically than so-called "normal-weight" people except insofar as they have symptoms resulting from their being victims of discrimination. In that case, by the way, no psychological measurement is able to differentiate overweight people from, say, African-Americans who've suffered discrimination.

More importantly, there is also research data to support the theory that weight is generally *not* a variable that people can control, whereas healthy habits (e.g., good nutrition, active lifestyle) are, and furthermore that it is perfectly possible — and pretty common — for obese people to be healthy via good habits while more slender people (not to mention the too-thin) can and frequently do have lifestyle-related cancers, high cholesterol, high blood sugar, and/or high blood pressure due to poor habits or simply bad genes. So why would we write treatment plans based on *weight*?

I would refer anyone who wants to know more about this to Linda Bacon's and Lucy Aphramor's article at <http://www.nutritionj.com/content/10/1/9> for an excellent review of the issues.

VIRGINIA S. WOOD, PSYD
Woodstock, Ga.

APA's response

The Advisory Steering Committee (ASC) considered a wide range of factors in determining the most suitable topics for APA's initial treatment guidelines, including the functional and societal impact of the disorder and the potential for APA guidelines to improve the quality of care and health of those affected. On all criteria, depression and obesity ranked highest.

The ASC is impressed by the evidence that psychological interventions have a positive impact on a range of health and mental health conditions, as well as by the pressing need for psychologists to work in partnership with other health-care providers to address these public health problems.

However, the existing research evidence on effective treatments for obesity and their health benefits has not been adequately synthesized for widespread dissemination to psychologists. It is precisely because of the divergent viewpoints noted by Dr. Wood that evidence-based treatment guidelines are needed for obesity.

As experts in behavior change, psychologists have been instrumental in developing, testing, and disseminating many of the most effective interventions for obesity. Behavior change is difficult, but treatments that use proven psychological techniques to address nutrition and exercise habits, as well as individual barriers to change, can help people manage their weight and prevent many of the health conditions that accompany obesity. Given the epidemic of obesity in modern society, targeting this area with guidelines to promote effective long-term behavior change is important and timely.

For more information on APA's

work developing treatment guidelines, please visit www.apa.org/about/offices/directorates/guidelines/clinical-treatment.aspx.

STEVEN D. HOLLON, PHD
Chair, Advisory Steering Committee

Exercise and mental health

The December article "The exercise effect," was decent, but I found it somewhat lacking. The implication in my reading is that there hasn't been much research, while research goes back to the 1960s.

When tested against antidepressants, there are a number of studies showing exercise was just as effective, and some studies showing it has more lasting benefits. Another omission was not mentioning John Ratey's book published last year, "Spark: The Revolutionary New Science of Exercise and the Brain," which documents studies in different chapters for depression, anxiety, addiction, ADHD and stress. I highly recommend this book for anyone interested in this topic.

I also give testimony that running/walking — "rulking" — is greatly benefitting me while a family member is experiencing major psychiatric issues.

MIKE MILLER, PHD
North Olmsted, Ohio

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.

Increasing psychology's role in interdisciplinary science

BY DR. SUZANNE BENNETT JOHNSON • APA PRESIDENT



APA's strategic plan includes both expanding psychology's role in advancing health and increasing psychology's recognition as a science. To successfully address these two goals, psychology must become a bigger player in interdisciplinary science. In 2004, the National Academy of Sciences (NAS) published a groundbreaking report, *Facilitating Interdisciplinary Research*

(www.nap.edu/catalog/11153.html). In that report, interdisciplinary research was defined as “a mode of research by teams or individuals that integrates information, data, techniques, tools, perspectives, concepts, and/or theories from two or more disciplines or bodies of specialized knowledge to advance fundamental understanding or to solve problems whose solutions are beyond the scope of a single discipline or area of research practice.” Science is becoming more interdisciplinary because many research problems, as well as the major challenges facing society, are so complex that they cannot be answered by a single discipline. The National Institutes of Health (NIH) Roadmap also focused on “Research Teams of the Future” made up of investigators from many disciplines, combining their skills and knowledge to accelerate discovery. NIH has set aside funds “to change academic research culture such that interdisciplinary approaches and team science spanning various biomedical and behavioral specialties are encouraged and rewarded” (<https://nihroadmap.nih.gov/interdisciplinary/index.aspx>).

There are many barriers to interdisciplinary science. Although new scientists are often interested in this approach, universities are organized by departments, silos of scientific disciplines, often with little or no financial incentives to engage in interdisciplinary science or teaching. Promotion and tenure committees reward single-author or first-author papers in the top journals within the department's discipline; products of interdisciplinary science teams are typically co-authored by multiple authors, often large in number. Top journals within a discipline are often narrowly focused and do not provide a good publication home for interdisciplinary efforts. Often, there are few mechanisms to hire new faculty in positions that cross department lines. Within this academic environment, established scientists who mentor the next generation often do not have the skills or the interest to move into new interdisciplinary areas of inquiry. Consequently, the next generation of scientists finds it

difficult to acquire the necessary training to function effectively on interdisciplinary science teams.

Psychology faces all of these issues. Perhaps worse, psychology is often left out of interdisciplinary science teams because other disciplines do not consider psychology when identifying team members. Even when a psychologist asks to become part of a team, he or she may be met with skepticism by other team members who consider themselves to be the “real” scientists. Psychology must address both the considerable institutional barriers to interdisciplinary science and train the next generation of psychological scientists to effectively advocate for psychology as a science. In my experience, other scientists do come to value the psychological expertise I bring to the team, but only after I have demonstrated its value with good science!

The *Facilitating Interdisciplinary Science* report called upon professional societies to seriously address impediments to interdisciplinary science. I am pleased that APA focused its 2011 Education Leadership Conference on this issue (www.apa.org/ed/governance/elc/2011/index.aspx). In addition, APA's Board of Scientific Affairs and Board of Educational Affairs appointed a joint task force to develop recommendations for training psychologists for interdisciplinary team science. In response to this effort, I am establishing an interorganizational work group to identify structural barriers within the academy that impede psychology's participation in interdisciplinary team science as one of my presidential initiatives. The goal is not only to identify barriers — such as hiring practices, promotion and tenure requirements, and funding formulas — but to identify solutions. There are a host of creative models that have successfully been used to increase both interdisciplinary science and teaching within the academy; our interest will be those that include psychology. By articulating models and solutions, APA will provide its own roadmap for increasing psychology's role in interdisciplinary science. ■

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On behalf of children

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



This month's *Monitor* features several articles that offer a glimpse of the many ways psychologists are working to help and better understand our nation's children. Focusing on children's mental health needs has never been more important. Research suggests that nearly half of all psychological diagnoses occur in childhood or adolescence, with the average onset being

early adolescence (Kessler et al., 2005). Recognizing children's tremendous needs, all four of APA's directorates — public interest, education, practice and science — have spearheaded efforts on behalf children:

- Last year, the **Public Interest Directorate** marked the 25th anniversary of its highly regarded Committee on Children, Youth, and Families (CYF). The committee focuses its efforts on raising awareness of and helping one of the nation's most vulnerable populations, producing resolutions on bullying, immigrant children, child abuse and preventing students from dropping out of school, to name a few. The committee's resolutions often fortify testimony in court cases and legislation. CYF has also been working to ensure that such critical issues remain central to the Obama administration's health-care reform law.

APA's Council of Representatives, the association's highest policymaking body, has adopted many CYF resolutions, including those on preventing obesity, violence in video games, bullying, mistreating of children with disabilities, corporal punishment and violence in mass media. CYF has also developed a draft resolution on the harmful effects of severe physical punishment of children by parents. It includes promising empirical evidence of alternative approaches to prevent negative behavior. This draft resolution will be placed on the committee's spring 2012 cross-cutting agenda. CYF also has been evaluating mental health needs of youth in foster care and this year intends to focus more on advocacy for this crucial constituency.

- APA's **Education Directorate** is home to the Center for Psychology in Schools and Education, which provides a wealth of resources that help to bring psychology into the nation's schools to benefit educators as well as children. Most recently, the center has developed material on best practices in classroom management, dealing with disruptive students and bullying.

The directorate also put together a database of national

competitions for K–12 students interested in science, technology, engineering and math at the request of the White House's Office of Science and Technology Policy. One ongoing project is to study the impact of specialized public high schools focusing on science, math and technology. Another is to develop an APA award to be given to a local school each year in the city hosting APA's Annual Convention. An expert panel is generating criteria for the award.

- A priority for APA's **Practice Directorate** is to support evidence-based treatment options for child and adolescent mental health disorders. The directorate also develops professional practice guidelines for child custody and protection, among other areas. In addition, the directorate oversees APA's affiliation with the National Commission on Correctional Health Care, a partnership that develops standards for quality health care in prisons, jails and juvenile facilities. The Practice Directorate also has a task force that is working to provide secondary school teachers with materials about serious mental illnesses and severe emotional disturbances.

- Topping the **Science Directorate's** agenda is working to secure federal research funding for psychological science, including research on child development, children's mental and physical health, education and learning. The directorate encourages federal agencies, such as the National Institutes of Health, to prioritize research on topics that may impact children's health. This includes exposure to violence in the home, communities and schools, as well as behavioral interventions for mental and emotional disorders. The directorate's Government Relations Office also advocates for basic and applied research on learning at the National Science Foundation and the U.S. Department of Education. The directorate shares advances in psychological science with Congress, focusing on topics such as developmental disabilities, substance abuse, obesity and high-risk sexual behavior. ■

APA files two briefs in support of same-sex couples

APA has filed two friend-of-the-court briefs — one in the U.S. 1st Circuit Court of Appeals and one in the Montana Supreme Court — that support the legal rights of same-sex couples. The cases are significantly different in their arguments before the court, but the briefs rely on the same social science research showing that homosexuality is a normal expression of human sexuality and that same-sex couples are not any less fit or capable than heterosexual parents and that their children are no less adjusted.

“The briefs are part of a straightforward effort to reduce discrimination by promoting the research on same-sex relationships and the influence of same-sex parents on children,” says Clinton Anderson, PhD, associate executive director of APA’s Public Interest Directorate.

The 1st Circuit case stems from a Massachusetts lawsuit, *Gill v. Office of Personnel Management*. The plaintiffs, a group of same-sex couples, widows and widowers from same-sex relationships, say the federal Defense of Marriage Act definition of marriage as a union between one man and one woman is unconstitutional. That provision, they say, bars the federal government from recognizing marriages of same-sex couples who are legally married in their home states. It also prevents the couples from receiving any of the federal benefits of marriage awarded to opposite-sex married couples.

APA’s brief in the *Gill* case addresses the assumption, stated by the judge from the Massachusetts appeals court, that Congress was motivated by hostility toward same-sex couples when it passed the Defense of Marriage Act.

“The brief argues that the research clearly shows that there is no justification for that animus,” says Anderson. The brief states that “the claim that legal recognition of marriage for same-sex couples undermines the institution of marriage and harms their children is inconsistent with the scientific evidence.”



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The brief was co-signed by the Massachusetts Psychological Association, the American Psychiatric Association and the American Medical Association, among others.

It’s unclear when the 1st Circuit will decide the case, but experts believe it, along with several other cases challenging the Defense of Marriage Act, may be headed to the U.S. Supreme Court.

Meanwhile, in the Montana case — *Donaldson and Guggenheim v. State of Montana* — the plaintiffs ask that the Montana government provide same-sex couples with the same legal privileges awarded to married couples. They argue that under the equal protections granted by Montana’s Constitution, the state cannot discriminate against same-sex couples in denying them legal privileges, such as hospital visitation rights, tax breaks and shared property rights.

APA’s brief, which was co-signed by the Montana Psychological Association, argues that there’s no scientific justification for discriminating against same-sex couples.

—B. AZAR

New registry seeks to understand addiction recovery through ‘crowdsourcing’

Scientists interested in addiction and recovery now have a way to harness the power of the Internet, thanks to the newly launched National Quit and Recovery Registry (www.quitandrecovery.org). The site uses a type of information-sharing known as “crowdsourcing” to connect scientists and people who have overcome any type of addiction. Participants can share their own experiences and register to be contacted for online and on-site studies.

“We’re hoping that, by being in contact with people who have quit an addiction for a year or more, we will be better able to inform the treatment process,” says Warren Bickel, PhD, who runs the site and directs the Advanced Recovery Research Center of the Virginia Tech Carilion Research Institute. “It’s a positive information-sharing opportunity for us to learn from the people who have been successful in quitting an addiction, and to share that knowledge with health-care providers and other researchers.”

Crowdsourcing has been successfully used in obesity research, enabling the creation of a national weight control registry in which scientists can learn, for example, how people avoid weight gain during the holidays.

“There’s a great opportunity to do similar work to

learn how people stay in recovery,” Bickel says.

In particular, he adds, the center is interested in identifying the treatment or personal strategies that people who have quit addictions used to initiate their recovery, comparing the decision-making style of people who are addicted versus those in recovery, and the associated brain correlates.

The registry is still seeking participants, or “recovery heroes,” to share their stories and experiences. People can participate in two ways: by registering their contact information with the Registry for upcoming studies, including Internet surveys and on-site visits at the center, and by anonymously sharing their own success stories on the website for the public to read. All personal information is kept strictly confidential, Bickel says, in accordance with human subjects regulations. The goal is to attract enough participants that the center can conduct sophisticated studies on addiction and recovery, share that information with other researchers in the field, and to provide a useful resource for recovery studies.

—E. WOJCIK

Explore the National Quit and Recovery Registry at www.quitandrecovery.org.



APA launches a new database of tests and measures

Inventories, surveys, questionnaires and scales, whatever you call them, “tests are absolutely essential to psychological research,” says Linda Beebe, senior director of PsycINFO in APA’s Office of Publications and Databases.

But tracking down unpublished tests has been like searching for the proverbial needle in the haystack — until now. Last September, APA launched PsycTESTS, a comprehensive database of psychological tests and measures.

Psychologists have developed thousands of tests, scales and surveys to measure everything from personality and intelligence to spirituality and addiction. But only a fraction of those assessments have been commercially published and sold in bulk. “Librarians report that finding measurement instruments is the single most frequent request from graduate students,” says APA Publisher Gary R. VandenBos, PhD. “PsycTests is an exciting tool to respond to this need, for all levels of researchers.”

For the past three years, the PsycINFO team has been scouring peer-reviewed journals and emailing authors to collect as many tests as possible. The work has paid off. The database contains information about some 3,000 tests, including about 2,100 downloadable copies of the tests themselves.

Previously, Beebe says, the only place to search for non-

commercial tests was the database of the Educational Testing Service, which administers the SAT and other standardized tests. However, that database contains only 1,200 entries, most of which are focused on education rather than psychological assessment. PsycTESTS is the first centralized collection of psychology-specific tests.

All of the assessments in PsycTESTS have been reported at conferences or in peer-reviewed journals, dissertations, technical reports or books, Beebe says. To help psychologists and students find the tests they need, the database also contains information about tests sold commercially.

The database was offered to institutions beginning in September 2011, and the initial feedback has been overwhelmingly positive, VandenBos says. PsycTESTS is now available to individual APA members in the PsycNET package. Users can also purchase day passes to search the PsycTESTS database for 24 hours.

PsycTESTS continues to grow, and new tests are added monthly. Psychologists who have developed their own assessments are encouraged to submit them to the database.

For more information about the database, including a video tutorial about how to submit your own tests, visit www.apa.org/pubs/databases/psyctests.

—K. WEIR

Watch for a new member benefit: “APA Access”

Looking for ways to get more involved in your association? Want to nominate a colleague for an award? Want more information on APA’s 2012 Annual Convention? Information on all these association activities and much more appears in “APA Access,” the new bimonthly newsletter distributed to all members via email.

Read the newsletter at www.apa.org/pubs/newsletters/access. For more information, contact Steven Schwark at sschwark@apa.org.

Apply now for this summer’s Advanced Training Institutes

APA is offering four Advanced Training Institutes (ATIs) this summer of 2012 to expose advanced graduate students, postdoctoral fellows, new and established faculty, and other researchers to state-of-the-art research methods and emerging technologies.

This year’s ATIs are:

- **Structural Equation Modeling in Longitudinal Research**, University of California, Davis, May 29–June 2. Apply by March 20.
- **Exploratory Data Mining in Behavioral Research**, University of California, Davis, June 4–8. Apply by March 20.
- **Research Methods with Diverse Racial & Ethnic Groups**, Michigan State University, June 11–15. Apply by March 27.
- **Non-Linear Methods for Psychological Science**, University of Cincinnati, June 18–22. Apply by March 27.

To get complete information about these programs, go to www.apa.org/science/resources/ati.

APA's PsycTHERAPY brings therapy demos to life

In 1965, a video called "The Three Approaches to Psychotherapy" turned the tables for therapists-in-training. The classic film, commonly called the "Gloria video" for the female patient who appeared in the sessions, was a big step forward for teachers and students, says Ed Meidenbauer, director of APA's video media. "Before that, training psychotherapists was difficult because you couldn't show what happened behind the closed door of the therapy room."

Training videos soon became mainstream, and in the 1990s APA started its own video demonstration series. Fast forward to today, when we've moved far beyond VHS tapes and even DVDs. With the advent of streaming technology, Meidenbauer says, it was possible to compile an impressive database of training videos.

The database, known as PsycTHERAPY, was released for sale to institutions in September and is now available to APA members in PsycNET packages.

It fills a real need, says APA Publisher Gary R. VandenBos, PhD. "Students in training have always complained that they have needed to imagine what famous therapists actually do in psychotherapy. Videotapes make the process of learning psychotherapy much easier," he says.

While the primary audience is graduate students and their instructors, the service is likely to be useful to experienced practitioners as well. "A practitioner may want to see how a different approach looks in practice, or they may want to see how another therapist may be dealing with a specific presenting issue," Meidenbauer says.

PsycTHERAPY contains some 300 video demonstrations by more than 100 expert psychotherapists working with real-life volunteers, not actors. Those participants represent more than 50 diagnostic categories, VandenBos says, and the database is expected to grow with 40 to 80 new videos added every year.

Gone are the days of fast-forwarding videotapes or skipping



A video clip from "Finding alternatives to gambling," available on APA's PsycTHERAPY database.

through DVD menus to find relevant clips. PsycTHERAPY is designed to be user-friendly, Meidenbauer says. The database contains searchable transcripts of all the available video. Click on any word in the transcript, and the video will scroll to that exact point.

Database users can search for a specific approach, such as cognitive behavioral therapy; a topic, such as anxiety or gambling problems; or even therapeutic techniques, such as the empty-chair technique. "In addition, the database allows for rapid movement between videotapes of different therapists so that it's very easy to compare and contrast technique and style," VandenBos says.

Beyond video itself, each database record contains a variety of information, says Meidenbauer, including details about the approach and the techniques, and any tests or measures used in the demonstration. Clearly, video technology has come a long way from Gloria and her three approaches.

"The response has been very positive. People are excited about it," Meidenbauer says. "They see this as very useful in training and teaching psychotherapy."

—K. WEIR

For more information, visit www.apa.org/pubs/databases/psyctherapy/.

IN Brief

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

Keith Brofsky



Blacks who reported experiencing very stressful racism are more likely to be depressed and anxious, a study suggests.

■ **For African-Americans, perceived racism may cause mental health symptoms similar to trauma and could even lead to physical health disparities,** according to a meta-analysis of 66 studies comprising 18,140 black adults in the United States. The study showed that blacks who reported experiencing more and very stressful racism were more likely to report depression and anxiety, which may contribute to the black population's high rate of hypertension (*Journal of Counseling Psychology*, Nov. 7).

■ **People with high blood pressure and other stroke risk factors are also more likely to develop cognitive problems,** according to a study conducted at Indiana University. Scientists collected data on nearly 24,000 people who had

no history of cognitive impairment or stroke and assessed each person's risk for experiencing a stroke, based on their ages and whether they had high blood pressure, diabetes or heart problems. They also assessed participants' cognitive health with a six-item screening test, which was repeated annually for four years. They found that each 10-year increment in age doubled a person's risk of developing clinically significant cognitive impairment, and that the existence of left ventricular hypertrophy — an enlargement of the heart that can result from high blood pressure — increased their risk by about 30 percent (*Neurology*, Nov. 8).

■ **The less people know about complex issues such as the economy, energy consumption and the environment,**

the more they want to avoid becoming well-informed, according to a series of five studies by researchers at Duke University and the University of Waterloo. In one study, participants were asked to provide information about their knowledge of the nation's natural resource management and then read a statement declaring that the United States has less than 40 years' worth of oil. Those who said they felt unknowledgeable about the U.S. oil supply not only avoided negative information about the issue, they became even more reluctant to know more when the issue became imminent (*Journal of Personality and Social Psychology*, Nov. 7).

■ **Highly creative people are more likely to cheat, possibly because they're better able to rationalize their actions,** suggests a study by scientists at Duke University and Harvard University. In one experiment, participants were shown drawings with dots on two sides of a diagonal line and asked to indicate whether there were more dots on the left side or right side. In half of 200 trials, it was virtually impossible to tell whether there were more dots on one side or another, but the subjects were told they'd be paid 10 times as much for each time they said there were more dots on the right side. Participants who previously scored high on tests of creativity were significantly more likely to give the answer that paid more, rather than the one they thought was right (*Journal of Personality and Social Psychology*, Nov. 28).

■ **Impatient people have lower credit scores**, finds research by two economists from the Federal Reserve's Center for Behavioral Economics and Decisionmaking in Boston. The researchers asked 437 people whether they'd rather receive a small reward now or wait for a larger reward later. The participants who were most willing to wait for the larger payout had FICO scores of 30 points higher, on average, than those who said they'd take a smaller immediate payment. The study also found that people who were least patient had average FICO scores below 620 — a commonly used cutoff for prime and subprime lending (*Psychological Science*, Dec. 7).

■ **Children with autism have more brain cells and heavier brains compared with typically developing children**, according to a small study based at the University of California, San Diego, on the potential prenatal causes of autism. Scientists counted the brain cells in specific regions of the prefrontal cortex in postmortem brains of seven boys who had autism and six typically developing males. They found that children with autism had 67 percent more neurons in the prefrontal cortex and heavier brains for their age compared with typically developing children. Since these neurons are produced before birth, these findings suggest that faulty prenatal cell birth or maintenance may be involved in the development of autism (*Journal of the*



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Moms who worked either full- or part-time reported less depression and better health, a study finds.

American Medical Association, Nov. 9).

■ **Neurons grown from skin cells may help researchers better understand how the brain's wiring goes awry in the development of autism**. Stanford University scientists converted skin cells from patients with Timothy Syndrome — a rare, purely genetic form of autism that affects fewer than 20 people worldwide — into stem cells and then coaxed these to differentiate into neurons. They found that neurons that make long-distance connections between the brain's hemispheres also

tended to be in short supply — a finding that may help in developing new therapies for Timothy Syndrome and provide insights into the neural basis of deficits in other forms of autism (*Nature Medicine*, Nov. 27).

■ **Working may help mom's mental health**, according to research from the University of North Carolina at Greensboro. Scientists analyzed data from 1,364 mothers interviewed shortly after their children's birth and over the course of 10 years. They found that moms who were employed full- or part-time reported fewer symptoms of depression and better overall health than stay-at-home moms. The study also found that moms who work part-time provided the most learning opportunities for their children — such as taking them to museums and to music lessons (*Journal of Family Psychology*, December).

■ **Unfair bosses and ambiguous expectations are strong predictors of workplace bullying**, finds a study led by researchers at the Norwegian Institute of Public Health. Based on data collected from more than 10,000 employees within 65 organizations, the



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

study showed that a “hands-off” leadership style, role conflict and role ambiguity were strongly related to bullying at the departmental level. The authors say that targeting these departmental or organizational practices may be one of the most effective ways to reduce bullying (*International Journal of Stress Management*, November).

■ **Changes in mothers’ mental states before and after giving birth may slow infant development**, according to a University of California, Irvine study. Researchers assessed pregnant women for depression before and after giving birth, and followed their babies’ development for several months. They found that mental and physical development was faster in babies with mothers who either were depression-free or had depression both before and after giving birth. Babies’ development was slower if their mothers went from depressed before birth to non-depressed after birth or from non-depressed before birth to depressed after birth (*Psychological Science*, Nov. 10).

■ **Breast cancer survivors struggle with cognitive problems several years after treatment**, finds a study out of the Moffitt Cancer Center and Research Institute in Tampa. Study participants, including 62 breast cancer

patients treated with chemotherapy and radiation, 67 patients treated with radiation only and 184 women with no history of cancer, completed neuropsychological assessments six months after finishing treatment and again 36 months later. The study confirmed that both chemotherapy and radiation can cause cognitive problems in breast cancer survivors that persist for three years after they finish treatment.



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In one study, babies’ mental and physical development was faster when their mothers were either depression-free or had depression both before and after giving birth.

They did not find, however, that hormonal therapy, such as tamoxifen, affected cognition (*Cancer*, Dec. 12).

■ **Another study confirms that alcohol consumption causes people to consider having unsafe sex**, according to researchers at the University of Toronto. Through a series of 12 experiments, study participants were randomly assigned to drink alcohol or not. Then researchers asked participants whether they would engage in unsafe sex. They found that for every 0.1 mg/mL increase in blood alcohol level, participants’ willingness to engage in unprotected sex increased by 5 percent (*Addiction*, January).

■ **Some personality traits are broadcast through scent**, according to research at the University of Wroclaw in Poland. Researchers collected cotton T-shirts worn over three consecutive nights by 60 participants and asked raters to smell the shirts and guess how the donors’ rated on the “Big Five” personality traits — openness to experience, conscientiousness, extroversion, agreeableness and neuroticism. The raters predicted the donor’s level of extroversion and neuroticism through smell at an above chance level — about as accurately as participants in past research predicted these personality traits based on a

video depicting a person's behavior (*European Journal of Personality*, Oct. 12).

■ **The antidepressant mirtazapine may help reduce methamphetamine use among gay men**, according to research led by scientists at the University of California, San Francisco. In the study, half of the trial's 56 participants received a daily dose of mirtazapine; the other half, a placebo. After 12 weeks of treatment, men assigned to the mirtazapine group had 19 percent fewer methamphetamine-positive urine test results than the men assigned to the placebo group. Risky sexual behaviors also decreased among the mirtazapine group over the course of the trial (*Archives of General Psychiatry*, November).

■ **Babies as young as 8 months old prefer it when antisocial people are mistreated**, according to a study led by a University of British Columbia psychologist. Researchers presented four scenarios to 100 babies using animal hand puppets. After watching puppets act negatively or positively toward other characters, the babies were shown puppets either giving or taking toys from these "good" or "bad" puppets. When prompted to choose their favorite characters, babies preferred puppets that mistreated the bad characters (*Proceedings of the National Academy of Sciences*, Nov. 28).

■ **Nice guys make less money**, according to a study led by a business professor at the University of Notre Dame. Researchers collected data from

10,000 workers from around the nation and found that men who perceive themselves as being less agreeable earn an average of 18 percent more than their more agreeable co-workers. A woman's level of agreeableness has little to no effect on her pay (*Journal of Personality and Social Psychology*, Nov 28).

■ **Early weight gain may predict whether or not a child will become obese**, according to a study conducted at the University of Montreal. Scientists analyzed the body mass indexes (BMI) of 1,957 children whose height and weight measurements had been taken yearly, from age 5 months to 8 years, and identified three trajectory groups: children with low but stable BMI, children with moderate BMI and children whose BMI was elevated and rising. The children who went on to become obese tended to be those who had high and rising BMI before age 4. Researchers also found that those children whose mothers were



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Children who became obese later on tended to have high and rising BMIs before age 4, a study found.

overweight or smoked during pregnancy were significantly more likely to be in the high-rising group. By the time these children moved into middle childhood, more than 50 percent of them were obese (*Archives of Pediatric and Adolescent Medicine*, October).

— A. NOVOTNEY



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

APA scientists help guide tobacco regulation

A new arm of FDA is relying on psychologists' expertise in its effort to protect the public from harms associated with tobacco use.

BY DR. GEOFFREY MUMFORD

President Barack Obama gave the Food and Drug Administration (FDA) regulatory authority over tobacco by signing the Family Smoking Prevention and Tobacco Control Act in 2009. Since then, many APA scientists have worked hard to see that psychological research has been applied to the law's various mandates, which seek to regulate the way cigarettes and smokeless tobacco products are manufactured, labeled and marketed.

The bulk of that work has been conducted under the auspices of the FDA's new Center for Tobacco Products, which was created by the act, with oversight by the FDA's Tobacco Products Scientific Advisory Committee. Getting psychologists appointed to the advisory committee was critical, and APA's nominations were very well received. FDA selected Jack Henningfield, PhD, of the Johns Hopkins University department of psychiatry and behavioral sciences, and Dorothy Hatsukami, PhD, of the University of Minnesota Masonic Cancer Center, to serve on the inaugural roster.

The advisory committee has been charged with evaluating several areas of interest to psychologists, including:

- The impact of menthol in cigarettes on public health, including its use by children, African Americans, Hispanics and other racial and ethnic minorities.
- The impact of dissolvable tobacco products on the public health, including

that of children. (Unlike ordinary chewing tobacco, these products dissolve in the mouth.)

- The effects of manufacturers' alteration of nicotine in tobacco products and whether there is a threshold level below which nicotine yields do not produce dependence on the tobacco product involved.

- Any application to the FDA for modified-risk tobacco products, in which the manufacturer uses such terms as "mild" or "lite" in its packaging to claim that the product is less harmful than traditional tobacco products.

The Family Smoking Prevention

and Tobacco Control Act banned the marketing and sale of all flavored tobacco products except menthol in September 2009. In March 2011, a voluminous report on menthol cigarettes off the market would "benefit public health in the United States." That recommendation was based on findings suggesting that although menthol is not toxic on its own, adding it to tobacco products increases the likelihood that people will try the cigarettes and that they will become addicted to them and make it harder for them to quit. This is particularly true for African-American



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In this era of decreased research funding, FDA's new Center for Tobacco Products has a sizable budget of \$85 million for its first year, \$235 million for its second, eventually growing to \$711 million by its 11th year.

smokers who are more likely to smoke menthol cigarettes.

The advisory committee will take up the use of dissolvable tobacco products in the coming months. Two more of APA's nominees for the committee — Robert Balster, PhD, of Virginia Commonwealth University School of Medicine, and Tom Eissenberg, PhD, Virginia Commonwealth University department of psychology — will participate in those deliberations.

APA and its members are offering psychology's expertise to the Center for Tobacco Products in other ways as well. For one, APA partnered with several other organizations in an effort spearheaded by the Campaign for Tobacco-Free Kids to inform FDA's approach to determining what constitutes "substantial equivalence," in which a tobacco company tries to avoid the rigors of FDA's new product review by saying that all of its products should be grandfathered under the claim that they are substantially equivalent to already-approved products.

Although ingredient manipulation of tobacco products might not seem directly relevant to psychology, adding ammonia or changing the leaf blend to alter a cigarette's nicotine yield can make a cigarette more addictive. As a result, both the FDA and the psychological science community have long been interested in the abuse liability of pharmaceuticals and now, with the Family Smoking Prevention and Tobacco Control Act, have the opportunity to apply that science to the regulation of


tobacco products.

The FDA center offers further good news for scientists: In this era of decreased research funding, the center has a budget of \$85 million for its first year, \$235 million for its second and \$450 million for its third, growing eventually to \$711 million by its 11th year and beyond. That level of funding will enable FDA to support important new research and help the biomedical and behavioral science community better track the


effects of new FDA regulations.

One such initiative is a joint venture between the National Institutes of Health and the FDA called the Tobacco Control Act National Longitudinal Study of Tobacco Users. Investigators will follow more than 40,000 users of tobacco products and those at risk for tobacco use age 12 and older. Researchers will explore such factors as what makes people susceptible to tobacco use, what health problems result from its use and what effects regulatory changes have on people's risk perceptions. ■

Geoff Mumford, PhD, directs APA's Office of Science Policy.





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A-mazing research

A look at the origins and continued use of the maze in psychological research.

BY DR. C. JAMES GOODWIN

In his 1937 APA presidential address, the noted neobehaviorist Edward Chace Tolman, PhD, made a startling claim: “Everything important in psychology ... can be investigated in essence through the continued experimental and theoretical analysis of the determinants of rat behavior at a choice-point in a maze.”

Even in its day, this was quite an assertion: psychology boils down to what makes a rat turn left or right in a maze. Tolman was known to overstate the case for effect, but the quote does say something about the importance of maze learning to psychological scientists in the 1930s.

What are the origins of this iconic apparatus, and how did the maze come to be held in such esteem?

Most historians agree that the animal maze was first developed at Clark University in the late 1890s, in the laboratory of Edmund Sanford, PhD, in a study by his graduate student, Willard Small. At about the same time, Edward Thorndike, of cats-in-puzzle-boxes fame, had been experimenting with baby chicks in maze-like devices (he called them “pens”) constructed by placing books on end in various configurations, but the Clark experiments were the first real maze studies. They launched a rats-in-mazes tradition that continues to this day.

Home-finding

The idea for the first maze study was sparked by a conversation between

Sanford and another Clark graduate student, Linus Kline. Small and Kline were both interested in the then-new Darwin-inspired field of comparative psychology. They had been studying rats and were especially interested in what they called the rat’s “home-finding” ability. Kline told Sanford he had observed “runways ... made by large feral rats to their nests under the porch of an old cabin on [his] father’s farm in Virginia.” When these runways were exposed during an excavation, their maze-like appearance immediately suggested to Sanford using the Hampton Court Maze design to study “home-finding.”

At that time, the Hampton Court Maze in England was a popular tourist stop, arguably the world’s most famous hedge maze. It was part of the sprawling attraction of Hampton Court, just outside London, built as a home away from throne for the British royal family. Built in 1690, the maze consists of twists and turns and six-foot-tall hedges that continue to perplex visitors today. At the time of his conversation with Kline, Sanford had just returned from London; it is conceivable that he had visited the maze on that trip.

Whatever the origins of Sanford’s suggestion, the Clark lab soon had its own mini-version of the Hampton Court Maze, redesigned slightly to make it rectangular instead of trapezoidal. The 6’ x 8’ maze had a wooden floor and wire mesh walls. Small became the lead researcher on the project when Kline had to step away for other research. In 1899, Small began his research, publishing

his results two years later. This was a time when psychology was the science of mental life, so it is not surprising that Small described his maze study in “mentalist” terms, rather than in the kind of language one might expect to read in a more modern “learning” study. So instead of reporting results in terms of error rates and time to completion, Small tried to infer what the rats were doing as they made their way through the maze. Although Small was criticized by Thorndike for being overly anthropomorphic, his results make for fascinating reading. For example, describing a rat almost making a wrong turn, he wrote that the rat “hesitated as if ‘scratching his head,’ then entered this [dead end path] slowly and doubtfully — only a few steps, however; then with a sudden turn and a triumphant flick of his tail he returned to the correct path” (Small, 1901).

Despite the anthropomorphism, Small made important observations that were verified by subsequent studies. For instance, two of his rats were blind, yet they learned the maze just as easily as their sighted compatriots. Small’s conclusions that vision was not needed to learn the maze, and that learning resulted from “the gradual establishment of direct associations” between maze stimuli and motor responses (Small, 1901), were supported a few years later in a famous series of studies by behaviorism’s founder, John Watson.

Maze learning turned out to be more complex than either Small or Watson thought, but Small’s work is



Tourists visit the maze at Hampton Court Palace in London on July 14, 1933. The maze — first built in the 1690s — was an inspiration for the rat maze developed at Clark University in the late 1890s.

less important for its conclusions than for the fact that it initiated a flood of research using mazes. Over the next few decades, versions of the Hampton Court Maze and many variations of it appeared throughout the academic landscape, as research psychologists used the maze to explore the basic processes of learning. Rats weren't the only subjects making their way through the twists and turns; Human maze studies began appearing, ranging from simple table-top devices

that blindfolded humans tried to learn by running a stylus through grooves cut into wood, to human-size mazes in the spirit of Hampton Court.

One such study was attempted by E.G. Boring, psychology's famous historian. As a graduate student at Cornell, the center of Titchenerian introspective psychology, Boring constructed an outdoor maze similar to the Hampton maze but with a circular design ("walls" were

created with wooden stakes and wire). Blindfolded, Boring and several fellow grad students wound their way through the maze, rattling off introspective reports about the experience as they went along. They even tied sacks of flour to their backs with holes piercing the bottom so they could later trace their progress (if only they had taken pictures). The results were inconclusive. Boring later said that the main outcome of

TIME Capsule

his only maze study was that he fell in love with one of his fellow maze-running colleagues, Lucy Day, whom he eventually married.

Mazes' heyday

Mazes reached their experimental heyday in the 1930s and 1940s, when Tolman could claim that rat behavior at a choice point was the key to psychological knowledge and not be laughed off the stage. In those days, mazes were the apparatus of choice in the battles among competing learning theorists (e.g., Tolman, Hull). Today, mazes continue to be used by experimental psychologists. The goal is

no longer to understand maze learning per se; rather, the maze is just another useful tool for examining such topics as drug effects and spatial memory.

Yet the maze holds an exalted position in psychology's history, thanks to Kline's comments about rats burrowing under a porch, Sanford's knowledge of Hampton Court, and Small's landmark study. ■

C. James Goodwin, PhD, is professor emeritus at Western Carolina University. Katharine S. Milar, PhD, of Earlham College, is historical editor for "Time Capsule."

Suggested reading:

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‘A machine for jumping to conclusions’

Nobel Laureate Daniel Kahneman’s new book, “Thinking, Fast and Slow,” examines how our ability to think quickly and intuitively can sometimes lead us astray — in predictable ways.

BY LEA WINERMAN
Monitor staff

To Daniel Kahneman, PhD, the human mind is a marvel, but a fallible one.

Kahneman, who is best known as the only psychologist to win a Nobel Prize (in economics), has spent decades investigating people’s automatic thought processes. He has found that what he calls our “System 1” — our automatic, intuitive mind — usually lets us navigate the world easily and successfully. But, when unchecked by “System 2” — our controlled, deliberative, analytical mind — System 1 also leads us to make regular, predictable errors in judgment.

Considering those errors in the 1970s led Kahneman and his longtime collaborator Amos Tversky, PhD, who died in 1996, to develop the Nobel-prize-winning theory that explains why human beings often make economic decisions that aren’t perfectly rational — in contrast to what economists had long believed.

Kahneman spoke to the *Monitor* about his new book, “Thinking, Fast and Slow,” which sums up his life’s research on human judgments, decision-making and, most recently, happiness.

Can you give an example of how System 1 and System 2 work?

I should begin by saying that I don’t believe they are really systems. They are expository fictions, and I write the book

as a psychodrama between two fictitious characters.

System 1 is in charge of almost everything we do. Most of everything we do is skilled, and skilled activities are largely carried out effortlessly and automatically. That even includes routine conversation; it’s very low effort. So System 1 is a marvel, with some flaws. System 2 is slow and clunky but capable of performing complicated actions that System 1 cannot carry out.

For example, if I say 2 plus 2, a number comes to your mind. That is System 1 working. You didn’t have to compute it, you didn’t have to do anything deliberate, it just popped out of your associative memory.

If I say 17 times 24, no number comes to your mind — you’d have to compute it. And if you computed it, you’d be investing effort. Your pupils would get larger, your heart rate would accelerate, and you’d be working. That’s System 2.

What is the significance of these two systems? What are the implications for psychologists and laypeople?

They’re really two modes of thinking. And everybody recognizes the difference between thoughts that come to mind automatically and thoughts that you need to produce. That is the distinction.

The main point that I make is that System 1 is very efficient and highly skilled, and in general it’s monitored by System 2. But in general we’re experts at

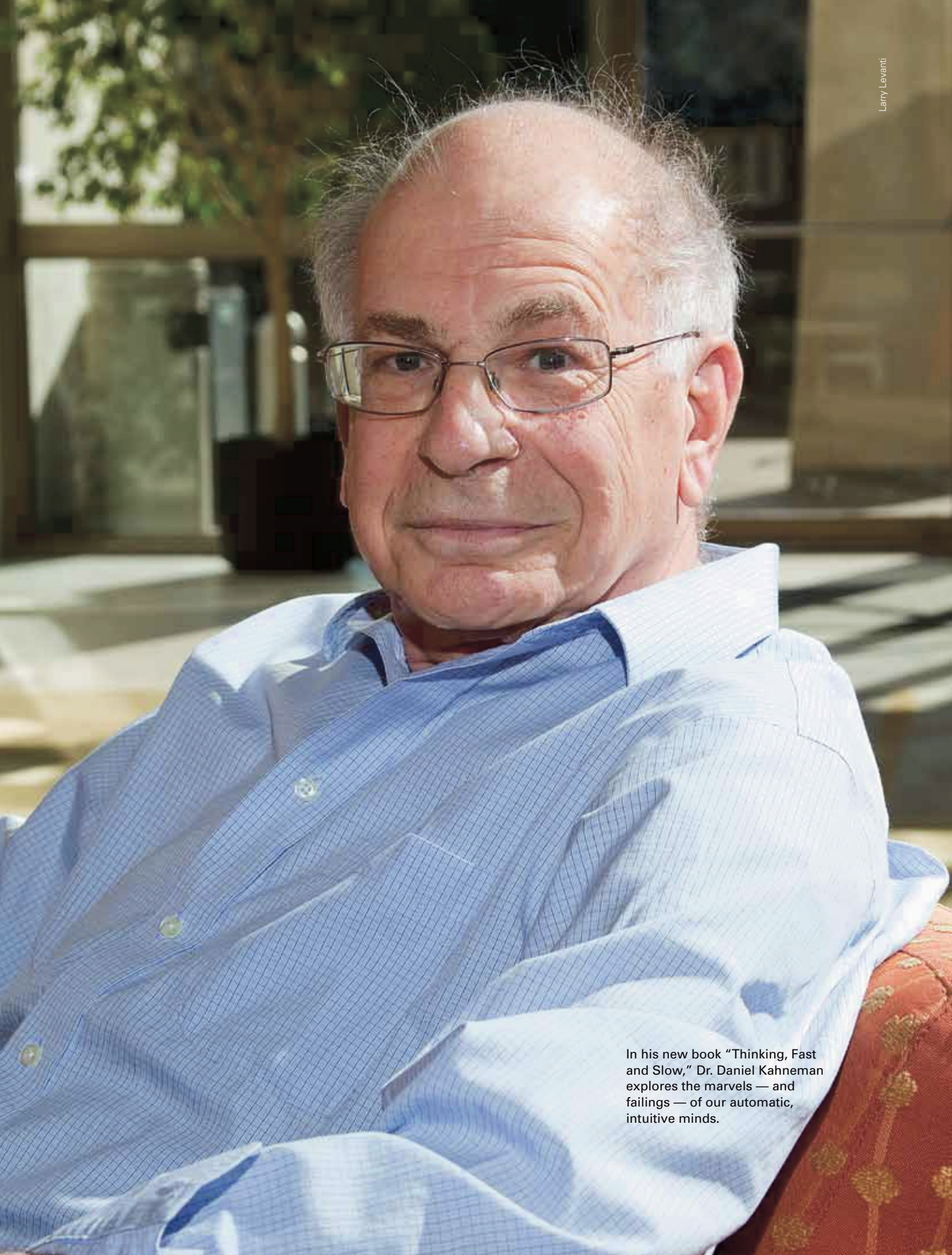
what we’re doing, we do most of what we do well, so System 2 mostly endorses and generates actions from System 1. System 2 in part is a mechanism for second-guessing or controlling yourself. But most of the time, we don’t have to do much of that.

But, System 1 can sometimes lead us astray when it’s unchecked by System 2. For example, you write about a concept called “WYSIATI” — What You See Is All There Is. What does that mean, and how does it relate to System 1 and System 2?

System 1 is a storyteller. It tells the best stories that it can from the information available, even when the information is sparse or unreliable. And that makes stories that are based on very different qualities of evidence equally compelling. Our measure of how “good” a story is — how confident we are in its accuracy — is not an evaluation of the reliability of the evidence and its quality, it’s a measure of the coherence of the story.

People are designed to tell the best story possible. So WYSIATI means that we use the information we have as if it is the only information. We don’t spend much time saying, “Well, there is much we don’t know.” We make do with what we do know. And that concept is very central to the functioning of our mind.

There is a very nice example of this, and it’s actually the thing that impressed



In his new book "Thinking, Fast and Slow," Dr. Daniel Kahneman explores the marvels — and failings — of our automatic, intuitive minds.

Questionnaire

Malcolm Gladwell when he wrote the book “Blink.” We form an impression of people within less than a second of meeting them, in some cases. We decide whether they’re friendly, hostile or dominant, and whether we’re going to like them. And clearly, we form that impression with inadequate information, just based on their facial features or movements. This is WYSIATI — we don’t wait for more information, we form impressions on the basis of what is available to us.

**System 1 is a marvel, with some flaws.
System 2 is slow and clunky but capable
of performing complicated actions that
System 1 cannot carry out.**

Gladwell emphasized that there was some accuracy to those, but they are very far from perfectly accurate. They’re better than nothing ... but what is striking is that you form them immediately in the absence of adequate information.

Can a person train him or herself to say, “Wait, what other information is out there that I’m missing?”

Well, the main point that I make is that confidence is a feeling, it is not a judgment. And that feeling comes automatically; it itself is a product of System 1. My own intuition and my System 1 have really not been educated

to be very different. Education influences System 2, and enables System 2 to pick up cues that “this is a situation where I’m likely to make those mistakes.” So on rare occasions, I catch myself in the act of making a mistake, but normally I just go on and make it.

When the stakes are very high, I might stop myself. For example, when someone asks me for an opinion and I’m in a professional role, and I know that they are going to act on my opinion or take it very seriously, then I slow down. But I make

very rash judgments all the time. I will make a long-term political prediction, then a little voice will remind me, “but you’ve written that long-term political predictions are nonsensical.” But you know, I’ll just go on making it, because it seems true and real at the time I’m making it. And that’s the WYSIATI part of it. I can’t see why it wouldn’t be true.

You’ve mentioned that it might be easier for organizations to overcome these cognitive errors than individuals. Could you talk a little about why that is?

Well, it’s very difficult for people to overcome their biases. Organizations by their very nature think slowly, and they

have an opportunity to set machinery in place to think better. I’m not terribly optimistic about that either; I’m not generally known for optimism. But one could imagine an organization deciding to improve its decision-making, and we have some ideas about what it might do to do that.

Could you give an example?

An example I mentioned in the book is psychologist Gary Klein’s “premortem” method. To use the method, an organization would gather its team before making a final decision on an important matter. Then, all the team members are asked to imagine that the decision led to disastrous failure, and to write up why it was a disaster. The method allows people to overcome “groupthink” by giving them permission to search for potential problems they might be overlooking.

And we published some other ideas in the Harvard Business Review this year. We presented a whole checklist of questions that could be asked, and recommendations.

You’ve more recently moved into the study of happiness, and you’ve found that life satisfaction and day-to-day happiness are different things, with different causes. Children, for example, seem to contribute to life satisfaction, but not day-to-day happiness. And in a study last year, you found that any income over \$75,000 doesn’t increase people’s day-to-day “experienced happiness,” but that more money can increase life satisfaction. Can you talk about this line of research?

Yes, people don't really distinguish between life satisfaction and happiness. At one point I was saying the word "happiness" should be retired because it's so ambiguous. But if it's to be retained, it should be applied to experience, and what you think about your life should be called "satisfaction" or some other word.

There's such a dilemma about defining subjective well-being. All of us prefer unitary definitions to definitions that are all over the place. But for this one, a unitary definition doesn't work because you cannot ignore life satisfaction as a measure of well-being. And the reason you cannot ignore it is that this is what people want to achieve. People have goals, and they want to achieve those goals. And the tradeoff between the misery of diapers and measles and all that, and just the joy of children, are incommensurate. I mean it's clear that one of them is vastly more important than the other. So, this is one way of looking at it.

On the other hand, you really cannot ignore the experiencing self either. So how do you find a balance between these two not entirely compatible ways of looking at life and happiness and well-being? That's unsolved. I haven't solved it. I take some pride in having raised the question, but I haven't solved the question.

One last question. Your book was dedicated to Amos Tversky, and painted a vivid portrait of how you two worked together. Could you talk a bit about that collaboration and how it made your research possible?

We were really exceptionally lucky. What we were doing and the way we were doing it meshed very well. It turned out we could do a lot of research while walking, by testing each other's intuitions, and so we didn't need a lab. If the two of us agreed that we shared the same intuition, collecting the data and showing that other people shared the intuition became almost secondary. We were pretty sure, and we were almost always right.

Each of us found the other extremely interesting. That was a joy and we knew it. We were particularly fortunate because our skills overlapped enough that we understood each other immediately, but we kept surprising each other, and that's because we had somewhat different skills. I was more intuitive and he was more formal; he had the clearer mind. And the combination really worked extremely well. We were very lucky. That comes through, doesn't it? ■



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PEARSON

The banning of alcoholic energy drinks



BY MARC W. PEARCE, JD, PHD, UNIVERSITY OF NEBRASKA–LINCOLN • BYRON L. ZAMBOANGA, PHD, SMITH COLLEGE • KATHRYNE VAN TYNE, UNIVERSITY OF CHICAGO

In recent years, it has become popular for young drinkers to mix caffeinated energy drinks with alcoholic beverages. Some manufacturers responded to this trend by developing pre-mixed versions of the drinks. One such drink, called Four Loko, was marketed as an energy drink, but it contained up to 12 percent alcohol by volume (most beers are 4 percent to 6 percent alcohol). Four Loko was also promoted, in part, on social networking websites that targeted college-aged drinkers.

Concerns soon arose that the “energy” component of these beverages masked the feelings of intoxication that normally accompany alcohol use, leading people to drink more than they realized. In 2010, injuries and accidents attributed to the use of Four Loko caused a number of colleges to ban the drink. In addition, two wrongful death lawsuits — each involving underage drinkers — have been filed against the maker of Four Loko. One of these suits alleges that a 15-year-old drank two cans of Four Loko before he became paranoid and disoriented, ran into a road and was struck by an SUV. The other suit alleges that a 20-year-old shot himself in the head after consuming a large amount of the drink.

Pressure from various states caused MillerCoors and Anheuser-Busch to reformulate their alcoholic energy drinks. In addition, the Food and Drug Administration warned other drink manufacturers, including the makers of Four Loko, that their products were unsafe. Thus, alcoholic energy drinks were essentially banned. Four Loko is now sold without caffeine or other stimulants, and it is no longer marketed as an energy drink.

What makes alcoholic energy drinks so dangerous and attractive to young drinkers? Psychological research provides some clues. For one, energy drinks do appear to mask the subjective symptoms of alcohol intoxication without reducing alcohol’s effects on motor and visual functioning (Ferreira et al., 2006; Price et al., 2010), which forms a dangerous combination. Research also suggests that students often drink more alcohol when they combine it with energy drinks (Price et al., 2010).

In addition, the advertising of these drinks may have had a strong impact on young people. Although there appears to be no research specifically addressing the marketing of alcoholic energy drinks, energy drink advertising campaigns often target younger people, and each year a typical adolescent may

encounter thousands of beer, wine and liquor advertisements in print, on television and on the radio (Aitken, 1988; Unger et al., 2003). Research suggests that there is an association between advertising exposure and adolescents’ drinking behaviors, though it is difficult to infer a causal relationship (Anderson et al., 2009). For example, results from one study indicate that advertising exposure is positively associated with increased alcohol consumption, and each per-capita dollar spent on advertising is associated with a 3 percent increase in the number of drinks consumed each month (Snyder et al., 2006).

It remains to be seen how the courts will handle suits associated with these drinks, and new psychological research could prove very helpful in those cases.

Research also suggests that the manufacturers’ use of social networking sites and other new media advertising strategies may have had a strong impact upon adolescent consumers. As a group, adolescents are frequent users of social networking sites, and they sometimes use these sites to discuss substance use and other risky behaviors with friends (Williams & Merten, 2008). Adolescents who read posts about alcohol use on these sites tend to perceive them as indicative of their peers’ actual behaviors, which may in turn influence their attitudes toward alcohol use (e.g., Baker & White, 2010; Moreno et al., 2009). For example, adolescents who read Facebook profiles that reference alcohol use and who perceive such use as typical are more likely to report having thoughts that predict alcohol use (Litt & Stock, 2011).

In short, the available research seems to confirm the fears that contributed to the banning of the beverages, but there are few studies directly on point. It remains to be seen how the courts will handle suits associated with these drinks, and new psychological research could prove very helpful in those cases. ■

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

Jennifer E. Burke Lefever, PhD

Joseph Raymond



A data expert, parenting researcher and Fighting Irish fan.

■ **APA member since:** 2000

■ **Hometown:** Elkhart, Ind.

■ **Datasmith:** Lefever is associate director of the Center for Children and Families at the University of Notre Dame, where she is also a research assistant professor. As the “resident data nerd” at the multidisciplinary research center, she helps fellow faculty prepare grant proposals, sort out methodology and analyze data. A favorite project has been helping a professor secure funding for a study in which robots teach social skills to children with autism. “The children are often more attracted to robots than people,” says Lefever. “You

can isolate mannerisms in robots and teach the children what they mean, which is harder to do with humans.”

■ **Prompting better parenting:**

Lefever also uses her stats smarts for her own research on adolescent parenting and early child development. With funding from the Centers for Disease Control and Prevention, for example, she is testing a mobile phone system that teaches mothers at risk for child neglect how to be better parents. She’s found that moms who receive regular phone reminders about consistent bedtime routines and other good parenting strategies become more engaged in the

intervention than moms who learn parenting skills through home visits only.

■ **Bleeds blue and gold:**

Lefever earned her dual-doctorate in developmental and quantitative psychology at Notre Dame. She is proud to have found a job at the renowned Catholic university. “I’m Irish Catholic, and we all make a pilgrimage here at some point. I’ve just extended mine,” she says.

■ **Farm grown:** Lefever is the youngest of 10 children — seven girls and three boys — raised on a farm outside of Chicago. As she and her nine siblings have married and started their own families, the extended Burke clan now totals 90 people. “We rent a hall and all celebrate Christmas together, and that’s the one time we all get together each year,” says Lefever, who brings her husband and two sons — Alex, 8, and Duncan, 4.

■ **A big tripper:** Lefever loves to travel, an interest she developed when visiting her older siblings at college and cemented while studying Japanese in Hirakata-shi, Japan, as an undergraduate. For her next adventure, Lefever plans to visit Ireland this fall with her high school best friend of 25 years to celebrate milestone birthdays — they both turn 40 this year.

“I’m looking forward to seeing the rolling green hills and rocky coastline and having a few pints in a cozy pub,” Lefever says.

—J. CHAMBERLIN

Each month, “Random Sample” profiles an APA member. You may be next.

Righting the imbalance

Psychology programs are using novel strategies to tackle the internship shortage.

BY TORI DEANGELIS

Three years ago, José Pons, PhD, found himself in a difficult situation. As chair of the psychology department at the Ponce School of Medicine in Ponce, P.R., he received a letter from APA's Commission on Accreditation saying that only 40 percent of his students were placing in internships accredited by APA or approved by the Association of Psychology Postdoctoral and Internship Centers (APPIC) — much lower than the rates of 75 percent or higher that many other psychology programs enjoy. The commission asked Pons to discuss how his program could ensure students had a quality education when his internship placement rate was so low, since doctoral programs cannot be accredited without high internship placement rates.

The reason for the sparse figures had largely to do with Puerto Rico's size: It has only two internship sites, one accredited by APA and the other approved by APPIC. And while Puerto Rico has adequate social and mental health services, "you're always competing to find slots for practicum and internship students," says Pons.

Pons knew he had to act swiftly. Over the next three years, he convinced his school to invest money in seeking APPIC membership for its internship program; to pay for new psychology internship slots in his school's psychiatry and psychology clinics; and to fund the development of an internship consortium made up of several hospitals and clinics in southern and central Puerto Rico. He also convinced Puerto Rico's Department of Labor to nominate psychology interns as "people in need of training" — a move that paid for 10 student interns in 2010 and 10 other interns in 2011 under a work-incentive program.

The result? "We're now placing more than 75 percent of our students in internships," says Pons, even more than the average doctoral program.

Pons is just one of several program directors who are tapping their creative skills to develop more psychology internships. Psychology programs nationwide have been forced to look for such solutions since only about three in four students have been securing internships over the past



decade — the result of an increase in PsyD doctoral programs and the number of students enrolled in those programs, says Greg Keilin, PhD, who coordinates the APPIC Match. In 2011, for example, 4,199 students applied for an internship, yet only 3,095 received one. More than 800 students didn't get matched in the first or second phase of the match process and 300 withdrew for various reasons. (For more details, see the November *gradPSYCH* at www.apa.org/gradpsych/2011/11/corner.aspx.)

And even when a student does land an internship, it may not be of high quality: One-quarter of all internships

are nonaccredited, according to APPIC statistics, meaning they're not vetted and therefore may lack essential ingredients for good training, says Steve McCutcheon, PhD. He chairs the Council of Chairs of Training Councils, the umbrella organization for doctoral, internship and postdoctoral training associations in psychology. Students who take such internships may face serious consequences later on, such as having difficulty getting licensed in some states and facing poorer job prospects than their peers.

There is still a long way to go in creating enough new, quality internships, McCutcheon adds. But by taking

A close call for interns in New York

On Sept. 28, psychology doctoral student Jason Edgar was attending a seminar at his internship site in Syracuse, N.Y., when his training director shared some distressing news: New York Gov. Andrew Cuomo was considering laying off 3,500 temporary workers who were part of a professional, scientific and technical union that also represented 22 state-paid psychology interns, including Edgar.

The layoffs were the result of a standoff between Cuomo and the union, which had voted down the terms of a contract that included provisions to halt raises for three years and increase the amount workers had to pay for their health insurance. Edgar's training director thought the interns might be protected because of their educational status. But two days later, Edgar received a letter informing him that the funding for his internship would be terminated on Oct. 19. "That's when the panic kicked in," says Edgar, who had relocated from California.

APA learned of the problem and sprang into action. APA sent a letter to Cuomo and key state officials, explaining that the internships rested on a contract between the students' doctoral programs and the training sites; that students would be profoundly affected financially and professionally if they were laid off; and that New Yorkers would lose valuable mental health services and the possibility of quality permanent workers if the interns lost their jobs.

Meanwhile, the American Psychological Association of Graduate Students was working on ways to reach as many students and psychologists as possible. With the help of APA Executive Director for Education Cynthia Belar, PhD, and Senior Policy Advisor Ellen Garrison, PhD, APAGS Associate Executive Director Nabil El-Ghoroury,

PhD, drafted an action alert that went out to some 8,000 students, 16,000 members of the Association of Psychology Postdoctoral and Internship Centers and 9,000 members of the New York State Psychological Association, asking recipients to contact New York residents they knew and ask them to prod Cuomo into protecting the interns. APPIC Chair Eugene D'Angelo, PhD, and NYSPA Executive Director Tracy Russell lent their muscle to the effort, sending the alert through listservs, e-newsletters and other online formats.

"It basically went viral," says El-Ghoroury. "People were emailing anyone they knew who would advocate for these students."

Happily, the resolution was both swift and positive. On Oct. 25, New York State Commissioner of Mental Health Michael F. Hogan, PhD, announced the state would continue to support this year's internship program. (In keeping with the state's budget woes, however, some of the sites have already decided not to fund interns for next year, according to APPIC.)

The other employees got to keep their jobs as well, as the union agreed to the terms of a new contract on Nov. 4 and Cuomo reinstated their jobs.

Among other things, the effort demonstrates the power of collaborative grassroots advocacy, says Garrison. "The governor's decision to reinstate the psychology internships — even before the union vote — shows what a coordinated, compelling message among psychology constituents can do."

For Edgar's part, the incident was a sober reminder of what psychology students face in a bad economy. And he's grateful for the support from organized psychology. "We felt like we weren't alone in this," he says.

—T. DeANGELIS

innovative approaches, Pons and others are serving as role models, paving the way for what will hopefully be an easier internship road for future graduate students, he and others say.

Philanthropy meets psychology

One of the most promising internship-creation efforts is an initiative that's using philanthropic funds to address mental health needs in Texas. The project is headed by Michele Guzmán, PhD, a clinical associate professor at the University of Texas at Austin. She also manages grants and coordinates evaluation efforts at the Hogg Foundation for Mental Health, an endowed philanthropy at the university that focuses on advancing mental health, recovery and wellness in Texas. Guzmán has blended her expertise in both areas to create psychology internships with Hogg Foundation funding.

Two key points helped convince her foundation colleagues to fund the internships as a way to develop the state's mental health workforce. First, Texas has a serious shortage of psychologists — in fact, 107 Texas counties have no psychologists at all. Second, it's easier to draw interns to underserved areas than it is to attract fully trained psychologists.

The foundation awarded \$1.6 million in competitive grants to three sites to help them form internships over a five-year period: Scott & White, a major health-care system in Central Texas; the University of Houston–Clear Lake Office of Counseling Services, a university counseling center serving older, less affluent students; and Travis County Juvenile Probation Department, a juvenile probation center in Austin.

As a condition of the grant, the sites have agreed to work toward APA accreditation by demonstrating that they have enough psychologists and institutional support to adequately train students. In all, the program will train 38 students over five years, with each site taking between two and four interns each year. Seven new one-year positions will be available for the 2012 match, growing to 11 by 2016.

The development is exciting for Scott & White, which has a strong record of providing integrated care but wants to expand its range of practitioners, says the system's director of internship training, Michael Carey, PhD, who wrote the grant. The interns will work in a variety of settings and see a diverse range of clients including those in poor, rural areas as well as patients at a new children's hospital. They'll also have the opportunity to work with certified a peer specialist — a person who has personal experience with mental illness and is trained to help others achieve recovery and wellness. "I think the interns will have a synergistic effect on psychiatry residents, medical residents and other trainees, as well as on the faculty of these various disciplines," he says.

Keilin, who helped Guzmán write the request for proposals for the grants, says that while the Hogg Foundation only funds projects in Texas, its impact could reach far beyond that

Why all psychologists should care about the internship shortage



Video: Ali Mattu, chair of the American Psychological Association of Graduate Students, discusses the broad implications of the internship crisis.

state. "There are other foundations and sources of funding out there, and this model provides a blueprint that will allow others to replicate this," he says.

Acting locally

Other programs are tackling the internship shortage by creating affiliated internships or internship consortia, an idea proposed in 1995 by University of Denver psychologist Jennifer Cornish, PhD. In the model, a program or professional school seeks out potential quality internship sites at nearby hospitals, clinics and other institutions. The psychology program provides organizational oversight so that internship site supervisors can share resources, ideas and sometimes students, who may do rotations at a variety of sites depending on how the consortium is organized. Because consortiums pool funding and expertise, they're able to collectively gain APPIC membership, which they wouldn't be able to do individually.

The clinical psychology program at Chestnut Hill College in Philadelphia is one example. There, Assistant Professor Jeanne DiVincenzo, PsyD, heads a "partially affiliated" internship started by the program in 2010 in which Chestnut Hill students get first dibs on internship slots in the first phase of the APPIC Match. The internships are then opened up to students nationally in the second phase of the match.

The college began by bringing together three sites it already had relationships with, and has since expanded to seven sites, including two mental health centers, a psychiatric hospital, an inpatient facility for eating disorders, a college counseling

center and two outpatient facilities. The number of internship slots during that time has doubled from seven to 14. Sites fund the internships in a variety of ways, including through grants, Medicare billing and stipends written into their budgets, says DiVincenzo.

Joining forces has had advantages for everyone involved. Site supervisors gain APPIC membership through the consortium as well as the ability to share resources and ideas. Interns receive more comprehensive and deliberate training because they have a coordinated team working with and for them. And patients get better access to care and better care, as interns' presence helps reduce wait times and they bring the latest on ethics laws, assessment and treatment. "They contribute a lot of energy and insight to treatment teams," DiVincenzo says.

And thanks to weekly didactic meetings that include all of the students, DiVincenzo and guest speakers, the arrangement gives the sense of being in a professional cohort, says Chestnut Hill student Angelika Montalbano, who is doing her internship at Rider University Counseling Center in New Jersey, one of the consortium sites. "I knew that no matter which placement I got [within the consortium], that all of the students would come together at the didactic meetings and learn about each others' sites," she says. "This experience feels

so much richer than it would if I were doing an internship at one independent site."

From McCutcheon's perspective, affiliated consortiums are an important development because they make doctoral programs responsible for ensuring students have access to quality internships. "The model says that students must attend a quality internship program, and that the program will provide resources to make sure those experiences are available," he says.

Toolkits and other efforts

Meanwhile, APA and related groups are spearheading other activities to address the internship imbalance, says Catherine Grus, PhD, APA's deputy executive director for education. For one, APA, along with several training councils, APPIC and the American Psychological Association of Graduate Students, has developed an internship toolkit that walks schools and psychology programs through the steps needed to create and expand internship programs (visit it at www.apa.org/education/grad/internship-toolkit.aspx).

In addition, APA's Government Relations Office continues to advocate for internship funds at the federal level, in particular for the Graduate Psychology Education Program, which funds internship programs, including intern salaries, in underserved areas through the Health Resources and Services Administration. Despite the current economic climate and significant cuts in other HRSA programs, APA was successful in securing \$3 million for the program in 2011, the result of nearly 360 visits to Capitol Hill by psychologists and psychology students, says Nina G. Levitt, EdD, APA's associate executive director of government relations.

Meanwhile, Guzmán and her Hogg Foundation colleagues continue to think creatively about ways to address the internship problem. They are now exploring the possibility of helping existing non-accredited internship sites in Texas take the necessary steps to become accredited.

"In some ways, this is an even more creative way to influence training than developing new sites," says McCutcheon. "Providing support to already existing programs could help reduce the barriers to accreditation and could have an even greater impact in attracting a large number of high quality students." ■

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



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The beginnings of mental illness

Autism, schizophrenia and other disorders
may have roots in life's earliest stages.

BY KIRSTEN WEIR

Where does mental illness begin? New research suggests the seeds of psychological problems are planted well before birth.

Schizophrenia, for example, is often thought of as a genetic disorder. But environmental factors can also boost risk – sometimes considerably. Alan Brown, MD, MPH, a professor of psychiatry and epidemiology at Columbia University and the New York State Psychiatric Institute, has found that a variety of early-life events significantly increase schizophrenia risk (*Progress in Neurobiology*, 2011). The risk is three times greater in people whose mothers had the flu during pregnancy, for example, while maternal iron deficiency during pregnancy increases the offspring's risk of the disease fourfold.

"These aren't small effects," Brown says.

Schizophrenia isn't the only mental illness linked to prenatal events. Using data from a Dutch birth cohort, Brown found that people whose mothers were undernourished while pregnant had a significantly increased risk of major affective disorders, such as mania and depression, severe enough to require hospitalization (*American Journal of Psychiatry*, 2000).

Other researchers have shown that adverse events during pregnancy, including infections, toxin exposure and maternal stress, can boost the fetus's future risk of problems such as depression, anxiety, autism, mood disorders and attention-deficit hyperactivity disorder. Events in early childhood are also linked to persistent mental health problems. Childhood maltreatment, for example, increases the odds of developing depression or post-traumatic stress disorder in adulthood.



Now, researchers are finally beginning to understand the biological processes that underlie these links — findings that could point to new directions in treatment for mental illness and behavior disorders, and may even suggest routes to prevention. Something as simple as good prenatal care — from flu shots to proper nutrition — may help to prevent the biological chain reactions that underlie many psychological problems.

Stress is suspect

Scientists studying the developmental roots of mental illness have zeroed in on a likely suspect: the body's stress response. When the body reacts to stressors, two systems kick into gear. The endocrine system produces stress hormones such

as cortisol. And the sympathetic nervous system churns out other stress-related hormones such as epinephrine and norepinephrine — the factors responsible for the heart-pounding, sweaty-palms sensation known as the fight-or-flight response.

Yet stress physiology encompasses much more than just stress hormones, says Thaddeus Pace, PhD, an assistant professor of psychiatry and behavioral sciences at Emory University School of Medicine. Stress also impacts immune function. "A stressful event can have profound effects on the amount of activity that's going on in the inflammatory immune system," he says.

Inflammation is a key part of the stress response. It has also been linked to a variety of bodily ills, from diabetes and

heart disease to depression and Alzheimer's disease. "I see inflammation as one of the chief evils in mammalian biology," Pace says.

Of course, the immune system serves a critical function — and not just for fighting disease. "The immune system is really important for how the brain develops normally," says Staci Bilbo, PhD, an assistant professor of psychology and neuroscience at Duke University. Cells called microglia are the resident immune cells in the brain. They're the central nervous system's first-line defense against infections and other invaders. And, Bilbo says, "they do a lot of important things for building a brain."

For starters, microglia are involved in synaptic pruning and programmed cell death. They also express cytokines, the signaling molecules that serve as messengers between cells and are a key component of the body's inflammatory response. Cytokines are important for the development of basic brain structures from blood vessels to axons. They are also involved in regulating cognition and mood, Bilbo says.

She explored the brain's immune cells by infecting infant rats with the bacterium *E. coli* four days after birth, a developmental period comparable to the third trimester of pregnancy in humans. The young rats recovered fully from the infection, and as adults they performed as well as control rats on tests of memory and cognition. But their early infections had left their mark.

The rats' microglia had been "primed," Bilbo says; in essence, the cells had been put on high alert for future infections. When the rats experienced a second infection — what she calls a "second hit" — around the time they were learning a new task, they showed profound memory impairments for that task. The primed rats, she discovered, were dramatically over-expressing cytokines in response to the second hit (*Journal of Neuroscience*, 2011). "Their immune system is changed long-term as a result of the neonatal infection," she says. "And because the immune system impacts brain function, they are altered behaviorally."

That same pattern appears in many neurodegenerative diseases in humans, she says. "A peripheral infection will suddenly make mental functions decline sharply, and you can measure concentrations of cytokines in the cerebrospinal fluid that were previously undetectable."

Inflammation running wild

Other animal studies have further filled in some details. Paul Patterson, PhD, a neurobiologist at the California Institute of Technology and author of the book "Infectious Behavior: Brain-Immune Connections in Autism, Schizophrenia, and Depression" (2011), explores the origins of mental illness in mice. He's infected pregnant mice with influenza virus and also stimulated their immune systems in the absence of a pathogen. "When you activate the mother's immune system, you turn on a variety of cytokines to fight the infection," he says.

Patterson found that the offspring of the infected mothers exhibited a whole list of abnormal behaviors. Among them

were the three "cardinal behavioral symptoms of autism," he says: impaired communication, reduced social interaction and repetitive, stereotyped behaviors (*Trends in Molecular Medicine*, 2011). What's more, the mice showed heightened anxiety and were more sensitive to hallucinogenic drugs — a sensitivity also seen in humans with schizophrenia.

These changes can be traced to the presence of a cytokine called interleukin-6 (IL-6). When produced in excess by a pregnant mouse, the molecule activates subsets of neurons in the fetus's brain. IL-6 also activates cells in the placenta, altering endocrine function and changing growth hormones. "That's bound to have an effect on [fetal] development," he says.

Cytokines including IL-6 can also interfere with the synthesis of serotonin in the brain, Pace adds. An excess of cytokines leads to a cascade of molecular events that interrupts the synthesis pathway, preventing serotonin from being produced. And serotonin, of course, is a necessary ingredient for healthy mood.

This finding may be particularly relevant for depressed patients taking selective serotonin reuptake inhibitors (SSRIs). A study by Charles Nemeroff, MD, PhD, of the University of Miami, and colleagues suggests that depressed people who experienced an adverse event in early life may be less likely to respond to SSRIs than depressed patients who did not endure an early-life stressor (*Proceedings of the National Academy of Sciences*, 2003). That makes sense if an overactive immune response is working against serotonin in the brain, Pace says. "If inflammation really is driving that problem, then something like Zoloft isn't going to be as effective while inflammation is running wild."

For that reason, Pace says, "it's important to get a sense of whether or not somebody has had an early-life traumatic experience." Such a patient may be more likely to respond to psychotherapy than to antidepressants alone, for instance.

Pace and other researchers are now exploring alternative therapies for reducing inflammation and treating depression. He has found evidence that compassion meditation decreases the stress hormone cortisol as well as inflammation, at least in healthy subjects (*Psychoneuroendocrinology*, 2009). Testing the technique in depressed patients is the next step.

Scientists are also investigating the use of anti-inflammatory drugs to treat depression, either alone or in conjunction with traditional antidepressants. Others have begun to test anti-inflammatories for treating autism and schizophrenia. The research is still in early stages, but initial results are promising, Patterson says.

He predicts that it won't be long before anti-inflammatory medications are prescribed to treat mood and behavioral disorders. "Watch out for those studies coming along," he says. "If you modify the immune status, you should be able to modify behavior." ■

Kirsten Weir is a writer in Minneapolis.

The inconvenience of evidence

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



On Dec. 13, the National Transportation Safety Board (NTSB) called for a nationwide ban on automobile drivers' use of portable electronic devices. No talking on cellphones and no texting while driving. The recommended ban includes so-called hands-free devices, and would be accompanied by high-visibility enforcement.

The evidence is clear: Distracted driving kills. In 2008, the National Highway Traffic Safety Administration (NHTSA) issued a report titled "Driver distraction: A review of the current state-of-knowledge." That was followed in 2009 by a summit on distracted driving convened by Transportation Secretary Ray LaHood. The NHTSA has even created a special website — distraction.gov — as a resource for data, research and facts about distracted driving.

The latest call by the NTSB is the result of a growing number of traffic fatalities attributed to the use of portable electronic devices. APA has been a strong and vocal advocate for policies and actions to address this problem. We co-sponsored the 2009 summit, and made sure that psychology was well represented. We called upon LaHood to release a Distracted Driver Action Plan, a message we reinforced with congressional leaders. The NHTSA action plan was finally released in April 2010. The *Monitor* has also featured stories on how psychological science informs the problem.

Creating awareness about research on driver distraction has been a priority of APA's Science Directorate for many years. Distracted driving is a public health hazard. It affects drivers of all ages. It extends well beyond cellphones and is compounded by an expanding and heavily promoted array of new automotive technologies. We know all of this, because much of the evidence comes from psychological science.

Science has a way of challenging conventional wisdom and causing inconvenience. An accumulating body of research evidence ultimately established a causal link between smoking and lung cancer. Cigarette manufacturers tried to spin it differently, and smokers resisted the advice to give it up. Yet the weight of the evidence continues to grow, and our behaviors have changed dramatically.

A growing body of research evidence is uncovering the causes of global warming and how human behavior contributes

to the problem. Many of our industrial and national leaders refuse to accept the evidence, but the evidence continues to mount. As it does, our behaviors slowly begin to change. As former vice president Al Gore put it, this is indeed an inconvenient truth.

If it is the insights from psychological science that have helped to sound the alarm, it is also our science that will offer solutions.

And so it is with the substantial body of research evidence now making it clear that portable electronic devices cause driver distraction. The pushers of technology tried to convince us that hands-free devices would solve the problem. But the research evidence — mainly from psychology — tells us otherwise. In this case, we are still early on the learning curve, and few of us are prepared to go cold turkey. It is inconvenient. We must give up that on which we have become dependent.

If it is the insights from psychological science that have helped to sound the alarm, it is also our science that will offer solutions. Human behavior is at the root of each of these challenges. Behavioral research showed us how to change smoking behavior, and it is beginning to shed light on changing behaviors that contribute to climate change. It will take behavioral research to establish effective interventions and to develop and evaluate better technologies that reduce driver distraction.

As a science, psychology both contributes to and respects the results of research evidence. We always seek the truth, even when the truth may be inconvenient. ■

Improving disorder classification, worldwide



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With the help of psychologists, the next version of the International Classification of Diseases will have a more behavioral perspective.

BY REBECCA A. CLAY

W

hat's the world's most widely used classification system for mental disorders? If you guessed the Diagnostic and Statistical Manual of Mental Disorders (DSM), you would be wrong.

According to a study of nearly 5,000 psychiatrists in 44 countries sponsored by the World Health Organization (WHO) and the World Psychiatric Association, more than 70 percent of the world's psychiatrists use WHO's International Classification of Diseases (ICD) most in day-to-day practice while just 23 percent turn to the DSM. The same pattern is found among psychologists globally, according to preliminary results from a similar survey of international psychologists conducted by WHO and the International Union of Psychological Science.

"The ICD is the global standard for health information," says psychologist Geoffrey M. Reed, PhD, senior project officer in WHO's Department of Mental Health and Substance Abuse. "It's developed as a tool for the public good; it's not the property of a particular profession or particular professional organization."

Now WHO is revising the ICD, with the ICD-11 due to be approved in 2015. With unprecedented input from psychologists, the revised version's section on mental and behavioral disorders is expected to be more psychologist-friendly than ever — something that's especially welcome given concerns being raised about the DSM's own ongoing revision process. (See article on page 42.) And coming changes in the United States will mean that psychologists will soon need to get as familiar with the ICD as their colleagues around the world.

The ICD revision process

Encompassing both mental and physical disorders, the ICD classification system assigns codes used for health statistics, reimbursement systems and other purposes. The current version, the ICD-10, was published in 1992.

The ICD-11 will see major changes, predicts Reed, who is coordinating revisions to its mental and behavioral disorders section and participating in revisions to the section on nervous system diseases. That's due in part to the fact that it's not just psychiatrists revising the relevant sections anymore. For the first time, psychologists and other mental health professionals are also integrally involved (see "Defining disease worldwide," June 2010 *Monitor*).

The result, Reed predicts, is that the publication "will be written from a more behavioral perspective, not only from a medical perspective."

Psychologists from around the world are formally participating in the effort. Some are serving on the international advisory groups for the mental and behavioral disorders and diseases of the nervous system sections. Others are participating in working groups focused on specific

populations or types of disorders, such as mood and anxiety disorders, neurocognitive disorders and children and adolescents.

APA Board Member Nadine J. Kaslow, PhD, of Emory University School of Medicine, has been working with an international group of psychologists, psychiatrists and other mental health professionals to ensure that the ICD-11 gives more attention to interpersonal factors that may affect both mental and physical health.

Kaslow cites as an example the difference between having a broken arm because your parents beat you up versus having one because you were playing soccer, fell down and hurt yourself. The same goes for mental health diagnoses.

“Clearly, having information on relationship context can make a big difference in the types of interventions people consider for a particular problem,” says Kaslow. “And greater attention to relationship context has the potential to improve prevention as well as treatment efforts.”

Making the ICD easier to use is another goal. That’s especially important since most people worldwide who need mental health treatment will never see a mental health

professional, simply because specialists are not available. “The field is telling us that the classification should be simplified substantially,” says Reed. In the survey of psychiatrists, he points out, more than 85 percent thought there should be fewer than 100 diagnostic categories.

The personality disorders section is one that’s likely to be simplified, says Reed, explaining that the ICD-10 includes many separate types of personality disorders. The psychologists and other members of the working group tackling this section believe that what’s most helpful in determining treatment is not the specific kind of disorder an individual has but how severe that disorder is. As a result, the working group proposes to restructure the section to emphasize severity, with information on subtypes available if users want it.

The new version will also draw on research about how clinicians conceptualize mental disorders in hopes of creating a more intuitive classification system. Two large studies by WHO have found what Reed calls “an astonishing level of consistency” in the way clinicians around the world mentally organize mental disorders. And the way they conceptualize disorders isn’t the same way existing classification systems do, he adds.

Protesting proposed changes to the DSM

When President David N. Elkins, PhD, and two colleagues within APA’s Div. 32 (Society for Humanistic Psychology) heard about the proposed revisions to the Diagnostic and Statistical Manual of Mental Disorders (DSM), they were alarmed. But what could three people do?

Plenty, as it turns out.

Although their original aim was simply to educate the division’s members, Elkins, Secretary Brent Dean Robbins, PhD, and student representative Sara R. Kamens soon decided to share their concerns in an open letter to the American Psychiatric Association. Thinking it would pack more punch with a few more signatures, they posted it online (see www.ipetitions.com/petition/dsm5/) last October.

The response astounded them. “Within two days, we had more than 1,500 signatures,” says Elkins. So far, more than 10,000 individuals and 40 mental health organizations have

signed on, and media outlets as diverse as *Nature*, *USA Today* and *Forbes* have covered the controversy. APA, which has no official position on the controversy, urges its members to get involved in the debate (see APA’s statement in the January *Monitor*, page 10).

The open letter outlines three major concerns with the proposed draft of the DSM-5, set for publication in 2013:

- **Lowering of diagnostic thresholds.** The draft proposal expands the potential pool of people with some disorders, such as attention-deficit hyperactivity disorder. “There’s already a great deal of concern that children are being misdiagnosed,” says Elkins. “With a lowered diagnostic threshold, we fear that thousands more kids will be misdiagnosed and treated with Ritalin or other drugs.”

- **Introduction of new disorders.** The proposal also introduces several new disorders that protesters fear may increase risks for certain vulnerable populations, such as

The ICD will also be easy to get, adds Reed. In addition to the usual printed version, which will be inexpensive and available at even lower cost to low- and middle-income countries, the ICD-11 will be available for free on the Internet.

A broader perspective

While most U.S. psychologists use the DSM to make diagnoses, those working in neuropsychology, rehabilitation and other health settings not strictly devoted to mental health services are already familiar with the ICD, says APA President Suzanne Bennett Johnson, PhD, a research professor in the medical humanities and social sciences department at Florida State University.

As a psychologist in a health center, Johnson is one of them.

“The reality is that we are, and need to act as, a member of the worldwide community,” she says. “We should be part of that worldwide effort to address human health and not just be doing our own thing here in the U.S., using a different code than other people.”

The ICD also helps to integrate psychology into the larger health-care delivery system, says Johnson. While the DSM encourages mind/body dualism, she says, the ICD allows

psychologists to recognize mind/body connections. When Johnson sees a child with diabetes, for example, she’s able to use a Type-1 diabetes code rather than a code for a mental health disorder. “The ICD opens up a whole world where we can provide services to all kinds of patients, including those with mental disorders,” she says.

The ICD is also a boon to researchers, adds Johnson. “If you want to make any comparisons between countries in terms of mental health burden or anything else, you need a common diagnostic system,” she says.

Coming changes

Johnson can foresee a day when U.S. psychologists will no longer need the DSM. And that transition is about to begin, she says.

Most insurers already use ICD codes, she points out. That’s because the Health Insurance Accountability and Portability Act of 1996 requires the use of ICD codes as a diagnostic standard. When a clinician submits a DSM diagnostic code, a professional coder or the insurer then translates it into an ICD code. Sometimes psychologists use software that “crosswalks” the codes so they can do the translation themselves.

children and older adults. Take mild neurocognitive disorder, for example. “Older people, especially those in nursing homes, are already victims of over-zealous prescribing of psychiatric drugs,” says Elkins. “We believe mild cognitive disorder is a net that is going to catch hundreds of thousands of baby boomers who are now on their way to retirement and experiencing expected, normal declines in cognitive function.”

• Lack of empirical grounding for some proposals.

Protesters also question the scientific validity of some of the proposed changes. The introduction of a new disorder called attenuated psychosis syndrome, for example, would allow adolescents with unusual behaviors or thought processes to be treated with psychiatric drugs in hopes of warding off schizophrenia. However, says Elkins, research shows that most adolescents with such signs don’t go on to develop schizophrenia and those who do aren’t helped by taking psychiatric drugs earlier in life.

The protesters also reject proposed changes in the definition of “mental disorder,” arguing that it de-emphasizes sociocultural factors and over-emphasizes biological theory.

“We hear your concerns and are aware of those from others in the mental health field, and take them under serious consideration in our deliberations,” the DSM-5 Task Force responded (see www.dsm5.org/Newsroom/Documents/DSM5%20TF%20Response_Society%20for%20Humanistic%20Psychology_110411r.pdf). Final decisions about proposed changes will draw on field trial data and comments from

thousands of individuals who responded to calls for comment. “This level of both internal and external review and field trial exposure has never before been undertaken by any previous DSM or ICD [International Classification of Diseases] revision proposals,” the task force noted.

The response didn’t satisfy Elkins and his group, who note that the British Psychological Society, American Counseling Association and even DSM-IV Chair Allen Frances, MD, have also raised concerns. In another open letter (see www.societyforhumanisticpsychology.blogspot.com/2011/11/response-to-letter-from-dsm-5-task.html), the Div. 32 group calls for an independent review of the controversial proposals by experts unaffiliated with the American Psychiatric Association.

In December, the American Psychological Association Board of Directors called upon the DSM Task Force to ensure that the revision process is based on the best available science, improves treatment outcomes and considers the potential impact of new classifications on vulnerable populations. Psychology professor Frank Farley, PhD, of Temple University, an APA past president, would like to go even further. He’d like to scrap what he calls “a failed manifesto of mental illness” and start over.

Citing the proliferation in the number of disorders with each edition of the DSM, Farley says, “The DSM has really become a diagnostic growth industry.”

—R.A. CLAY

DID YOU MISS IT? in the January *Monitor* The 2012 APA INDEPENDENT STUDY PROGRAM

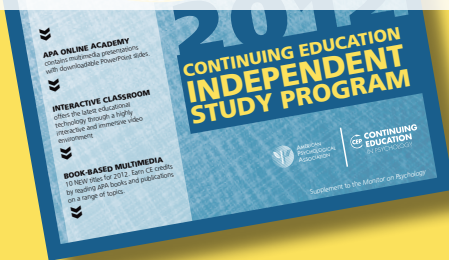
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Translating from DSM codes to ICD codes isn't that big a deal right now, says Lynn Bufka, PhD, assistant executive director for practice research and policy in APA's Practice Directorate. That's because while other countries are currently using the ICD-10, the United States is still using the ICD-9. And the ICD-9-CM — the version clinically modified by the Centers for Disease Control and Prevention for use in the United States — and the DSM IV are very similar.

"Technically, psychologists are already using the ICD when they're submitting billing," says Bufka. "But most psychologists aren't aware that they are because the two systems have been harmonized."

Beginning in October 2013, however, U.S. practitioners will be required to use the ICD-10-CM, which differs significantly from the DSM. According to Reed, both codes and the organization of chapters will be different.

Since the rest of the world will be adopting the ICD-11 when it is released in 2015, the CDC will likely make annual updates to gradually bring the ICD-10-CM into line with the ICD-11 to avoid another abrupt shift. But the differences between the DSM and the ICD may grow even greater over time, says Reed, depending on the outcomes of the ICD and DSM revision processes.

While APA supports the shift to the ICD-10-CM, there is some resistance to it. The American Medical Association's House of Delegates has voted to work to stop the transition, citing financial and practical concerns — the same justifications used to stop the ICD-10's adoption two decades ago even as the rest of the world embraced the updated code set.

Reed doesn't think learning the new system will be that difficult. And APA is already making plans to help ensure that psychologists are prepared for the change.

Reed will present a "Clinician's Corner" workshop on the ICD at APA headquarters from 1 to 4 p.m. ET on April 12. (Visit www.apa.org/ed/ce/index.aspx for more details or to register.) The presentation will be webcast nationally and then become available on demand on APA's website, says Greg J. Neimeyer, PhD, director of APA's Office of Continuing Education in Psychology. "He's going to basically try to frame up what the ICD will look like when it hits North America next year and help psychologists transition to it," he says, adding that the target audience is both practitioners and researchers.

Reed will also lead two programs at APA's 2012 Annual Convention in Orlando in August. One will be a symposium as part of Johnson's presidential programming; another will be a half-day workshop focused on practical applications of the ICD. "All these events are complementary and designed to reach the same audience from multiple perspectives," says Neimeyer. ■

For more information about the ICD revision, visit www.who.int/classifications/icd/revision/en/index.html.

Rebecca A. Clay is a writer in Washington, D.C.



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Helping at-risk students succeed



A psychologist-designed program that supports learning among at-risk kids gains nationwide momentum.

BY TORI DeANGELIS

In 2003, Sabine Parish — a poor, low-performing school district in rural Louisiana — hired Dorman Jackson as superintendent because of his reputation for raising test scores. He instituted a remedial-learning program to catch and treat learning problems early, and soon, students' academic performance started to rise.

But at a certain point, that trajectory halted. "We discovered we had carried our kids about as far as we could," says Jackson.

After speaking with the district's student assessment and support services department, he learned more about why: Many of these students faced significant personal roadblocks that prevented them from doing well in school, including overworked or absent parents, emotional problems, and drug and alcohol abuse.

That's when Jackson's staff suggested that the school work with psychologists Howard Adelman, PhD, and Linda Taylor, PhD, who co-direct the University of California, Los Angeles, School Mental Health Project and the federally funded National Center for Mental Health in Schools. They had developed a model called "the enabling component" — also referred to as "learning supports" by schools, districts and other entities that implement it. It targets the psychosocial and educational barriers to student success.

The model does that in two ways. First, it aims to consolidate and coordinate student and learning supports — the counseling services, school prevention and intervention programs, and community resources that tend to be fragmented and uncoordinated at many schools. Second, the model offers interventions to address barriers to learning and teaching, such as bringing support staff directly into the classroom to work with kids, and making better connections with and use of community resources to help struggling children and their families.

The approach appears to be working in Sabine Parish: From 2007 and 2010, graduation rates rose from 73 percent to 81.2 percent. In addition, of the state's 60 districts, Sabine has gone from 37th in 2003 to 14th this year in academic performance.

Jackson doesn't think the school could have gotten there without the psychological and social support the enabling component model provided. "I have appreciated gaining the knowledge that when a kid is having a problem in their family or with themselves," Jackson says, "they're not going to be successful unless you fix that problem."

Now, the UCLA team is taking its work nationwide, holding forums for educational and policy leaders in 13 states and helping implement the program at the state, district and school levels.

How the model works

Adelman and Taylor's enabling component model was developed after 30 years of research and observation in their lab school at UCLA and in the Los Angeles public schools. Through their work, Adelman and Taylor observed two trends. For one, they saw that pulling at-risk students out of class to be counseled,

punished or suspended for aggressive behaviors or bullying interfered with their peer relationships and academic progress. The psychologists discovered that keeping these children in stimulating, supportive classrooms helped them to stop acting out, learn and share their own unique gifts with other kids.

Second, Adelman and Taylor noticed an enormous redundancy in schools' mental health and social services. When they developed a program to prevent school dropout, for instance, "we soon realized that at some school sites, we were one of 15 similar programs that were trying to address risky behaviors," Taylor says.

As they continued to see these phenomena play out in school and after school, it became clear the system needed an overhaul, Adelman says. "We thought there had to be a way to bring all of this together — not just to coordinate programs, but to really develop a major intervention framework," he says.

Their "enabling component" encourages school action in six areas:

- 1. Making innovative changes to classroom instruction.** That includes bringing support personnel *into* the classroom, rather than taking children out of class when their behavior or inattention may have gotten out of control. It also calls for revamping teaching and intervention methods to help teachers handle problems more easily and effectively.
- 2. Supporting children through transitions.** Not only are children moving back and forth from school to home and from one school level to the next, many are also coping with family disruptions, such as a divorce.
- 3. Connecting families to schools and school activities.** This includes offering basic parenting classes, fostering more meetings between parents and teachers and involving families in homework projects, field trips and other activities.
- 4. Maximizing use of community resources.** Developing and maintaining strong connections with community resources can greatly enhance schools' capacity to support these youngsters. Entities to tap include public and private agencies, colleges and universities, businesses, artists and cultural institutions, faith-based organizations and volunteer groups.
- 5. Reorganizing crisis assistance and prevention.** Schools need systems that can respond quickly and effectively in the wake of any crisis, whether it is a natural disaster, a terrorist attack or student acting in a way that endangers others. Schools must also create safe and caring learning environments that deal preemptively with disruptive and potentially dangerous behavior such as bullying and harassment.
- 6. Improving links to external mental health and behavioral services.** When internal resources aren't enough, schools should be able to refer students and families to mental health and financial assistance services in a timely fashion.

The framework also emphasizes the need to build students' sense of competence, self-determination and connections with others, rather than punishing them for "bad" behavior, says Taylor. "It's a new way of thinking about how to deal with at-

risk kids so they really feel like school is the place for them, rather than a place to avoid,” she says.

In this era of belt-tightening, the model may also save schools money by streamlining services and using resources more effectively, Adelman adds.

Growing support

Several states are implementing the model in ways tailored to their circumstances, budget and needs. In Iowa, the learning supports model is being embedded in a federally funded initiative called Iowa Safe and Supportive Schools. That program is providing at-risk schools with \$14 million over three years to overhaul their social and academic climates. (Iowa was awarded the money along with 11 other states through a competitive grant process from the Office of Safe and Drug-free Schools).

In Louisiana, the model is the basis of an emerging program called the Comprehensive Learning Supports System. Districts that follow the model, like Sabine Parish, draw heavily on the enabling component concept via a statewide blueprint that spells out the ingredients of the model and how to implement it. State education leaders are currently presenting on the model and disseminating it throughout the state, as well as providing in-depth training when districts ask for it, says Louisiana Assistant State Superintendent Donna Nola-Ganey.

In Mobile, Ala., the framework received national recognition in the wake of Hurricane Katrina, thanks to a strong learning supports system already in place. Because the district’s support services were so well organized, school personnel were able to respond quickly and effectively to the needs of disaster-affected children and their families, providing them with food, clothing and lodging and setting up provisional schools to help children keep on track with their studies, says Rhonda Neal-Waltman, EdD, then the city’s assistant superintendent of student support services.

Examples of how the framework operates include managing cases family by family rather than child by child and requiring all school personnel to pitch in, regardless of position. “I didn’t care what your title was — from A to Z, you were there to help that family,” Neal-Waltman says.

The effort grabbed the attention of the children’s educational

publishing company Scholastic, which donated time, money and materials to spread the word about the enabling component nationwide. In partnership with Adelman and Taylor and the American Association of School Administrators, Scholastic’s community affairs division is also helping to implement the model in four school districts in four states.

In addition, the National Association of School Psychologists is promoting the work nationally in several ways. For instance, the group summarized Adelman and Taylor’s work in an advocacy document for educating local, state and national government officials (see <http://smhp.psych.ucla.edu/pdfdocs/enhancingtheblueprint.pdf>). NASP leaders also met with U.S. Secretary of Education Arne Duncan to educate him on the model, and sponsored a congressional briefing on learning and social-emotional supports for military, foster and homeless children.

“For us, learning supports is really about trying to help folks understand that you don’t think about kids’ social and emotional needs as something you do after you address their academic achievement,” says NASP Past President Kathleen M. Minke, PhD. “If you don’t address their social and emotional needs as part of their whole school experience, you will never get the degree of academic achievement that our nation is seeking through school reform.”

School districts that have embraced Adelman and Taylor’s model are excited by its promise and its early results, though it’s not an easy fix. If a district decides to “go all the way” and change its organizational charts to better integrate the enabling component into academics, for instance, it can mean new job titles, new job duties and other shake-ups, Neal-Waltman says.

“Did I have people who either had to get used to this change or get off the train?” she says. “Yes, I did.”

Though this kind of widespread change is never easy, many hope the model can help stem the tide of high dropout rates, truancy and problem behaviors. Grant Parish, La., Superintendent Sheila Jackson, for example, says she hopes the restructuring can help address students’ aggressive behaviors.

“We serve many children of poverty who have been raised to use physical aggression to resolve issues,” she says. “And we’re always being punitive rather than proactive.”

She envisions the framework will teach educators more effective ways to help students communicate their needs and problems. “I’m not naïve enough to believe that we can change where they live or the culture they return to each day,” she says, “but we can at least equip them with the skills to manage it better.”

Meanwhile, Jackson, of Sabine Parish, says he’s convinced the model will continue to improve children’s psychosocial well-being and academic success.

“Eventually, we’re going to be No. 1 in our state,” he says. “And when we are, it will be because we’re addressing the needs of the total child.” ■

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

Suggested reading

• Adelman, H.S. & Taylor, L. (2010). *Mental health in schools: Engaging learners, preventing problems, and improving schools*. Thousand Oaks, Calif.: Corwin Press.

• Adelman, H.S., & Taylor, L. (2008). *Rebuilding for learning: Addressing barriers to learning and teaching and re-engaging students*. New York: Scholastic, Inc. (This book is also available on line at <http://smhp.psych.ucla.edu/rebuild/RebuildlingV11RD28.pdf>.)

Harnessing *the* wisdom *of the* ages

A volunteer program
seeks to enhance minds
young and old.

BY AMY MAXMEN

At age 63, Joyce Lawrence found that for the first time in her life, she had time on her hands. Her children had left her Baltimore home to raise their own families and she had retired from her job as a correction officer in prisons. Her duties were over, but she felt a growing urge to contribute to society in some other way.

“At our age, you’re left alone a lot of the time and it’s easy to just watch TV or watch cars go by because you feel no one needs you anymore,” she says. “But that’s not true. After you have that pity party, you need to find out how you’re needed



Research suggests that the volunteer program Experience Corps helps older participants maintain their brain function.

and go make yourself useful.”

For Lawrence, the opportunity to be useful came through the Experience Corps, a nonprofit organization that brings retired volunteers as mentors to struggling students in needy schools. The program was the brainchild of psychologist and social reformer John Gardner, PhD, remembered for his push to improve education, eliminate poverty and promote equality. As Secretary of Health, Education and Welfare under President Lyndon Johnson in the 1960s, he launched Medicare and oversaw the passage of the Elementary and Secondary



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Education Act, which aimed to ensure quality education for poor and rich students alike. At 76 years old, he wrote a concept paper that served as the blueprint for the Experience Corps (www.experiencecorps.org/about_us/john_gardners_vision.cfm). In it, he argues that sending seniors out to pasture does a disservice to them as well as to society, and that a program like Experience Corps could capitalize on the wisdom of the elderly.

“We believe,” he wrote, “that the large numbers of us over age 65 constitute a rich reservoir of talent, experience and commitment potentially available to society.”

The Experience Corps now include about 2,000 seniors nationwide, who mentor elementary school students for at least 15 hours each week, especially in low-income neighborhoods where class sizes swell. Student attendance and reading comprehension appear to improve in classes supported by volunteers. And based on testimonials, the volunteers enjoy the program.

However, anecdotes may not be enough to keep the program afloat when education and public health budgets are strained. At the moment, the program relies on federal funding through AmeriCorps (the Corporation for National and Community

Service), as well as state and local public and private funds, and foundations including the Atlantic Philanthropies. To examine whether the cost of the program is justified, Linda Fried, MD, MPH, the dean of Columbia's Mailman School of Public Health, has solicited help from an interdisciplinary group of colleagues to assess its impact on the students and elderly volunteers. Together with the Johns Hopkins Center on Aging and Health, she's developed a research-community partnership with the Greater Homewood Community Corporation to conduct trials assessing the program.

Quantifying cognition

Michelle Carlson, PhD, an associate professor of psychology at Johns Hopkins, says her preliminary findings suggest that the cognitive capabilities of elderly volunteers in the Experience Corps improve. Small teams of Experience Corps volunteers cooperate with teachers to help children who struggle with reading and learning. Beyond aiding kids with their studies, the volunteers provide the individual encouragement often lacking in crowded classrooms.

"Every child has different needs, so that means the volunteers must solve problems, multitask and exercise their executive abilities on a broad level," says Carlson. After 32 hours of training, participants volunteer for at least 15 hours per week within schools, where they assist classroom teachers

and librarians by helping students read, recommending books, and providing one-on-one encouragement to children who've struggled with their lessons.

Those executive abilities — planning, abstract thinking and filtering relevant sensory information — are also crucial for driving, shopping, cooking and other activities necessary for independent living, and so strengthening those abilities can help seniors stay independent longer. Carlson says the intellectual and social engagement, and the physical activity, which volunteering in schools requires, might have that effect, but it's difficult to prove causation. After all, seniors who retain their cognitive faculties longer might volunteer more often — and might fare equally well if they didn't.

To demonstrate causality, Carlson and her colleagues analyzed functional magnetic resonance imaging (fMRI) data for signs of improvement or at least maintenance in the prefrontal brain region that supports executive function, in Experience Corps volunteers and in elderly people not involved in the program. In two pilot studies published in 2008 and 2009 in *The Gerontologist* and the *Journal of Gerontology*, the team reported gains in executive function, according to cognitive tests and increased activity in the prefrontal regions of volunteers compared with controls. She and her colleagues have increased the number of participants to 702 in a trial that began in 2005. If participants who have been active in the program for two

years show cognitive benefits or cognitive stability that accrues beyond one year of exposure or less, Carlson and colleagues can check off a critical element in proving causality — a dose-dependent effect.

"Even if the program simply maintains brain function over two years, that implies we can delay an individual's progression to dementia, and that has huge personal and public health implications," says Carlson.

Importantly, the Experience Corps reaches a population of senior citizens who are at high risk for cognitive impairment — often those from lower economic classes with no college education. The majority of participants are African American. Carlson says that in her trials, she intentionally tries to reach this at-risk population, who traditionally do not volunteer for health promotion programs, but are willing to serve the community.

"These volunteers are not the 'worried well,'" says Carlson. They don't usually leap at treatments and tasks marketed as cognitive-enhancing, such as *ginkgo biloba*

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and Sudoku, she says, but many respond to “calls to service” to help youth in need.

Nonetheless, the program in Baltimore, with 292 volunteers, costs about \$1.5 million a year. That cost includes stipends for the volunteers’ food and travel expenses, yearly salaries for the directors, program administrator, entry personnel, a volunteer coordinator and the cost of the training sessions. So, the Experience Corps is far more expensive than Sudoku and ginkgo. But Carlson argues that quick fixes like these haven’t been shown to translate into broad improvements in cognition, particularly in real-world measures of executive functioning, while her preliminary analyses suggest the Experience Corps does. The way in which the program’s activities improve executive functioning, however, may be tough to untangle.

“The Experience Corps can’t tell us the nitty-gritty details on mechanism,” says Arthur Kramer, PhD, a professor of psychology at the University of Illinois at Urbana-Champaign, “but from a practical point of view, it doesn’t matter a whole heck of a lot.”

A boost for students

To complement the neuroscience research, Johns Hopkins health economist Kevin Frick, PhD, is leading an effort to compute the program’s financial and health effects by looking at its impact on teachers, tutored students and elderly participants. In a 2004 pilot study in the *Journal of Urban Health*, Frick’s

team found that the immediate improvements in health gained by participants over two years don’t balance out the program’s cost. However, this equation might change if long-term studies find that the program staves off dementia, Frick says.

Moreover, it’s too soon to tell if the program increases children’s chances of graduating high school. If it does, the program would be well worth its price tag. The team determined that the annual cost of the Baltimore program would be offset by the higher salaries earned by people with high school diplomas, if graduation rates increase by just 0.5 percent, or 1 in 200, because of Experience Corps interventions early on. However, filling in variables like the rate of high school graduation and the time to dementia, which would decrease medical costs, may take up to a decade. “The biggest threat to an economic argument is people’s impatience in waiting for a benefit,” Frick says.

Finances aside, preliminary results support the notion that the program provides a meaningful ray of light for people in their golden years and in their dawn. And testimony from volunteers doesn’t hurt the case. “I go for the mental stimulation, and I go because physically it’s good to move around,” says Barbara, a 77-year-old participant. “It’s emotional, and I must say it’s awfully spiritual to know I’m making a difference.” ■

Amy Maxmen is a writer in New York City.



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Whether it takes the form of hallway shoving or threatening text messages, bullying is surprisingly common. Nearly one in three students experienced bullying in the 2007-08 school year, and administrators at one in four schools described bullying as a daily occurrence, according to the federal report *Indicators of School Crime and Safety: 2010*.

Such harassment isn't just a case of kids being kids, psychologists say. For perpetrators, bullying can begin a trajectory of trouble, including conduct disorders, substance abuse, truancy and crime. Victims suffer physical and emotional pain, and consequences can extend into adulthood. Among lesbian, gay, bisexual and transgender (LGBT) victims, bullying

motivated by their LGBT status (or perceived status) may lead to greatly increased risk of depression and suicide, according to a May 2011 study in the *Journal of School Health*.

Even students who aren't directly involved in bullying are affected by it — a climate of fearful distraction making learning harder for everyone, says Catherine Bradshaw, PhD, associate director of the Johns Hopkins Center for the Prevention of Youth Violence.

"That's why I consider it more a public health problem, rather than just an individual experience, or an individual problem, because it does pose significant concerns for the overall school environment," Bradshaw says.

With help from President Barack Obama — who hosted



Anti-bullying efforts ramp up

Psychologist-designed anti-bullying programs take on the problem from the perspective of the bully, the victim and the school community.

BY CHRISTOPHER MUNSEY

Monitor staff

a bullying prevention conference at the White House last year, attended by APA CEO Norman B. Anderson, PhD — psychologist-designed interventions are finally getting attention on the national stage. And, rather than focusing only on educator training, these interventions are taking a multi-tiered approach, addressing the underpinnings of bullying, understanding how much bullying is taking place and where, creating school cultures where bullying is not tolerated, and helping victims find their voices, Bradshaw says.

A comprehensive approach is the best strategy for reducing bullying, says Dewey Cornell, PhD, a clinical psychologist and education professor at the University of Virginia's Curry School of Education.

“With bullying, you need education and training from the administrators down to the students, a shared understanding of what bullying is and why it's wrong, and a concerted effort to identify victims of bullying and reach out to help them,” Cornell says.

Interventions for bullies

It may sound counterintuitive, but bullies need help, too. Teens and even younger children who victimize others tend to have poor social skills and emotional regulation, which can contribute to their bullying behavior, says Susan Swearer, PhD, a psychologist and bullying researcher at the University of Nebraska–Lincoln.

Punishment-based strategies, such as suspension and expulsion, do not give students who bully the tools they need to make lasting behavior change, says Swearer.

“There’s a connection between bullying in elementary school and middle school and adult criminal behavior. We need to get these kids off that trajectory,” Swearer says.

To help bullies change, Swearer has developed a three-hour program that, according to preliminary results, significantly reduces bullying behavior and bullying-related suspensions.

During the first part of the session, a school mental health professional assesses the student’s habits around explaining the behavior of others, also known as attributional style. Many bullies often see other people’s perhaps innocuous acts — such as pushing past them in the hall — as being aggressive.

Then, the therapist works with the student to talk through and reinterpret events in his or her own life — perhaps that shoving student was simply running late.


In the final part, the counselor, student and family members write a plan for reducing the student’s bullying behaviors in the future. A typical plan sets up regular communication between the school and the parent about how the student is doing, arranges follow-up training in emotional regulation skills and lays out rewards for prosocial behavior, Swearer says.

Another psychologist-developed intervention, called Coping Power, brings together groups of bullies and children identified as aggressive by their teachers and classmates. During weekly sessions, students talk about times when they lashed out in anger and rehearse alternative, less hostile ways of successfully handling conflicts with peers.

A modification of the intervention, designed by John Lochman, PhD, of the University of Alabama at Tuscaloosa, is being tested in 20 Alabama elementary schools with 360 fourth- and fifth-graders. The modification adds one-on-one sessions to the typical group therapy format.

Group therapy for bullies and aggressive children, however, has a potential downside. Research by British criminologist David Farrington, PhD, and earlier work by Thomas J. Dishion, PhD, of the University of Oregon has shown that bringing aggressive children together can reinforce deviant behavior. For example, a child talking about a particularly inventive bullying tactic or some other destructive activity may get a laugh or some other encouraging response from others in the group, says Lochman. To avoid such potential effects, Lochman is videotaping group sessions and looking for signs of such reinforcement and whether the group leader can quash and redirect such moments.

The data’s not in yet on how group therapy leaders can avoid deviant behavior reinforcement, but the program seems to work overall: A study published in the *Journal of Consulting and Clinical Psychology* in 2009 found that aggressive students who completed Coping Power with school guidance counselors trained to conduct the intervention got along better with peers and were less aggressive than an untreated comparison group.



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Help for victims

Though some 40 percent of teachers report observing bullying once a week or more, according to a 2010 survey by the National Education Association, plenty of harassment happens outside school officials' sights. To identify the hidden victims of bullying, Cornell and his colleagues helped start the Safe Schools/Healthy Students Albemarle/Charlottesville Project, in Virginia. The project uses anonymous surveys that ask students to list classmates who are regularly bullied.

"What we've found in a number of schools are students who get listed 10 or 15 or 20 or more times. Almost invariably, these are students who are in serious trouble, and often not known to be victims by guidance counselors," he says.

School counselors use this information to help victims by learning what type of bullying is taking place and investigating possible sources of conflict. They often identify perpetrators and may discipline them. School counselors also talk to bystanders and encourage them to intervene on behalf of the victim and not egg on the bully, he says.

According to the project's annual report, published in August, the number of high school students who reported experiencing bullying dropped by 22 percent and the number of middle school students decreased by almost 16 percent since the project started in 2009.

School-wide change

Perhaps the most effective way to reduce bullying is to band students together against bullying. Two such programs, the Olweus Bullying Prevention Program developed by Norwegian psychologist Dan Olweus, PhD, and Positive Behavioral Intervention and Supports, are being tested by Bradshaw through a \$13.3 million study of 60 public high schools in Maryland. The study is funded by the U.S. Department of Education's Safe and Supportive School grant program.

The Positive Behavioral Intervention Supports program works by asking students to discuss and adopt positive behavioral goals, such as being "ready, responsible and respectful" in their interactions with peers and teachers, Bradshaw says. In the classroom, respecting yourself can mean doing your best, being honest and using appropriate language, while being responsible can mean being on time to class, coming prepared and completing assignments, Bradshaw says.

Students who behave positively are eligible for rewards such as a ticket to a special school dance, or permission not to wear the school uniform for a day, she says.

Although the results of the high school study aren't yet in, another randomized trial of PBIS in 37 Maryland elementary schools showed that it resulted in less bullying and lower levels of social rejection (in press, *Archives of Child and Adolescent Medicine*).

Another effective way to galvanize students against bullying is to teach them ways they can intervene as bystanders, says

Helping students help their peers



Video: Learn more about how schools in Charlottesville, Va. use anonymous student surveys to identify bullying victims.

developmental psychologist Ron Slaby, PhD, a senior scientist with the Education Development Center Inc., a non-profit organization based in Newton, Mass., that develops programs for education, health and economic opportunity. Empowering students to speak out and stand up for victimized students greatly reduces bullying, according to research on Slaby's Aggressors, Victims and Bystanders curriculum.

An expert panel that reviewed Aggressors, Victims and Bystanders for a 2001 U.S. Department of Education report said students who received the curriculum showed significant decreases in their belief that violence is OK.

The program teaches students to stop and size up a bullying situation and to try to intervene if possible — perhaps by defusing the situation by making a joke or distracting the bully. If it's not safe to intervene, students are encouraged to report bullying to an adult and console a bullied peer afterward and say something supportive.

"A friendly response from a peer, for a kid who's falling into despair, can be enormously effective," Slaby says. Doing nothing, and saying nothing, only encourages continued bullying.

Whichever evidence-based program schools use, the most important thing is that, as a society, we are finally taking bullying seriously, says Cornell. "The attention to bullying is going to be highly beneficial for the millions of students who experience it, and for that proportion of students for whom it's a very serious problem," he says. ■

To see APA's resources on bullying, go to www.apa.org/education/k12/bullying.aspx.

Hostile hallways

It's not as common
as run-of-the-mill
bullying, but
sexual harassment in
schools may
have worse
long-term effects,
research suggests.

BY CHRISTOPHER MUNSEY

Monitor staff

Bullying has received intense national attention in recent years (see page 54). But psychologists say there's an equally serious problem in schools that's not drawing nearly as much attention: sexual harassment.

A troubling 44 percent of female and 27 percent of male middle and high school students report experiencing unwanted sexual touching from another student, according to a 2009 Center for Research on Women report. What's more, only 16 percent of students who had been harassed by a fellow student reported it, says report author, psychologist Lynda Sagrestano, PhD, of the University of Memphis.

It may not be as common as bullying, but school-based sexual harassment may be even worse for students' health and school outcomes, according to a study published in 2008 in the journal *Sex Roles*.

"Sexual harassment, more so than bullying, diminishes students' trust of teachers Sexually harassed students are much more alienated from school than bullied students in terms of thinking about quitting or transferring schools or skipping school," says James Gruber, PhD, a sociology professor at the University of Michigan-Dearborn.

Yet, despite the seriousness of school-based sexual harassment, most schools do not have an administrator trained to investigate sexual harassment complaints and educate teachers and students about how to intervene, says Dorothy Espelage, PhD, a professor of psychology with the department of educational psychology at the University of Illinois at Urbana-Champaign.

"We need more research, we need a better curriculum, and we need to start talking to kids about sexual harassment," she says.



A toxic environment

Sexual harassment in the school environment can lead to a constellation of ill effects for students, says Linda L. Collinsworth, PhD, an associate professor of psychology at Millikin University in Decatur, Ill. In a 2008 study of 569 students from seven Midwestern high schools that appeared in *Psychology of Women Quarterly*, Collinsworth and her colleagues found that girls who had been upset by one or more incidents of sexual harassment across a wide range of harassing behaviors reported signs of depression and anxiety.

Both boys and girls who perceived their school as tolerating sexual harassment reported more symptoms of depression, Collinsworth says.

“It’s like second-hand smoke,” says Collinsworth. “If you’re in this environment where there’s this tolerance of sexual harassment, it has this effect on you, even if you’re not harassed.”

Lesbian, gay, bisexual and questioning students are especially at risk for sexual harassment, according to the survey of 522 middle school and high school students published by Gruber in 2008. He and co-author Susan Fineran, PhD, of the University of Southern Maine, found that 71 percent of LGBTQ students had experienced sexual harassment in the last year, compared with 35 percent of students overall. “Maybe the real victims are LGBTQ students,” Gruber says. “They not only report much higher levels of bullying and sexual harassment, but the harm is significantly greater, both in terms of health outcomes and school outcomes.”

What can be done

Psychologists and other researchers who study sexual harassment in schools say that key steps to address it include:

- **Educating educators.** Teachers and school administrators need more training on how to respond to sexual harassment and its negative consequences, says Nan Stein, EdD, a senior research scientist at the Wellesley Centers for Women.
- **Teaching students.** Educators should add class modules

Preventing sexual assault in college

In April 2011, when Vice President Joseph Biden and Secretary of Education Arne Duncan announced the release of federal guidance on preventing sexual violence on college campuses, they cited a prevention program designed by psychologist Victoria Banyard, PhD, and her colleagues at the University of New Hampshire as a model for other colleges and universities across the country.

Banyard’s “Bringing in the Bystander” program teaches both men and women how to prevent sexual violence through an hourlong skill-building educational session that covers how to intervene in scenarios that could culminate in sexual assault. The effort includes a campus-based social marketing campaign to build community awareness.

On a college campus, that might mean noticing if someone who’s had too much to drink is being led away from the party by a fellow party-goer. In that case, steering the pair back to the party and making sure the woman’s friends are watching out for her could help prevent a possible assault, Banyard says.

In more extreme situations, concerned bystanders might need to request assistance from a resident adviser or the campus police, she says.

“We’re trying to teach people safe tools that might make them more likely to step in and help out, in situations across the continuum of sexual violence,” Banyard says.

The program also teaches students how to support a friend who reports being assaulted. It helps victims heal if they hear “It’s not your fault” and “I believe you” instead of the blame they often receive from family and friends, Banyard says.

About one in three women and one in five men will have a friend tell them about an unwanted sexual experience, she says.

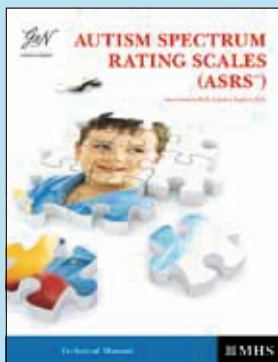
—C. MUNSEY

teaching students how to spot harassment and the steps for filing a complaint. Schools also need to encourage students to report sexual harassment to a trusted network of specially trained school officials, and stress that they will not face negative repercussions or retribution, Stein says.

- **Enforcing consequences for offenders and supporting victims.** Some school systems, such as the Austin Independent School District in Texas, allow students to file for a “stay away” order that requires an offender to avoid contact with the victim on school grounds. And through a program called Expect Respect, victims of sexual harassment are offered individual counseling and an invitation to a school-sponsored support group. ■



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R U FRIENDS 4 REAL?

PSYCHOLOGISTS ARE LEARNING MORE ABOUT HOW
TEEN FRIENDSHIPS ARE CHANGED BY SOCIAL
NETWORKING AND TEXT MESSAGING.

BY AMY NOVOTNEY

As the parents of most teenagers know, today's two-hour telephone calls with friends are often now conducted via marathon text messaging or Facebook sessions. And that cultural shift has psychologists asking lots of questions: What happens to adolescent friendships when so much interpersonal communication is via text? Or when fights between best friends explode via Facebook for all to see? And can "OMG — ROTFL" ("Oh my God! I'm rolling on the floor laughing!") via text really convey the same amusement as hearing the giggles of a best friend?

So far, the answers to those questions are mixed. Margarita Azmitia, PhD, a psychology professor at the University of California, Santa Cruz, who studies adolescent friendships, is among those who contend that these technologies have only changed some of the ways teens interact. Today's youth still count the friends they see and talk to every day among their closest, she says.

"The [qualities] teens value in friendships, like loyalty and

trust, remain the same," Azmitia says. "Technology has just changed some of the ways kids can be friends with each other."

Other psychologists, however, say today's ways of communicating can change the message, and wonder what effect that has on adolescent friendships, and even teens' social development. For example, instead of learning how to handle the give and take of conversation — one of our most basic human attributes and a connection we all crave — teens instead are crafting and often constantly editing witty text responses, says Massachusetts Institute of Technology social psychologist Sherry Turkle, PhD.

"We're losing our sense of the human voice and what it means — the inflections, hesitations and the proof that someone isn't just giving you stock answers," says Turkle, whose book "Alone Together" (2011) is based on 15 years of research and observation of children and adult interactions with technology. "That's a radical thing to do to our relationships."



Outcasts reaching out

One of social networking's greatest benefits is its ability to bring meaningful friendships to people who might otherwise be shunned as outcasts. As research has shown, being friendless in high school can have lifelong consequences on a person's cognitive, social and moral development. In one study, published in *School Psychology Review*, educational psychologist Beth Doll, PhD, of the University of Nebraska–Lincoln, found that friendless adolescents are more likely to be unemployed, aggressive or have poor mental health as adults.

But thanks to text messaging and the Internet, socially anxious teens who might have been left out now have a voice. In a 2010 study with 626 children and teens, researchers at the Queensland University of Technology in Australia found that lonely adolescents reported using the Internet to make new friends, and that they communicated online significantly more frequently about personal and intimate topics than those who did not report loneliness. These teens also indicated that they communicated online more frequently because they did not feel as shy, were able to talk more comfortably and dared to say more (*Cyberpsychology, Behavior, and Social Networking*, 2010).

Further, in a 2010 study in *Computers in Human Behavior*, Malinda Desjarlais, PhD, a psychology professor at the University of Northern British Columbia, found that socially anxious teen boys who played computer games with friends reported better friendships than their socially anxious peers who used the computer by themselves. Online games, Desjarlais says, typically allow players to speak to each other via the computer — and the opportunity to communicate without making eye contact may put socially anxious boys at ease.

The Internet's capacity for social connection doesn't only benefit shy and lonely teens. In a study of 63 Cornell University undergraduates, researchers found that people reported higher self-esteem after spending time on their Facebook profile than after time spent looking into a mirror (*Cyberpsychology, Behavior and Social Networking*, 2011).

"Unlike a mirror, which reminds us of who we really are and may have a negative effect on self-esteem if that image does not match with our ideal, Facebook can show a positive version of ourselves," says Cornell communications professor Jeffrey Hancock, PhD, one of the study's co-authors. "We're not saying that it's a deceptive version of self, but it's a positive one."

New research also suggests that youth who use blogs, websites and email to discuss politics and current events become more socially engaged over time. Students who spent more time seeking out information and participating in political and civic discussions in online communities, for example, reported higher levels of volunteerism, including raising money for charity, working on a local political

campaign and increased voting participation, even after controlling for their level of political interest and involvement. The three-year as-yet-unpublished study of 2,500 teens was led by Joseph Kahne, PhD, an education professor at Mills College.

Lyn Mikel Brown, EdD, has seen first-hand the positive effects of the Internet on teen relationships and civic engagement in her job as director of Hardy Girls Healthy Women, a nonprofit girls' advocacy organization based in Waterville, Maine. In one national media literacy program titled *Powered by Girls* and sponsored by Hardy Girls, teenage girls throughout the United States connect online via the social networking site Ning to discuss pop culture's positive and negative media representations of girls and women and create their own e-zine to raise awareness of these issues.

"It's easy to say that the Internet is bad and filled with porn, and that's the stuff that makes the news," says Brown, professor of education at Colby College. "What doesn't make the news is the degree to which girls are blogging and building coalitions around social and political projects. No, they may not be intimate, long-term relationships, but they impact girls' sense of self in really positive ways because they connect with people who really get them."

A crisis of connection?

But while the Internet may give teens a forum, it may also rob them of the richness of real-life friendships. Time spent online, after all, is time not spent *with* friends and could lessen the social support teens feel.

For example, a 2010 study with 99 undergraduates led by Holly Schiffrin, PhD, a psychology professor at the University of Mary Washington, found that those who spent more time on the Internet reported decreased well-being. Most of the students also reported that the Internet was less useful than face-to-face communication for building relationships and increasing emotional closeness with others (*Cyberpsychology, Behavior, and Social Networking*, 2010).

"I definitely think that technology can be used to build and maintain in-person relations, but it's not a satisfactory substitute for in-person relationships," Schiffrin says.

The Internet — and particularly online social networking websites — may also exacerbate the problems identified in a 2011 study in *Personality and Psychology Bulletin*. It found that people think their peers are happier than they really are, and this distortion of reality makes people lonely and dissatisfied with life. In the study, Dartmouth College business professor Alexander Jordan, PhD (a student in Stanford's graduate psychology department at the time) asked 80 college freshmen about how often they thought other students had negative experiences, such as getting dumped, receiving a bad grade or feeling overloaded with work.

Students were also asked to estimate how often their peers had positive experiences, such as going out with friends or acing tests.

Overall, the researchers found that students underestimated their peers' negative feelings (by 17 percent) and overestimated their positive emotions (by 6 percent).

"Online social networks are a great example of the type of public venue where people play up the positive and hide the negative, which can lead to the sense that one is alone in one's own struggles," Jordan says.

These findings also suggest that even though we all know we hide our own sad or lonely feelings from others, we don't realize how often others are doing the same.

"This anxiety around always 'performing' for others via social networking sites may lead to teenagers whose identities are shaped not by self-exploration and time alone to process their thoughts, but by how they are perceived by the online collective," Turkle says.

What remains to be seen is how well adolescent friendships managed via Facebook and text message affect teen development, and ultimately, how today's teens will develop relationships in adulthood, says New York University developmental psychologist Niobe Way, PhD, who has been studying friendships among teenagers for more than two decades. In a 2009 study in *Child Development*, Way and colleagues found that, among both American and Chinese middle-school students, the emotional support they got from close friends boosted their self-esteem and grade point averages more than support from their parents. Way, author of "Deep Secrets: Boys' Friendships and the Crisis of Connection" (2011), has also found that teenage boys who feel supported by and intimate with their friends are more likely to be academically engaged and do their homework than teens who report low support. Yet as social networking drives teens to decrease their face-to-face time with friends, how much intimacy do they really share?

"We know from the developmental literature that empathy and intimacy are fostered by looking at people's faces and reading people's emotions and spending time together physically," Way says, but it remains to be seen whether that can really be accomplished online. "We also know from the sociological

literature that Americans are becoming less empathic and more emotionally disconnected from each other. We are facing a crisis of connection that most assuredly is not effectively addressed by less face-to-face contact."

Online friends can also make it less likely for young adults to create new adult friendships — a move that Way says may even put psychological and physical health in jeopardy.

"It's evident in the research that building real connections can help us thrive in life," Way says. "Friendships are a core part of that, and we just don't take them seriously enough." ■

Amy Novotney is a writer in Chicago.

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AMERICAN PSYCHOLOGICAL ASSOCIATION





Support *for* teachers

Psychologists are leading efforts to give teachers more control in an increasingly difficult line of work.

BY TORI DEANGELIS

Teachers are blamed for many of our schools' ills, but data suggest they're just as unhappy with the conditions they face as their critics are.

Up to 30 percent of elementary and secondary school teachers leave the profession after three years, and up to half take off after five years, finds research by the University of Pennsylvania's Richard M. Ingersoll, PhD. The main reasons they leave, he finds, are student misbehavior and teachers' lack of power to make decisions about how their own classrooms are structured and run.

As a result, well-trained teachers too often leave the field, says Jane Conoley, PhD, dean of the University of California, Santa Barbara's Gevirtz Graduate School of Education. "Most teachers tell you they only start to get comfortable with what they're doing at year three," she says. "And research shows you get better outcomes for kids when you have that added experience."

Given these findings, psychologists are devising ways to support and retain good teachers, rather than simply trying to lure new ones. These include developing programs that provide new teachers with academic and social support, master's-level training, community support and hands-on experience in industry.

Research suggests these approaches work. A 2004 study by Thomas M. Smith, PhD, of Vanderbilt University, and Ingersoll

in the *American Educational Research Journal* (Vol. 41, No. 3), for instance, found that new teachers who took part in support or "induction" programs were much more likely to stay for a second year than those who didn't participate in such programs. Likewise, a review of 15 studies on these programs by Ingersoll and Michael Strong, PhD, of the University of California, Santa Cruz, in the June *Review of Education Research* (Vol. 81, No. 2) found that most studies demonstrate positive effects of the programs on teacher commitment and retention, classroom instructional practices and student achievement.

Support for teachers is important because once they hit the classroom, they often feel lonely and isolated, adds psychologist Isaac Prilleltensky, PhD, dean of education at the University of Miami. In addition, teachers often lack the practical resources and knowledge needed to run a successful classroom, he says.

"Teachers need the same kind of support that doctors receive who are doing their residency training under supervision," Prilleltensky says. "And they usually don't get it."

One source of such support is the University of Miami's Support Network for Novice Teachers, run by Prilleltensky, which provides professional development and mentoring. Since the program began in 2001, only one of the 600 novice teachers who have participated left teaching within three years. Participants can spend up to three years in the program, depending on their interest, time and need.

Up to 30 percent of elementary and secondary school teachers leave the profession after three years, and up to half take off after five years. Student misbehavior and teachers' lack of power to make decisions about how their own classrooms are structured and run are the main reasons they leave.

The emphasis is on the practical, says program director Joyce Corces, EdD. Participants learn how to create lesson plans, reward students for good behavior, organize their days, decide how much homework to assign, even how to decorate the classroom. They also role-play tough situations — dealing with angry parents or preparing students for national exams, for example. (The University of Miami program is featured in a new APA teacher-training module on stress management. Go to www.apa.org/ed/schools/cpse/activities/teacher-stress.aspx.)

The support network also hosts informal activities that build group cohesion, and a mentoring program with experienced teachers. Special education teacher Donna Serrano says she appreciated the support of fellow classmates and mentors. “Had I not been exposed to some of those people, I think I would have felt more overwhelmed,” she says. “I know I can call or email anyone in the network any time I need to.”

Getting businesses on board

The University of Arizona's dean of education, educational psychologist Ronald Marx, PhD, is taking a different tack on teacher support. He is involving business leaders in an effort called “Tucson Values Teachers,” which seeks to improve teachers' low pay, insufficient training and low morale. A key part of the program is providing master's-level training at the University of Arizona to early career science, technology, engineering and math (STEM) teachers. Funded largely by the Science Foundation of Arizona, with matching funds from area technology businesses, the program gives teachers advanced training in STEM disciplines, pedagogy and assessment. The program then places teachers at local science and engineering companies for summer internships, where they earn industry-level pay while gaining hands-on experience that they can share in the classroom.

“I wanted to get teachers into contexts where they're doing real science or math that counts for a purpose,” says Marx.

About 25 teachers are completing master's degrees and internships so far, with impressive results. One math teacher who did her internship at the defense contractor Raytheon helped get a state-of-the-art missile to fly. Another participant was named Teacher of the Year in Arizona's Cochise County.

Tucson Values Teachers also addresses an overlooked aspect of teacher support: the public's underappreciation of teachers. A “Teacher's Discount Card,” for instance, gives teachers discounts on area goods, services and even mortgages. The program also provides opportunities for the public to buy school supplies for teachers, which teachers otherwise tend to buy with their own money.

Meanwhile, a weekly radio program developed by Tucson Values Teachers — “Teacher's Voices,” which airs on Tucson's National Public Radio affiliate, KUAZ — features interviews with local teachers. “It evokes images of competent, caring and intellectually deep professionals who are working on behalf of our children,” Marx says.

Support from the top?

Other efforts are under way to help administrators face their own pressures, which in turn can help improve their relationship with teachers. Conoley of the Gevirtz School has been developing a support network for school principals and superintendents in Santa Barbara County that will launch fully in 2012 with a series of summer institutes, to be followed by regular gatherings over the course of the academic year. The institutes will be co-led by a Santa Barbara County principal or supervisor and a Gevirtz faculty member, who will teach participants how to assess and improve classroom instruction and student achievement.

But the real focus is on creating a place where administrators don't have to be their official selves “but can really just learn from one another,” Conoley says. Participants will have a chance to share ideas and best practices, and to discuss their schools' data, for example on the link noted in research between dropout rates and a lack of algebra proficiency by the ninth grade, she says.

Supporting school leaders this way can benefit teachers and students alike, Conoley adds. “The key is to build organizations where expectations are high and the support for that success is just as strong.” ■

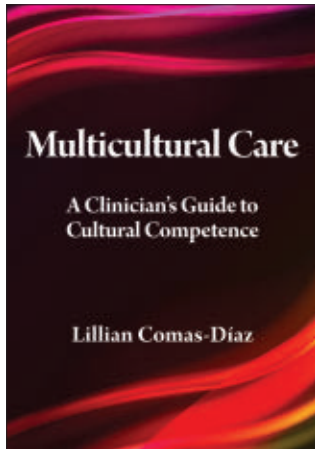
Tori DeAngelis is a writer in Syracuse, N.Y.

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A Clinician's Guide to Cultural Competence

Lillian Comas-Díaz

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Record keeping for practitioners

APA's guidelines help psychologists steer through the sometimes murky waters of how best to document and protect patient information.

BY DR. CYNTHIA STURM

Welcome to 'CE Corner'

"CE Corner" is a quarterly continuing education article offered by the APA Office of CE in Psychology. This feature will provide you with updates on critical developments in psychology, drawn from peer-reviewed literature and written by leading psychology experts. "CE Corner" appears in the February, April, July/August and November issues of the *Monitor*.

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Overview

CE credits: 1

Exam items: 10

Learning objectives:

- 1) Identify various APA resources that can guide sound record-keeping practices.
- 2) Discuss the key issues in establishing a record disposition plan in case of unanticipated illness, disability or death.

Have your record-keeping practices changed along with advances in technology? Do you exchange protected health information via fax, email, or text messaging? Are you collaborating with other professionals from different disciplines?

If you answered yes to any of these questions, it may be time to seek advice from APA's Record Keeping Guidelines.

A clear, well-organized record-keeping system is essential for psychologists who provide treatment, psychotherapy, assessment and consultation services. But setting up such systems can be challenging. For one, psychologists need to strike the fine balance between the need to maintain client privacy and confidentiality and the need to communicate with insurers, other treating professionals and larger health systems. Psychologists' records must also adhere to state and federal laws.



In addition, psychologists must plan for retirement and the eventual disposal of their records.

APA revised its Record Keeping Guidelines in 2007 in response to evolving technologies, the advent of electronic health records, the impact of the Health Insurance Portability and Accountability Act and the complexities of record keeping in various organizational settings. As APA practice guidelines, the guidelines are aspirational and complement the mandatory APA Ethical Standards (APA, 2010) that relate to documentation. The APA guidelines are designed to “educate psychologists and provide a framework for making decisions regarding professional record keeping.”

There are 13 guidelines in all, each followed by a rationale

detail kept in records. These can include the client’s wishes for more limited records; the service context or setting; legal and regulatory mandates; and contractual requirements of third-party payers.

APA’s Record Keeping Guidelines delineate three types of content:

- **General file information:** This includes identifying data and contact information; presenting problems and diagnosis; client history; treatment or intervention plan; fee agreement and billing information; and documented informed consent (Ethics Code, 3.10). Authorizations for release of information (Ethics Code, 4.05) and documentation of any mandated disclosures of confidential data may also be included.

Psychotherapy notes, which may include more detailed or sensitive client information, must be kept separately from the general record in order to be afforded heightened protection under the HIPAA Privacy Rule.

and examples that illustrate how the guideline may be applied in practice. The guidelines appear at www.apa.org/practice/guidelines/index.aspx. This article offers an overview of the guidelines and the key points psychologists should consider as they develop their own record-keeping systems.

Psychologists’ responsibilities

Practicing psychologists can tailor their record-keeping practices to their setting, type of practice and the characteristics of their treatment or assessment population. Psychological records document the nature, delivery, progress and outcomes of services. Records facilitate the coordination of care, as well as the process of transition to other levels of care, and referral or termination. Accurate records can support the clinician in resolving disputes on such issues as the quality of the services provided, fee agreements or treatment progress. Others who handle records — such as the psychologist’s employees — should be trained to handle confidential client information with the same level of care.

The organizational structure and content of records may be influenced by a variety of factors. Recognizing that psychologists work in diverse settings, APA’s Record Keeping Guidelines list basic components of the psychological record — general file information, documentation of service and specific information related to the individual characteristics of the treatment. Various factors may influence the amount of

- **Documentation of service:** This includes the date, duration and type of service that the psychologist provides and should be updated for each substantive contact with a client. Such documentation may include a description of the treatment modality or specific intervention and an assessment of the client’s current level of functioning. Recognizing that clients and other professionals may review these records, the practitioner may want to be sensitive to the language he or she uses to describe the patient.

- **Other information:** A variety of other types of information may be included in the record, such as assessment data, crisis management documentation, consultation with other professionals, and telephone and email contacts.

Psychotherapy notes, which may include more detailed or sensitive client information, must be kept separately from the general record in order to be afforded heightened protection under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. For example, health insurers cannot obtain them without a completely voluntary patient authorization. The extent to which psychotherapy notes are protected from patient requests for access varies because state laws that give patients greater access to their records can preempt the Privacy Rule provision providing no access to psychotherapy notes. APA’s Legal and Regulatory department provides guidance and current updates on HIPAA-related issues at www.apapracticecentral.org/business/hipaa/index.aspx.

Confidentiality

Protecting clients' privacy and ensuring their trust is a key principle of documentation. Whether or not a practitioner can release client information requires the psychologist to be aware of several legal and regulatory requirements, including mandated reporting requirements. The Record Keeping Guidelines encourage psychologists to be familiar with ethical standards regarding confidentiality, specifically APA Ethics Code 4.01 and 6.02, and relevant legal, regulatory and statutory requirements. Psychologists also need to follow any applicable institutional policies. Special attention is warranted in decisions related to the access or disclosure of records of minor children, especially in situations of divorce where information may be used in adversarial proceedings such as custody conflicts.

Disclosing record-keeping procedures

The guidelines consider disclosure of "the nature and extent of record keeping procedures" part of the broader process of informed consent to psychological services (Ethics Code 3.10); Ethics Code 3.10d specifically requires documentation of informed consent. Psychologists are ethically mandated to discuss the "relevant limitations of confidentiality" and the "foreseeable uses of the information" (APA Ethics Code 4.02) at the outset of services. This discussion helps clients understand that their information may be shared with others and that there are potential limits to confidentiality, such as in a litigation context or mandated treatment.

Maintenance and security

APA's record-keeping guidelines also recognize the importance of multidisciplinary collaboration in providing patient care. Accurate records facilitate adjunctive treatment, such as medication management, coordinated care for chronic illness or family therapy intervention. Should an unforeseen illness befall the psychologist, an up-to-date record facilitates the successful transfer of care. Records may also be requested by the client, or his or her attorney, for other uses, such as divorce or other legal proceedings, applications for disability or life insurance, or requirements for certain types of employment.

Practitioners need to have a security plan that provides adequate protection for either paper or electronic records from loss or damage, and ensures only appropriate access by trained professionals or others with a legitimate need to see them. With expanding wireless and computer technologies, client data may be kept in various electronic formats, such as emails, text messages and online scheduling calendars. Practitioners should be particularly cautious when exchanging protected health information via fax, email, text messaging and electronic claims submission.

Many psychologists store patients' electronic records on their office computers, laptops and tablets. However, psychologists must be vigilant in preventing unauthorized access to the data and protecting the actual equipment from theft. Data

breaches reported under the HIPAA Breach Notification are frequently the result of theft, particularly of laptops and other portable electronic devices (www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/postedbreaches.html retrieved 9/30/11). Psychologists should store backup media as carefully as they do their original electronic files.

Retention of records

Perhaps the most welcomed change in the guidelines' revision is a shorter requirement to keep records. The guidelines state: "In the absence of a superseding requirement, psychologists may consider retaining full records until seven years after the last date of service delivery for adults or until three years after a minor reaches the age of majority, whichever is later."

As previously mentioned, psychologists must also consider any applicable state laws and other regulatory or institutional requirements in determining specific records retention policies. This guideline may be useful as psychologists prepare for retirement and plan for how records will be stored and later disposed of.

The original rationale for disposing of records was to prevent "obsolete" clinical data from being misused in other contexts. Today, with electronic health records and the ability to store data in larger electronic systems, clinical information can be kept indefinitely. The Record Keeping Guidelines suggest that psychologists document the context in which the record is created, such as the reason for referral or evaluation, and specific circumstances impacting the client at the time of service. Professionals who review records at a later date also have the responsibility to recognize when clinical documents or testing results are obsolete or unduly prejudicial to current decision-making. In most cases, this is of greatest concern when the record creates a negative impression of the client.

APA's record keeping resources

- Applying the APA Record Keeping Guidelines in Clinical Practice (webinar): www.apapracticecentral.org/flash/record-keeping-guidelines/index.aspx.
- APA Ethical Principles of Psychologists and Code of Conduct.
- American Psychological Association. (2010). *Ethical principles of psychologists and code of conduct (2002, Amended June 1, 2010)*. Retrieved from <http://www.apa.org/ethics/code/index.aspx>.
- Health Information Technology: www.apapracticecentral.org/advocacy/technology/index.aspx.
- HIPAA Compliance: www.apapracticecentral.org/business/hipaa/index.aspx

Practitioners need to have a security plan that provides adequate protection for either paper or electronic records from loss or damage.

Electronic records

The advent of electronic health records has radically altered the documentation landscape. At a minimum, electronic records are subject to similar concerns and requirements as paper records. Because of the rapid expansion of data technologies, the guidelines primarily offer general suggestions for managing information and electronic health records, such as using appropriate levels of encryption and passwords to protect digital information.

The 2005 HIPAA Security Rule provides specific guidance on managing electronic protected health information. It applies to practitioners who must comply with HIPAA and who store or transmit such information. The rule requires that psychologists take special care in maintaining electronic records, and that they conduct a documented risk analysis of specified issues, and select security measures that are reasonable and appropriate for those risks and for the practice. Practitioners who do not have in-house IT departments should maintain adequate technological competence and consider using IT consultants for more complex security questions.

The 2009 Health Information Technology for Economic and Clinical Health Act (HITECH) encourages psychologists to adopt integrated electronic health records by 2014. States are now actively engaged in defining these new processes under HITECH. The law's initial goal is to promote health professionals' adoption of electronic health records. The next stage of the law's implementation involves integrating medical records through interfacing with large, centralized data systems such as Health Information Exchanges or through systems of transactional, interoperable exchanges with other providers or organizations.

Psychologists are encouraged to actively participate in developing state-level policies regarding the implementation of HITECH. Psychologists are uniquely qualified to advocate for enhanced security measures in handling sensitive mental health information, and to provide thoughtful insights on consent policies for health information exchange that allow clients to make informed choices about the sharing of their mental health information.

Organizational settings

In multidisciplinary settings — such as community health centers, the VA or hospitals — records may be created or

accessed by many health-care providers. Health-care reform is focused on transforming delivery systems into collaborative or integrated care models, such as accountable-care organizations, that will share records through state or regional health information exchanges. As psychological services become integrated into larger systems of care, protecting the confidentiality of patients' psychological records will become more complex (Richardson, 2009). In many settings, record-keeping policies are already defined by applicable laws as well as institutional policy. Psychologists who work in these settings may not have full control over the record. However, they can advocate for record-keeping practices that meet psychological guidelines and also address the needs of other disciplines to coordinate care. For psychologists who work as independent consultants for organizations, it is important to clarify at the outset who owns and has access to psychological records.

Guideline 10 addresses conflicts between organizational requirements, professional guidelines, ethics and legal standards. It is important to note that the 2010 Amendment to the Language of the 2002 Ethics Code, effective June 1, 2010, occurred after the guidelines revision and publication of the 2010 article this article is based on. "Language of the 2002 Ethics Code with Changes Marked" can be found at the end of the online 2010 Ethics Code at www.apa.org/ethics/code/index.aspx. Psychologists will find it useful to familiarize themselves with the amendments to Ethics Codes 1.02 and 1.03 when interpreting aspects of Record Keeping Guideline No. 1 Responsibility for Records and No. 10 Record Keeping in Organizational Settings.

Multiple client records

Documentation for couples, families and groups is one of the most complex and challenging areas of record keeping. Experienced psychologists usually develop a philosophy of documentation for couple and family therapy that fits their theoretical orientation, treatment model and practice setting. Therapists treating families or couples may document clinical information specific to individual clients, as well as describing the therapeutic process and relational data. Some psychologists suggest it is important to record the interactional essence of such treatment modalities (Gottlieb et al., 2008). Risk management considerations, such as anticipation of individual requests for release of information, the potential needs of high-conflict families, and the potential for litigation, may encourage

practitioners to consider maintaining separate records on each service recipient (Moline et al., 1998).

When treating multiple clients, it is important to inform each party at the outset of treatment how the record will be maintained, who will have access to the information and when the record could be disclosed to others (Ethics Code 10.02, 10.03). For example, couples should be informed that releasing any records may require written permission from both parties (Gottlieb et al., 2008). In family therapy, psychologists may identify one individual (such as a minor child) as the client, but the treatment or evaluation record may also contain information provided by or about parents, guardians or other family members. Collateral information should be identified as such and these contacts informed if they are not “clients,” and therefore do not have the same rights regarding control over or access to the record. Group therapy records that summarize group themes, process patterns and general information about all group members may be preserved in individual files, as long as other members of the group are not identified (Moline et al., 1998).

Financial records

Psychologists are ethically required to clarify financial arrangements and payment responsibilities at the beginning of treatment or service (Ethics Code 6.04). Giving clients a written policy at the outset of treatment facilitates client understanding of professional fees, their responsibility for payment, issues relevant to third-party billing and any limits to coverage. The fee agreement should be included in the treatment record to show that the psychologist provided this information to the client as a part of the informed consent process. Accurate and detailed billing records are an important aspect of risk management, considering that client dissatisfaction about payment and collection issues may precipitate an ethical complaint (Bennett et al., 2007).

Psychologists should also be sure they clarify who is responsible for payment when more than one client is being treated in a session, particularly since third-party payers may differ in their coverage for these types of services. Clients often assume their insurance will cover marital or group therapy, though these services are not consistently covered. It is wise for psychologists to remember that third-party payers can audit the psychologist’s financial records for accuracy, and encourage their subscribers to review billing statements with a critical eye to potential fraud.

Disposition of records

It is important for all psychology practitioners to establish a record disposition plan as part of their office policies, due to the potential for unanticipated circumstances to disrupt the continuity of treatment and access to records if the psychologist becomes unavailable. Professional transitions may include leaving an employment setting; closing a practice due to moving or retirement, or sudden illness, disability or death.

Psychologists may designate a records custodian who understands the unique ethical issues involved in maintaining, transferring and disposing of psychological records. The custodian will need to continue to protect client confidentiality and security, while at the same time providing appropriate records access to clients and their own designees for the full period of record retention. Some state licensing laws specify that clients must be notified how to contact psychologists after retirement for the purpose of obtaining records.

APA has provided a comprehensive checklist for closing a professional practice that includes suggestions about management of client records (APA, 2005). Various models of “professional wills” include instructions for designating professional executors who are available to respond to immediate client needs for transfer or referral, and assume other professional responsibilities involved in closing a practice (Halloway, 2003; Pope & Vasquez, 2005).

When planning for the eventual disposal or destruction of paper and electronic records, the psychologist must be sure that clients’ confidentiality is protected. In the case of electronic records, psychologists may want to consult with technical experts to prevent the unwanted recovery of client data. ■

This article is based on the *Professional Psychology: Research and Practice* article “The American Psychological Association’s Revised Record Keeping Guidelines: Implications for the Practitioner” by Drogin, E.Y., Connell, M., Foote, W.E. & Sturm, C.A. (2010).



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Cynthia Sturm, PhD, is a clinical psychologist in independent practice in Portland, Ore., and a member of APA’s Ethics Committee. In her practice, she treats adults and couples, and she teaches and consults in areas of ethics and professional issues. Sturm was involved in the Record Keeping Guidelines revision while serving on APA’s Committee on Professional Practice and Standards (2002–04), and later served on the Board of Professional Affairs (2007–09).



Sturm



Going green

APA is fostering environmental sustainability on several fronts.

BY TORI DEANGELIS

Last year's unrelenting heat in Texas, severe hurricanes in Vermont, and October snow storms are a reminder of the seriousness of global climate change and how our current decisions will affect future generations.

Recognizing this, APA and its members are working to apply psychology's knowledge on human behavior to help protect the environment and to prepare people to cope with changes already taking place. Those efforts include collaborating with other scientific societies to better teach undergraduates about the environmental, economic and social dimensions of

sustainability; sharing the field's latest research in the area; and taking steps to reduce energy use at APA headquarters.

"A key factor in reversing dangerous climate changes is altering our behaviors, habits and our individual and organizational decisions," says APA Chief Executive Officer Norman B. Anderson, PhD. "Psychologists naturally should be leading the way on this."

APA's green activities include:

- **Reaching out to undergraduates:** Last year, APA joined forces with 10 other science, technology, engineering and math (STEM) and education societies to work on sustainability projects. In one, APA is helping to develop policy recommendations aimed at supporting sustainability themes in STEM education and also to encourage policymakers at the local, state, organizational and national levels to make decisions that favor a more sustainable future — promoting green business, for example, or promoting the United States' role as a leader in reducing carbon emissions. APA is also disseminating research-based case studies, modules, data sets and other resources supported by research on sustainability that teachers can use in courses, textbooks, websites or class assignments.

It's an exciting opportunity for psychology to work with other disciplines to share scientific knowledge on sustainability and to impact large numbers of students, says APA Associate Executive Director for Education Robin Hailstorks, PhD. "There are so many students who take introductory psychology that we have an opportunity to be leaders in this area."

- **Task force updates:** APA's 2009 report from the Task Force on the Interface Between Psychology and Global Climate Change was very popular with the media, receiving coverage from *The New York Times*, *The Washington Post*, National Public Radio and *U.S. News & World Report*, among many other outlets. The report addresses psychology's contribution to understanding the human impacts of climate change, understanding psychological responses to physical and psychological impacts of climate change, and assisting efforts to adapt to and mitigate the effects of climate change.

The task force updated its findings in a special section of

the May/June 2011 *American Psychologist*. The issue's seven articles address human causes, effects and potential responses to climate change, and identify psychological processes that may aid in the creation of successful adaptation and mitigation policies and strategies, says task force chair Janet K. Swim, PhD, professor of psychology at Penn State University. The articles emphasize that interventions should take into account such psychological processes as risk perception — the human tendency to underestimate the impact of future events or events we don't think will affect us directly. Psychology also must show the public how its findings can promote more green behaviors, in particular those with high impact, such as choosing

transportation options with a low carbon footprint.

Another task force effort has been to develop APA resolutions on sustainability. One, passed by the APA Council of Representatives last February, officially recognized the psychosocial impacts of climate change, the ethical imperative to address climate change through adaptation and mitigation, and the role that psychosocial processes play in hindering public acceptance of climate change. Another, passed in 2010, encourages APA to set emissions-reduction goals and to determine ways to meet those goals.

A third resolution, which is working through APA governance, would establish a committee of psychologists charged with thinking more broadly about sustainability. Their work could include promoting research on sustainability, or encouraging psychologists with the appropriate expertise to advise companies on ways to change employees' and customers' behaviors around energy use, for example.

- **Educating the public:** In another effort to reach the public, the APA Science Directorate hosted an exhibit in 2010 on psychology's role in solving environmental issues. Called "Let's use our heads to save the environment," it was one of about 500 exhibits in the USA Science Exhibit on the National Mall in Washington, D.C. Several thousand adults and teens visited the exhibit, which focused on how the decisions we make every day influence the environment.

"Our location was great — right in the middle of the exposition — and we had a steady stream of people who asked

Psychology also must show the public how its findings can promote more green behaviors, in particular those with high impact, such as choosing transportation options with a low carbon footprint.

great questions and had a lot to say,” says Howard Kurtzman, PhD, deputy executive director of the directorate. People expressed surprise that a psychological organization would be working on the topic, he adds. “That was great because it gave us the chance to educate people about the contributions that psychological science can make to sustainability.”

• **Division collaborations:** Several APA divisions are working together on sustainability issues. Div. 9 (Society for the Psychological Study of Social Issues) will kick off its biennial conference June 22–24 in Charlotte, N.C., co-hosting a miniconvention with Div. 34 (Society for Environmental, Population and Conservation Psychology) on “the three E’s”: environment, education and equity. Meanwhile, Div. 34 members are helping Div. 8 (Society for Personality and Social Psychology) faculty and students organize a pre-conference meeting Jan. 26 on sustainability psychology in conjunction with Div. 8’s annual conference in San Diego. The meeting will feature talks by experts on such topics as why Americans are less likely to believe in the science of global warming today than they were in 2007. The meeting will also include a paper swap, poster sessions and a data blitz — a session where speakers give quick talks featuring one exciting new piece of data. Participants and speakers will also have a chance to brainstorm ideas on where to go from here.

• **Greenness on APA’s home turf:** At the association’s two properties in Washington, D.C. — the headquarters building at 750 First St., N.E., and its commercial rental property at 10 G St., N.E. — efforts are under way to reduce energy consumption, maximize recycling and contribute to a healthier environment.

In fact, APA’s activities in these areas have led to some distinctions members can be proud of, notes APA Chief Financial Officer Archie Turner. For one, the Environmental Protection Agency has rated both buildings in the top 10 percent of buildings in the United States with the lowest carbon footprint. In addition, the 10 G St. building is close to being LEED-certified with the certification’s gold rating, the second-highest rating for existing buildings.

In addition, for both buildings, APA purchased a utilities plan that uses 100 percent wind energy and significantly reduces APA’s carbon dioxide emissions. APA has also installed variable frequency drives on the buildings’ heating, ventilation and air conditioning equipment to regulate air flow and use less energy. APA has installed a “green roof” on part of the 10 G St. building. The rooftop’s plants absorb stormwater that would otherwise run into sewer systems and further pollute the Chesapeake Bay. The roof is also less reflective than traditional roofing material, meaning it absorbs heat rather than sending it back into the atmosphere.

APA is cutting down on paper waste by asking staff to print double-sided and to electronically scan and recycle paper as

much as possible. Meanwhile, all trash generated by staff besides food — about 95 percent of its total waste — gets recycled. APA officials also are adopting more energy-efficient lighting, with plans to do so throughout the headquarters building during the next renovation, scheduled to take place within the next 10 years. Over time, say APA officials, these changes will lower the building’s energy use enough to position it for LEED certification.

APA staff is also eager to help. A staff committee chaired by APA Science Programs Associate Nicolle Singer is organizing brownbag speaker sessions on environmental topics and planning staff tours of nearby green facilities, for example.

While there’s more APA can do to reduce its carbon footprint, and while the association must keep cost in mind, there is no question that APA knows where it stands in relation to the environment, Turner adds.

“Philosophically, the [APA] Board and Council, management and staff are committed to making APA as sustainable as possible,” he says. “There are no pockets of resistance here.” ■

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



APA CEO Norman B. Anderson, PhD, describes the ways psychologists are helping people cope with the environmental, economic and health effects of climate change in an episode of the APA video series “This is Psychology.” To watch the clip, go to www.apa.org/news/press/video/this-is-psychology/climate-change.aspx.

APA resources on sustainability

Check out these free, online resources:

- A booklet on global climate change published by the APA Science Directorate, one in a series of booklets addressing society’s grand challenges. See www.apa.org/research/action/gc-climate-change.pdf.
- APA’s Div. 2 (Society for the Teaching of Psychology) offers a free publication called “Teaching psychology for sustainability: A manual of resources” at www.teachgreenpsych.com.
- The *Monitor* (www.apa.org/monitor) and the Psychology Teacher Network (www.apa.org/ed/precollege/ptn) newsletter have run a number of articles related to sustainability.

—T. DeANGELIS

At the intersection of law and psychology

Margaret Bull Kovera plans to commission papers that have the potential to influence public policy.

BY REBECCA A. CLAY

The new editor of *Law and Human Behavior*, the journal of APA's Div. 41 (American Psychology-Law Society) is interested in research on the intersection of law and behavior, no matter who produces it.

The journal features research from such fields as criminal justice, sociology, psychiatry, political science, education and communication as well as law and psychology.

"What we really look for is the best research in psychology and law on any topic," says Margaret Bull Kovera, PhD, a past president of Div. 41 and psychology professor at John Jay College of Criminal Justice at the City University of New York. "We're less concerned about which disciplines are contributing."

As editor in chief, Kovera — who has served as associate editor for the last six years — plans to continue the journal's tradition of commissioning special scientific review papers with the aim of influencing public policy.

Unlike the regular articles the journal publishes, these papers originate with the editor and Div. 41's executive board, who identify both topics and authors. The manuscripts are posted for public comment, presented at psychology meetings, revised and posted for another round of public comment before they even begin the regular peer review process. The journal has published two such papers in the past, one on best practices in eyewitness identification situations and another that offered recommendations for interrogating suspects in ways that help prevent false confessions.

"Those two articles have been very influential, both research-



Dr. Margaret Bull Kovera

wise and in practice," says Kovera, adding that they also helped raise the journal's profile. "There are other areas ripe for that." Possible topics include gay parenting, the effects of pre-trial publicity on jurors and the best way to deal with juvenile offenders.

Of course, adds Kovera, the commissioning of these papers is to augment — not to replace — the articles the journal receives through the normal submission process.

Kovera also plans to revive an old tradition at the journal: a student editorial board. The mentorship program would allow editorial board members to appoint students to serve as reviewers alongside them. "Schools don't teach reviewing," says Kovera. "If we want to ensure future generations of reviewers write well-balanced, insightful reviews, then we need to spend some time training them." Kovera is also committed to continuing her predecessor's goal of reducing the time it takes to review manuscripts.

Kovera, whose own research focuses on eyewitness identification, jury decision-making, jury selection and legal decision-makers' evaluation of scientific evidence, is the first woman to edit the journal.

"At times, people have expressed concerns about women's ability to rise in the divisions, especially in Div. 41," she says. "This is one of the last great barriers."

In her free time, Kovera sings with her choir at such venues as Carnegie Hall and the Vatican's music festival. And she's trying to like running. "The jury's still out on that — every pun intended," she says. ■

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Div. 2 to promote statistics mastery among students

APA Div. 2 (Society for the Teaching of Psychology) has formed a task force to boost statistics skills among students taking psychology at the high school and undergraduate levels. Two subcommittees will examine minimal standards of statistical literacy as defined by high school and college psychology course curriculums. Chaired by Susan Nolan, PhD, of Seton Hall University, the task force

will propose guidelines and learning goals for high school and undergraduate teachers related to statistical literacy, develop toolkits for best teaching practices and assessment and compile bibliographic materials. To get involved, visit the Div. 2 website at www.teachpsych.org.

Webcast of Div. 17 career development conference now available

Div. 17 (Society of Counseling Psychology) has posted talks

from its recent conference “Forging Career Policy for the Greater Good” on its website at www.div17.org/vocpsych. The meeting, hosted by the division’s Society for Vocational Psychology section Nov. 5–6 in Boston, focused on how psychologists can use research to inform policymakers about the need for lifelong access to career and workforce development.

Speakers included Raimo Vourinen, PhD, director of the European Lifelong Guidance Partnership Network, who outlined how the European Union has embraced career planning and management skills as critical to creating a strong economy. Speaker Joan Wills, a senior policy analyst with the National Collaborative for Workforce and Disability for Youth, urged attendees to advocate for career development funding to their state and federal policymakers.

Div. 17 calls for video contest submissions

Div. 17 is holding a video contest to raise awareness of counseling psychology. Students and professionals can submit creative, short videos that emphasize the unique contributions of counseling psychology. The winning video will premiere at the 2012 APA Annual Convention in Orlando, Fla., Aug. 2–5, and the winner will receive a \$1,000 prize. For more information, visit

White House honors Div. 17 member

The White House presented Div. 17 (Society of Counseling Psychology) member Angela Byars-Winston, PhD, with a “Champion of Change” award on Dec. 9 for her work to help build the ranks of women in the nation’s science, technology, engineering and math (STEM) workforce. Byars-Winston is an associate professor in the department of medicine at the University of Wisconsin–Madison. Her research examines how to promote the recruitment and retention of racial and ethnic-minority doctoral students in the biological and behavioral sciences. Byars-Winston also studies how culture influences academic and career development. She has translated her research into interventions for middle school students through early career professionals that are aimed at increasing the representation of women and racial and ethnic minorities in STEM fields. The “Champions of Change” program is part of President Barack Obama’s “Winning the Future” initiative, which honors people who are working to improve their communities.



Byars-Winston

www.div17.org/stg_counselingvideo.html.

Div. 22 conference to focus on newest developments in rehabilitation

Div. 22 (Rehabilitation) and the American Board of Rehabilitation Psychology are co-sponsoring the 14th Annual Rehabilitation Psychology Conference, Feb. 24–26, in Fort Worth, Texas. Speakers will present on the newest developments in rehabilitation theory and practice. Other

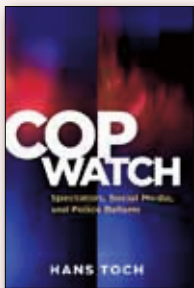
events include a workshop for people seeking board certification in rehabilitation psychology, mentoring and networking sessions, and student professional development workshops.

The division will also host a pre-conference workshop on research methodology on Feb. 23. Continuing-education credits are offered for the preconference and the conference. For more information, go to www.abrp.org or contact Tricia Kirkhart at pkirkha1@jhmi.edu.

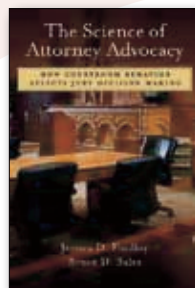


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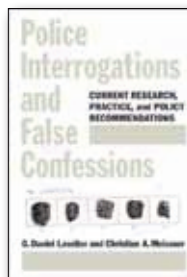
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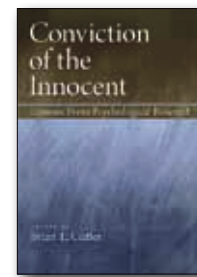
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Grants help solve society's problems

APF Visionary Grants are enabling five psychologists to expand their work understanding and assisting vulnerable populations.

BY TORI DeANGELIS

When University of Hawaii Assistant Professor **Thao N. Le, PhD, MPH**, sought to bring mindfulness techniques to

three Native American tribes of Lake County, Mont., she hit on an approach that the tribes quickly embraced. "They said that mindfulness is what they've been doing for centuries, and that this project will help to restore their traditional ways and practices," she says.

Many young members of these tribes — the Confederated Salish, Kootenai and Pend d'Oreille — are disconnected from their cultural roots and suffer from disproportionately high rates of suicide and other forms of violence, Le says.

Now, thanks to a \$20,000 Visionary Grant from the American Psychological Foundation, and support from the Colorado Injury Control Research Center, Le is implementing and pilot testing a translated version of the Mind Body Awareness Project — a California-based mindfulness curriculum geared to at-risk youth — with young members of the tribes. Working with her colleague, Judy Gobert, and other tribe members, she is weaving cultural metaphors, stories and other activities into the



Le

program in ways the young people can relate to. Le plans to bring in facilitators from the Mind Body Awareness program to train members of the tribe to eventually take it over.

"My goal is for this program to become completely sustainable," she says.

Le is one of five psychologists who won the 2011 APF Visionary Grants. Each year APF grants up to \$20,000 to support innovative psychological solutions to pressing human problems including violence, stigma and prejudice, natural and manmade disasters and health conditions. A related APF grant, the Drs. Raymond A. and Rosalee G. Weiss Research and Program Innovation Fund Grant, provides \$5,000 annually in these same topic areas.

"The recipients of these grants are innovators who are using the scientific rigor of psychology to solve some of society's thorniest issues," says APF Executive Director Elisabeth Straus.

Two other grantees are also examining interventions for troubled youth. Georgetown University Associate Professor **Rachel Barr, PhD**, will use a \$4,354 Visionary Grant and a \$5,000 Drs. Raymond A. and Rosalee G. Weiss Research and Program Innovation Fund Grant to



Barr

extend a study she is conducting with Carole Shauffer, JD, of the Youth Law Center, that seeks to nurture attachments between incarcerated teen parents and their children.

"Teen parents in the juvenile justice system and their children are at risk for a range of poor outcomes, including in their relationships with one another," says Barr. "This intervention, if effective, could help build them stronger early attachments that may benefit their future lives in many ways."

Called the Baby Elmo Project, the intervention offers weekly parent-training sessions delivered by detention facility staff; video clips from a video series called "Sesame Beginnings," where characters from the television show "Sesame Street" demonstrate positive interactions among parents and very young children; and weekly parent-child visits. Research shows the protocol improves bonds between these parents and their 1- to 3-year-old children. Now, the grant will allow them to test its effectiveness with children younger than 1, says Barr.

Meanwhile, Wake Forest University Assistant Professor **Lisa Kiang, PhD**, is using her \$17,117 Visionary grant to examine how prejudice may affect youth



Kiang

Each year APF grants up to \$20,000 to support innovative psychological solutions to pressing human problems including violence, stigma and prejudice, natural and manmade disasters and health conditions.

on a physiological level — an area that's received little research attention to date. In her study, African-American, Asian-American and Latino youth will view still images that denote overt and subtle discrimination, racial acceptance, or a neutral stance — a picture of a sign explicitly derogating a group, a store clerk seemingly eyeing a person of color with suspicion, or a face with a neutral expression, for example, while at the same time being presented with a startling noise. Sensors will capture eye blinks as well as physiologic measures of stress such as skin conductance and heart rate.

Kiang hopes the findings will broaden our understanding of prejudice's impact. "Knowing how young adults automatically and physiologically respond to discrimination could provide a more complete picture of how race affects individuals' lives, and ultimately lead to more concrete and practical interventions for handling and overcoming such experiences," she says.

The other two Visionary grants will look at how ethnopolitical violence affects people and consider how that information can be used to help people cope in the aftermath of such trauma.

Clark University Assistant Professor **Johanna Ray Vollhardt, PhD**, will use her \$18,501 award to expand research on victim groups' reactions to mass violence. She has found that victimized group members develop either an

"exclusive" victim consciousness — a focus on the uniqueness of their own group's suffering — or an "inclusive" victim consciousness — in which they perceive similarities among their experiences and those of other groups. These mindsets, she posits, can lead to very different outcomes, ranging from cycles of violence and revenge to more prosocial attitudes and actions, such as supporting international aid to victims of war and genocide. The grant will enable her to validate a measure of these cognitions among four diverse groups, explore factors that shape these mindsets, and gather ideas for future research through focus group interviews and surveys.

In a related vein, **E. Mark Cummings, PhD**, a professor at Notre Dame University, received \$16,500 from APF to develop and test culturally sensitive instruments that will shed light on the relationship between intergroup tension and



Vollhardt



Cummings

adolescent mental health outcomes among Serbian and Croatian youth in Vukovar, a divided city in Croatia. The effort is part of a larger study he is conducting with Notre Dame colleagues Christine Merrilees, PhD, and Laura Taylor and colleagues at the University of Zagreb. They seek to understand the psychosocial factors that underlie child, family and community behavior in a conflict setting—how young people's emotional insecurity about community or ethnic social identity might lead to aggression and delinquency, for instance.

They seek to understand the psychosocial factors that underlie child, family and community behaviors.

Previous efforts to restore civil societies following political violence have focused largely on agreements between political leaders, Cummings says. By enabling his team to study the reactions of communities and average citizens, the APF grant "may allow us to better understand the obstacles to achieving civil societies and to create more informed and effective interventions," he says. ■

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

The next deadline for the Visionary and Drs. Raymond A. and Rosalee G. Weiss Research and Program Innovation Fund Grants is March 15. To apply online, visit www.apa.org/apf/funding/vision-weiss.aspx.

Lizette Peterson-Homer grantee aims to reduce rabies risk among children

APF has given doctoral student Jiabin Shen, of the University of Alabama, a \$5,000 APF Lizette Peterson-Homer Injury Prevention Grant to explore how to reduce dog-bite injuries to children in rural China.

Dog-bite injuries are particularly prevalent due to the high number of dogs in the country — many of which are used as protection by women whose husbands have left the village to seek work in nearby cities. Between 1996 and 2006, there was a 2000 percent increase in rabies cases in China.

Shen will use the grant to gather more data on how and when children are bitten. She will also study attitudes among parents about preventing injury to create dog-bite prevention programs for Chinese farmers and their children.

For more information on the Lizette Peterson-Homer Injury Prevention Grant, visit www.apa.org/apf/funding/peterson-homer.aspx.

APF awards four scholarships

APF has awarded scholarships to four graduate students who are doing promising work:

- **Stephen P. Becker**, of Miami University, who won the **\$5,000 Harry and Miriam Levinson Scholarship** to fund his dissertation, “Differentiating the Development of Internalizing and Externalizing Comorbidities with ADHD: The Roles of Social Information Processing and the Positive Illusory Bias.”

- **Kristy E. Benoit**, of Virginia Tech, who won the **\$3,000 Ruth G. and**



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Children in rural China are at a high risk of rabid dog bites. Between 1996 and 2006, there was a 2000 percent increase in rabies cases in the country.

- **Joseph D. Matarazzo Scholarship** to support her dissertation project, “Interpretation Bias in Anxious Mothers and Their Children: Can Interpretation Modification Affect the Intergenerational Transmission of Anxiety?”

- **Erik J. Girvan**, of the University of Minnesota, who won the **\$2,000 Clarence J. Rosecrans Scholarship** to support work on his thesis, “Habits of Meaning: When Does Learning to Categorize Situations Attenuate Bias in Social Judgments?”

- **Courtney Gosnell**, of the University

of California, Santa Barbara, who won the **Peter and Malina James and Dr. Louis P. James Legacy Scholarship** for her research, “The Ego-Depleting Nature of Social Support.” This is the first year APF has awarded the James scholarship, which was established by retired psychology professor Louis James, PhD, in honor of his parents.

Funding opportunities

Fund your research on gifted and talented children

APF is accepting applications for the

Nine students win \$1,000 scholarships

APF and the Council of Graduate Departments of Psychology have presented the 2011–2012 Graduate Student Research Scholarships, which help defray the costs of students' research projects. The winners are:

- **Aaron Haas**, Morehead State University.
- **Ann Catherine Johnson**, University of Notre Dame.
- **Jessica Keeney**, Michigan State University.
- **Gloria Luong**, University of California, Irvine.
- **Daniel M. Stout**, University of Wisconsin–Milwaukee.
- **Erin L. Thomas**, Yale University.
- **Molly A. Walsh**, University of North Carolina–Greensboro.
- **Brandon L. Warren**, Florida State University.
- **Kevin L. Zabel**, University of Tennessee.

Esther Katz Rosen Graduate Student Fellowship, a \$25,000 grant to support activities related to the psychological understanding of gifted and talented children and adolescents.

Applicants must be graduate students who have achieved doctoral candidacy. Students may apply before having passed their qualifying exams, but APF requires proof of having advanced to doctoral candidacy before it releases funds. Students must be in good academic standing at a university in the United States or Canada. The home institution of the selected fellow must provide a tuition waiver.

The application deadline is March 1. Visit www.apa.org/apf/rosen.aspx for more information.

Grants advance understanding of homosexuality

APF is accepting applications for two \$15,000 Wayne F. Placek Grants, which support empirical research from throughout the behavioral and social sciences on any topic related to lesbian, gay, bisexual or transgender issues.

APF gives priority to proposals that address the following topics:

- Heterosexuals' attitudes and behaviors toward lesbians, gay men, bisexuals and transgender people, including prejudice, discrimination and violence.

- Family and workplace issues relevant to lesbians, gay men, bisexuals and transgender people.

- Subgroups of the lesbian, gay, bisexual and transgender populations that are underrepresented in research.

Applicants must be either doctoral-level researchers or graduate students affiliated with an educational institution or a 501(c)(3) nonprofit research organization. **The application deadline is March 1.** Visit www.apa.org/apf/placek.aspx for more information.

Apply for a Visionary grant

APF is seeking nominations for one of its Visionary grants and for the \$5,000 Drs. Raymond A. and Rosalee G. Weiss Research and Program Innovation Fund Grant. The Visionary grants, which provide up to \$20,000 in funding each,

and the Drs. Raymond A. and Rosalee G. Weiss Research and Program Innovation Grant support research, education and intervention projects that use psychology to solve social problems in the following priority areas:

- Understanding and fostering the connection between mental and physical health to ensure well-being.

- Reducing stigma and prejudice to promote unity and harmony.

- Understanding and preventing violence.

- Supporting programs that address the long-term psychological needs of individuals and communities in the aftermath of disaster.

Applicants must be affiliated with 501(c)(3) nonprofit organizations. **The application deadline is March 15.** Visit www.apa.org/apf/vision-weiss.aspx for more information. ■

APF deadlines

March

- F.J. McGuigan Early Career Research Prize: March 1

April

- Counseling Psychology Grants: April 1
- Ungerleider/Zimbardo Travel Scholarships: April 1
- Alexander Gralnick Research Investigator Prize: April 15
- Paul E. Henkin School Psychology Travel Grant: April 15

For more information about APF's funding programs, visit www.apa.org/apf or contact Parie Kadir at pkadir@apa.org or (202) 336-5984.

Personalities

■ The New Jersey Psychological Association gave **Jeffrey Axelbank, PsyD**, its 2011 Psychologist of the Year award in



Axelbank

recognition of his fierce defense of patient confidentiality from insurance company demands for more information. Axelbank has a private practice in Highland Park, N.J., providing psychotherapy and management consulting services.

■ The Carnegie Foundation for the Advancement of Teaching and the Council for Advancement and Support of Education have named **Stephen Chew, PhD**, as this year's U.S. Professor of the Year for Master's Universities and Colleges. Chew is a psychology professor and department chair at Samford University in Birmingham, Ala.



Chew

■ The Canadian Institutes of Health Research awarded **Geoffrey Fong, PhD**, its 2011 Knowledge Translation Award. Fong, a professor of psychology and public health and health systems at the University of Waterloo, and Senior Investigator at the Ontario Institute for Cancer Research, was recognized for his research examining tobacco-control policies. He is also the founder and chief principal investigator for the

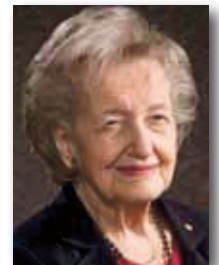


Fong

International Tobacco Control Policy Evaluation Project.

■ **Jonathan Golding, PhD**, won Kentucky's Professor of the Year award from the Carnegie Foundation for the Advancement of Teaching and the Council for Advancement and Support of Education. Golding's primary field of study is jurors' reactions to various types of abuse, including child abuse, elder abuse and domestic abuse.

■ Rockefeller University gave **Brenda Milner, PhD**, its Pearl Meister Greengard Prize, which honors female researchers who have made outstanding contributions to the biomedical sciences. Milner is a pioneer in the field of neuropsychology and in the study of memory and other cognitive functions in humans.



Milner

■ **Rebecca Thomley, PhD**, was honored as a 2011 Entrepreneurial Winning Women by Ernst & Young LLP. Thomley has been a member of the Red Cross's Stress Team since 1982 and received the Red Cross 2011 "Disaster Relief Heroes Award." She was among those who helped provide local mental health relief after the Oklahoma City bombing in 1995.

—C. BOCKHAUS

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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 term "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 pattern 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 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 post-

ing 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/html/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 neither an endorsement 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 CANCEL 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 Rates/Payment Terms

2012 Rates: \$12.00 per line for Career Opportunities and Availability Notices \$13.75 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 (A.A.A.A.) 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. Non-recruitment advertising can be submitted by e-mail to adodson@apa.org.

Closing dates are as follows:

March	January 26
April	February 23
May	March 27
June	April 26

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, 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 now available for \$10.00 per day up to publication date. Select this option when submitting a line ad at 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.

For classified rates and closing dates contact:

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

For classified/display advertising rates and closing dates contact:

Jodi Ashcraft
Advertising Sales Department
American Psychological Association
Phone: (202) 336-5565
Fax: (202) 216-7610
E-mail: jashcraft@apa.org

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US OPPORTUNITIES

PSYCHOLOGISTS: As a psychologist in the U.S. Public Health Service Commissioned Corps, you will join a team that provides psychological services, counseling, and family and group therapy to returning warriors and their families. Rewards include free health coverage, tax-free housing/food allowances, and 30 days of paid vacation each year. Visit USPHS.gov, or call (800) 279-1605.

MENTAL HEALTH PROFESSIONALS: Would you like to repay the brave men and women who protect our country every day? Now you can. As a mental health professional in the U.S. Public Health Service Commissioned Corps, you will join an elite team that provides psychiatric services, counseling, and family and group therapy to returning warriors and their families in the U.S. The Corps also offers generous bonuses that augment an already competitive compensation package that will increase each year. Physicians can also bring home up to \$75,000 of specialty pay. Visit USPHS.gov or call (800) 279-1605 to find out about the great benefits of joining.

MENTAL HEALTH PROFESSIONALS: As a mental health professional in the U.S. Public Health Service Commissioned Corps you can help those who protect our country every day by providing psychiatric services, counseling, and family and group therapy to returning warriors. Our officers also develop programs on substance abuse and perform behavioral research on treatment interventions. In addition to helping those who serve, the rewards are great, including free health coverage, tax-free housing/food allowances, and 30 days of paid vacation each year. Physicians can also bring home up to \$75,000 of specialty pay. Visit USPHS.gov or call (800) 279-1605 to find out how you can make a difference.

ALABAMA

ASSISTANT/ASSOCIATE/FULL PROFESSOR: The Department of Psychology at Auburn University is seeking candidates for a full-time, tenure-track position as the director of the applied behavior analysis in developmental disabilities M.S. program. The rank is open but with a preference for a candidate at the advanced assistant to full level.

The successful candidate will be expected to teach and supervise master's-level students in the applied behavior analysis and to manage the administrative duties of the program. In addition, the candidate will have the opportunity to maintain an active research program. Applicants must hold the BCBA credential and have a Ph.D. in psychology or a related discipline from an accredited institution; experience in intellectual disabilities and autism spectrum disorders is preferred. Applicants should have a clear record of productivity in behavior analysis. The appointment will begin August 2012. We are committed to increasing faculty and student diversity. Minorities and women are encouraged to apply. The successful applicants will join a growing Department of Psychology committed to promoting the careers of junior faculty, with 23 full-time, tenure-track faculty members. In addition to a general undergraduate program, the department has a master's program in applied behavior analysis in developmental disabilities and doctoral programs in clinical psychology (APA-accredited), cognitive and behavioral sciences, and industrial/organizational psychology. For

information on the Department of Psychology, see our website at www.auburn.edu/psychology. Auburn, AL is a university community in a metropolitan area of about 100,000 with an enviable climate, excellent schools, affordable cost of living, and an easy drive to Atlanta, GA, Birmingham, AL, Columbus, GA, and Montgomery, AL. For information on the communities of Auburn and Opelika, you may visit www.auburnchamber.com and www.opelika.org. **Review of applications will begin March 15, 2012, and will continue until the position is filled.** The successful candidate must meet eligibility requirements to work in the U.S. at the time the appointment is scheduled to begin and continue working legally for the proposed term of employment; excellent communication skills required. Send cover letter, curriculum vitae, statement of research and teaching interests, reprints of recent publications or preprints, evidence of teaching effectiveness, and three letters of recommendation to: Ms. Trixie Langley, Psychology Department, 226 Thach, Auburn University, AL 36849-5214. Auburn University is an Equal Opportunity/Affirmative Action Employer.

Postdoctoral Fellowship
TRAUMA, RISK & RESILIENCY

The Warrior Resiliency Program, in conjunction with Brooke Army Medical Center-Department of Behavioral Medicine and Southern Regional Medical Command, announces openings for postdoctoral fellows. The Fellowship consists of a two-year training program designed to develop expert-level civilian psychologists in trauma, risk, and resiliency issues. Graduates of the TRR Fellowship will bring their expertise to bear in future work in the U.S. Army as civilian psychologists both on an individual, clinical level and on a broad, program and policy level. Openings beginning September 2012. Application deadline is March 1, 2012.

For more information and to start the application process, please visit civilianmedicaljobs.com and search for job 2409.

civilian CORPS ★ USA
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The Department of Defense is an equal opportunity employer.

CHILD & ADOLESCENT PSYCHIATRIST OPPORTUNITY

Geisinger Medical Center (GMC), Danville, Pa. is seeking a skilled physician who is interested in providing quality care as part of a talented multi-disciplinary team. The ideal candidate will enjoy evidence-based practice and integrated care, and be a compassionate advocate for Geisinger's patients and their families. Excellent communication and computer skills are required.

This is an excellent opportunity to become part of an innovative practice developing an enhanced model of care for children and families challenged with mental health problems via support from local philanthropy as well as the health system. This model integrates mental health care with pediatric primary care at clinic sites in the community. Additionally, this model is exploring population-based mental health care.

Your skills and talents will be enhanced by the ability to collaborate with fellow professionals in nearly every sub-specialty. Your work efforts will be enhanced by a robust integrated electronic health record. You will be able to expand your practice through our developing telemedicine program. Research and teaching opportunities are available and encouraged.

Discover for yourself why Geisinger has earned national attention as a visionary model of integrated healthcare. Visit Join-Geisinger.org to learn more about this position or contact Stephen Paolucci, MD, c/o Kathy Kardisco, Department of Professional Staffing, at 1-800-845-7112 or kkardisco@geisinger.edu.

GEISINGER HEALTH SYSTEM
REDEFINING THE BOUNDARIES OF MEDICINE

ASSISTANT/ASSOCIATE PROFESSOR: The Department of Human Development and Family Studies, College of Human Environmental Sciences at The University of Alabama is seeking applicants for a faculty position at the assistant/associate professor level. The position is a full-time non-tenure-earning contractual agreement requiring a three-year commitment. *The successful candidate will assume responsibilities for coordinating and teaching in the undergraduate interdisciplinary minor in addictive disorders and recovery studies.* In addition, this person will teach and supervise the clinical experience of M.S. students in the marriage and family therapy program. For more information, log on to <https://facultyjobs.ua.edu>.

UNIVERSITY OF ALABAMA, BIRMINGHAM—PSYCHOLOGY FACULTY POSITIONS: As part of our multi-year hiring plan, the UAB Department of Psychology is seeking nominations and applications for three tenure-track/tenured positions in psychology in any area and at any level (assistant, associate, professor). The successful candidates for these positions will be expected to bring or establish an active and externally funded program of research, mentor graduate and undergraduate students, and teach in his/her area of expertise. All candidates must have received their doctoral degree. Note that the research specialty for these positions is open, but we would prefer candidates who will contribute to our priority research areas (pain research, addictions and eating disorders, obesity, neural plasticity, and affective science). Within these thematic areas, potential hires might include scientists in the areas of behavioral genetics, obesity, recovery of function after damage to the developing or aging nervous system, effects of stress on cognition, behavior, or mental health, vision science, clinical child pediatric, neuropsychology, neuroimaging, translational research in theme areas, and autism. The psychology department is a vibrant and well-regarded department on campus and supports three doctoral programs (behavioral neuroscience, lifespan developmental, and medical-clinical APA-accredited). The department has a long history of obtaining extramural research funding and has excellent research facilities. In addition, as part of the University's emphasis on multidisciplinary centers, the psychology department encourages/supports collaboration with various departments and centers within the university including the Civitan International Research Center, the Civitan/Sparks Clinics, The Children's Health System, The Comprehensive Cancer Center, The Center for Neuroscience, The McKnight Brain Institute, The Center for the Study of Community Health, The Center for Translational Science, The Center for Aging, The Vision Science Research Center, UAB Comprehensive Dia-

betes Center, the Nutrition Obesity Research Center, and the School of Medicine. Individuals interested in participating in, promoting, and advancing a collaborative and multidisciplinary environment at UAB and in the community are encouraged to apply. The psychology department enjoys the benefits of UAB's standing as a national center for biomedical health research and education. Metro Birmingham (population 1.2 million) is an ethnically diverse and cosmopolitan setting with a rich array of cultural institutions and a high quality of life. Applicants should send an electronic letter of interest describing your research and teaching interests and your curriculum vitae, and the names of three professional references to: Mary Frances Thetford at mthetford@uab.edu. Address information to the Search Committee, Department of Psychology, University of Alabama at Birmingham, 1530 3rd Avenue South, Birmingham, AL 35294-1170. For questions about the positions, contact: Dr. Karlene Ball, kball@uab.edu, University Professor and Chair, and copy to: mthetford@uab.edu. **Applications should be received by February 28, 2012. Screening of applications will begin immediately and continue until the positions are filled.** Starting date is negotiable. UAB is strongly committed to academic excellence, and dedicated to broadening the diversity of its faculty, staff, and students. We take pride in our exceptionally diverse and multicultural student body. UAB is an Equal Opportunity/Affirmative Action employer. Women and minority candidates are encouraged to apply.

FACULTY POSITIONS—OPEN RANK: Two faculty positions at the associate or professor levels with a 12-month appointment are being sought by the Department of Health Behavior, School of Public Health, University of Alabama at Birmingham (UAB). An established record of research and publications in the modification of health-related behavior risk factors is required. The department has established research programs in substance misuse and behavioral economics; tobacco control; obesity and physical activity; STI/HIV prevention; child health; family care giving; and risk and resilience in emerging adults. Candidates with theoretical frameworks relevant to health behaviors such as behavioral economics, experience with multidisciplinary collaboration, and strong quantitative skills are encouraged to apply. The applicant must have a Ph.D., Dr.PH., or Sc.D. in the social, behavioral, or related sciences. A record of publications, extramural funding, and excellence in teaching is required for the associate professor or professor ranks. Successful candidates are expected to pursue independent research, participate in collaborative research programs as appropriate to their interests, and teach in the department's MPH and Ph.D. degree programs. Rank, tenure

status, and salary will be commensurate with candidate qualifications. **The positions will remain open until filled.** Interested applicants should submit current curriculum vitae, a sample of recent publications, a cover letter that discusses qualifications and reasons for interest in a position, and four letters of support to: Dr. Susan Davies, Ph.D., Search Committee Chair, RPHB 227, 1530 3rd Avenue South, Birmingham, AL 35294-0022, (205) 934-6020, or by e-mail to: cstrahan@uab.edu. UAB is an urban, dynamic research university with over 17,500 students enrolled in 10 schools and the College of Arts & Sciences. UAB ranks among the top 25 universities receiving NIH funding, 10th among public universities. UAB has over 20 university-wide interdisciplinary research centers and is nationally recognized for its high-quality medical center and research and training programs in health sciences. UAB is dedicated to broadening the diversity of its faculty, staff, and students. We serve a multicultural student body. Students enroll from every region of the nation and from some 100 countries worldwide. Established in 1981, the UAB School of Public Health has about 90 full-time faculty members and 350 students. In recent years the school has consistently ranked second among UAB schools in successfully competing for extramural funding. UAB is an Affirmative Action/Equal Opportunity Employer.

PRIVATE PRACTICE OPPORTUNITY: Seeking licensed clinical psychologists to join a multidisciplinary practice: one child psychologist and one adult (generalist). Send curriculum vitae and cover letter to: Dr. Storey at parker.storey@graysonmentalhealth.com.

ALASKA

CHILD PSYCHOLOGIST: SEARCH is seeking licensed-eligible child psychologist to work with committed professionals in partnership with Alaska Natives. Must have experience in assessment and treatment of children and in individual, group, and family therapy. Salary range \$75,836 to \$94,702, DOE. Free medical care plus eligible for HIS loan repayment \$24K/year, relocation, and CME funds 10 days/year. Send curriculum vitae to: psyc-job@search.org, or (907) 966-8611. Visit us at www.search.org.

CALIFORNIA

ASSISTANT PROFESSOR PSYCHOLOGY: Diablo Valley College, 25 miles east of San Francisco, offers a tenure-track, nine-month teaching position for fall 2012. Starting salary with doctorate \$64,524 to \$82,128, depending on experience, plus excellent benefits. *Duties include:* 15 hours of classroom instruction. Four

year tenure process. Applicants may be invited to the college at their own expense for an interview with teaching demonstration. **Closing February 23, 2012.** Submit completed paper application to: Office of the Vice President of Instruction, Diablo Valley College, 321 Golf Club Road, Pleasant Hill, CA 94523. Include two copies of cover letter, curriculum vitae, district academic application, answers to required supplemental questions, unofficial college/graduate transcript(s). Application materials at www.4cd.edu. Minimum qualification is M.A./M.S. in psychology. An Equal Opportunity Employer that values diversity.

ASSESSMENT PROFESSOR: Pacific Graduate School of Psychology Palo Alto University (PGSP/PAU), which has an APA-accredited Ph.D. and a joint Psy.D. program with the Department of Psychiatry at Stanford University, is recruiting an associate or full professor to assume a leadership role in coordinating the university's teaching and research in the area of assessment. Applicants must have a doctoral degree from an APA-accredited program, an APA-accredited internship, and be eligible for licensure in California. The qualified applicant will be committed to quality training in scientifically based doctoral programs, have an active research program in assessment, and will contribute to the clinical training of students via course work, therapy supervision, research mentoring and dissertation supervision. Applicants should submit a letter describing their research and teaching experience, curriculum vitae, three letters of recommendation, and copies of several recent publications by regular mail to: PGSP/PAU Faculty Search Committee, Palo Alto University, 1791 Arastradero Road, Palo Alto, CA 94304. E-mail queries can be sent to: russell@paloaltoou.edu. **Applications will be considered until the positions are filled.** PGSP at Palo Alto University offers a collegial and productive work environment in the San Francisco Bay Area, competitive salary and an attractive benefits package. Women and ethnic minority applicants are strongly encouraged to apply. Palo Alto University is an Affirmative Action/Equal Opportunity Employer.

CLINICAL NEUROPSYCHOLOGY PROFESSOR: Pacific Graduate School of Psychology at Palo Alto University (PGSP/PAU), which has two APA-accredited doctoral programs (Ph.D. and a joint Psy.D. with the Department of Psychiatry at Stanford University), is recruiting an associate or full professor to assume a leadership role in coordinating and contributing to the university's teaching and research in the area of clinical neuropsychology. Applicants must have a doctoral degree in clinical psychology or clinical neuropsychology from an APA-accredited program, an APA-

accredited internship, and be eligible for licensure in California. The qualified applicant will be committed to quality training in scientifically based doctoral programs, have an active research program in clinical neuropsychology, and will contribute to the clinical training of students via teaching courses (biological bases of behavior, neuropsychology, neuropsychological assessment and intervention), research mentoring, dissertation supervision, and oversight and direction of the area of emphasis in clinical neuropsychology within the Ph.D. program. Applicants should submit a letter describing their research and teaching experience, curriculum vitae, three letters of recommendation, and copies of several recent publications by regular mail to: PGSP/PAU Faculty Search Committee, Palo Alto University, 1791 Arastradero Road, Palo Alto, CA 94304. E-mail queries can be sent to: russell@paloalto.edu. **Applications will be considered until the positions are filled.** PGSP at Palo Alto University offers a collegial and productive work environment in the San Fran-

cisco Bay Area, competitive salary and an attractive benefits package. Women and ethnic minority applicants are strongly encouraged to apply. Palo Alto University is an Affirmative Action/Equal Opportunity Employer.

PSYCHOLOGIST, LICENSED: Children's Hospital Los Angeles seeks staff psychologists to provide mental health services to children, their parents, and/or guardians as part of the Mental Health Service. The Mental Health Service supports accredited internship and fellowship programs, and staff psychologists participate in clinical supervision and clinical leadership. Didactic presentations and community presentations are components of staff psychology roles. Familiarity with evidence-based practices in psychology such as TFEBT, managing and adapting practices, incredible years, child parent psychotherapy, triple P, seeking safety or PCIT is preferred. Current openings are in our trauma psychology program, school-age behavioral health clinic and standardized assessment services. Ad-

ditional openings are anticipated in the spring in pediatric psychology, adolescent medicine, and early childhood services. **Qualifications:** Ph.D., Ed.D., or Psy.D in school, developmental or clinical psychology from a APA-accredited graduate school, and license eligibility in the State of California. Must have two to three years of experience with children and families. Bilingual Spanish-speaking strongly preferred. Forward letter of interest and curriculum vitae to: cnicholson@chla.usc.edu.

CLINICIANS—COUNSELING SERVICES: Counseling Services at San José State University has openings for clinicians in fall 2012. For details, visit our website at <http://apptkr.com/220581>. An Equal Opportunity Employer.

FORENSIC NEUROPSYCHOLOGIST: Bernatz Forensic Neuropsychology is a Los Angeles-based specialized practice providing consultation in forensic cases involving issues of mental capacity, undue influence, and financial abuse in the older adult. We are seeking a part-time to full-time licensed psychologist with competency in the administration and scoring of geriatric neuropsychological test batteries, strong writing skills, previous deposition/testifying experience. Compensation commensurate with experience. E-mail your curriculum vitae to: sbernatz@bernatzexperts.com.

POSTDOCTORAL FELLOWSHIPS IN INPATIENT PSYCHOLOGY: Gateways Hospital Offers two postdoctoral fellowship, one on the adolescent inpatient unit and one on the adult inpatient unit. *Opportunities include:* working with a unique inpatient population providing individual, group and family therapy, program development, consultations and crisis management. The stipend is \$30,000. **Positions will begin September 1, 2012. Applications should be submitted immediately**

and will be accepted until the positions are filled. Send letter of interest, curriculum vitae, and two letters of recommendation to: Elaine Alvarez, Ph.D. Gateways Hospital, 1891 Effie St., Los Angeles, CA 90026.

COLORADO

ASSISTANT OR ASSOCIATE PROFESSOR PEDIATRIC NEUROPSYCHOLOGIST: The Pediatric Neuropsychology Service in the Division of Pediatric Behavioral Health at National Jewish Health in Denver, CO is seeking a full-time neuropsychologist to join the faculty. National Jewish is a tertiary-care center specializing in the treatment of patients with respiratory, allergic, and immune disorders. Candidates must have extensive clinical assessment experience across a range of pediatric medical and psychological disorders. This is primarily a clinical position, but opportunities exist for the pursuit of research, and applicants with an active research program are encouraged to apply. Applicants must hold a doctoral degree in clinical psychology from an APA-accredited institution and have completed postdoctoral training in neuropsychology. The candidate must be eligible for licensure in the State of Colorado and be board-certified (or eligible) in clinical neuropsychology according to the Houston Conference Training Guidelines. National Jewish is affiliated with the University of Colorado Denver (UCD) and the candidate will be eligible for a faculty appointment in the Department of Psychiatry at UCD. Applicants should send their curriculum vitae, a statement of professional goals, two sample neuropsychological reports, and three letters of recommendation, to: Bruce G. Bender, Ph.D., Division Head of Pediatric Behavioral Health, National Jewish Health, 1400 Jackson Street, Room G315, Denver, CO 80206. National Jewish Health is a non-sectarian,



START FROM A HIGHER PLACE

DEAN POSITION ANNOUNCEMENT

The University of Denver invites applications and nominations for the position of Dean of the Graduate School of Professional Psychology (GSPP). We are seeking an innovative leader who will advance the institution's mission, commitment to diversity and inclusive excellence, and comprehensive endowment campaign. The ideal candidate will have a national reputation and a record of distinguished teaching, practice, and scholarship. GSPP is one of five professional programs at the University of Denver, the oldest independent university in the Rocky Mountain West. The School has excellent educational facilities with state-of-the-art technology.

GSPP provides students the opportunity to apply their skills in the community by following a practitioner-scholar training model which allows students the freedom and flexibility to experience different populations, psychological interventions, receiving interventions, and to receive supervision from local practitioners.

In addition to the Doctor of Psychology (Psy.D.) degree, GSPP has three master's programs in forensic psychology, international disaster psychology, and sport and performance psychology. Further information on GSPP and the University of Denver can be found at <http://www.du.edu/gssp/>. The anticipated starting date is July 1, 2012.

Applicants should hold an earned doctorate in Psychology, have a proven track record in administration, experience in developing external funding and community partnerships, a record of distinguished teaching, practice and scholarship ideally sufficient to merit a tenured appointment, and a demonstrated commitment to diversity, multiculturalism, and inclusive excellence.

Applications will only be accepted through an online process at www.dujobs.org (only online applications can be considered). Applicants should submit a letter of application, curriculum vitae, teaching evaluations (if available), and samples of publications. In addition, three letters of reference should be sent directly to:

James Herbert Williams, Ph.D.
Chair, Dean Search Committee
University of Denver, Graduate School of Social Work
Craig Hall 306, 148 S. High Street, Denver, CO 80208

The University of Denver (Colorado Seminary) is an Affirmative Action/Equal Opportunity Institution. It is the policy of the University not to discriminate in the admission of students, in the provision of services, or in employment, on the basis of race, color, religion, sex, national origin, age, marital or veteran status, sexual orientation, gender identity, gender expression, or disability.

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not-for-profit clinical and research medical center and an Equal Opportunity/Affirmative Action Employer. We are seeking individuals who are able to work within an environment that promotes diversity. To learn more about us, visit www.nationaljewish.org.

DISTRICT OF COLUMBIA

LICENSED PSYCHOLOGISTS: The Psychological Group of Washington, a small mental health private practice, is seeking a full-time licensed psychologist with an interest in therapy, testing, and school based work with children, adolescents, and adults. This position requires a minimum of two years' experience and excellent written and oral communication skills. Starting salary is \$50,000 per year plus benefits; salary is negotiable based on experience. To apply, send resume and cover letter to: psychgroupdc@gmail.com. See www.psychgroupdc.com for more information about Psychological Group of Washington.

FLORIDA

APA-ACCREDITED POSTDOCTORAL RESIDENCY: The Psychology Department at Citrus Health Network, Inc., has 10 psychology residency positions to work within various settings and diverse multicultural populations. Citrus Health Network is a federally qualified health center, providing compre-

hensive health and mental health services to a multicultural population which includes children, adolescents, adults, and their families. The postdoctoral position provides residents the opportunity of expanding and acquiring professional experience by working with a diverse multicultural population. Citrus Health Network is a distinguished organization that has been accredited by the Joint Commission and the American Psychological Association (APA). The psychology postdoctoral residency program formally starts on September 1, 2012. Citrus Health Network offers a competitive salary of \$40,000 annually with employee fringe benefits. Potential candidates must comply with the following minimum requirements in order to qualify: a successfully defended dissertation by June 1, 2012, and a doctoral psychology degree in clinical psychology or counseling programs accredited by the American Psychological Association (APA). **We will continue to accept applications until all positions are filled.** Complete application packets must be received. All correspondence should be addressed to the attention of Ana Rivas-Vazquez, Ph.D., Clinical Director, Citrus Health Network Inc., 4175 W 20 Avenue, Hialeah, FL 33012. For additional information, contact: Alejandro Marban at (305) 825-0300 ext. 3020. For more details, visit our website at www.citrushealth.com. Citrus Health Network is an Affirmative Action/Equal Opportunity Employer.

FLORIDA LICENSED CLINICAL PSYCHOLOGIST: Seeking doctoral level Florida-licensed clinical psychologist for full-time position with well-established, thriving private practice in Lake Mary, FL (northern suburb of Orlando). All staff are employees (no independent contractors). Generalist having experience providing psychotherapy and conducting psychological evaluations with wide variety of clients. Early career applicants are welcome as well. Prefer testing experience with WMS, WAIS, WISC, WPPSI, and WJ. Potential to supervise a postdoctoral psychology resident. Submit cover letter and curriculum vitae electronically to the attention of Rosimeri Clements, Psy.D. at clements@psychdr.net.

PSYCHOLOGIST OR POSTDOCTORAL RESIDENT: The McGinnis Psychology Group in beautiful Fort Myers, FL, has an immediate opening for one or two behaviorally oriented licensed/licensable psychologists or postdoctoral residents. The practice is well established and known for efficient, evidence-based outpatient treatment for children, families, and adults. Pleasant, collegial working environment. All furniture, office supplies, reception/scheduling, and billing/collection services included. If interested in private practice, this is a great opportunity. Send curriculum vitae and three professional references

to J. Christopher McGinnis, Ph.D., BCBA-D, 13730 Cypress Terrace Circle, Suite 401, Fort Myers, FL 33907.

POSTDOCTORAL PSYCHOLOGY RESIDENT: Full-time one-year positions for licensure hours with group practice in multiple office locations. Excellent private practice experience testing and evaluating children and adults with a wide variety of clinical issues. Prior testing experience preferred. Available to start August–September 2012. Send letter of interest and curriculum vitae to: Clements & Associates, Inc., at clementsassoc@yahoo.com.

GEORGIA

PSYCHOLOGIST/ORGANIZATIONAL CONSULTANT: Sperduto & Associates, Inc., is searching for a recent or soon-to-be Ph.D. graduate looking for a career and not just a job. Qualified applicants should be excited by the prospect of working with cutting-edge companies as trusted advisors and consultants. We believe in providing a stimulating, positive environment that is mutually rewarding. In return for commitment and hard work we offer a positive work environment, competitive salaries, bonus opportunities, and outstanding long-term earning potential based on performance. Those with master's degrees will not be



Assistant Professor/Social Psychology

Nova Southeastern University's Center for Psychological Studies has an opening for an Assistant Professor for the 2012-2013 academic year. The position requires an earned doctoral degree in social psychology or a related area and primary interest and expertise in this area. Applicants should provide evidence of outstanding research and teaching potential. The successful applicant will develop/continue a program of research that can attract extramural funding, supervise and mentor graduate students, teach graduate courses in social aspects of behavior and other areas as assigned, and participate in program, center, and university initiatives.

The Center for Psychological Studies is a graduate center that offers Ph.D. and Psy.D. programs in clinical psychology and a pre-doctoral internship program accredited by the American Psychological Association. In addition, the center offers master of science programs in mental health counseling, school counseling, and general psychology, a doctoral and specialist program in school psychology, and a behavioral sciences track in a master's program in criminal justice. The center also includes a Psychology Services Center that serves as a primary training resource for its students.

Applications will be reviewed until position is filled. Please apply on line to Position #993328 www.nsujobs.com. Visit the center's website: www.cps.nova.edu.

Visit our website: www.nova.edu

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Faculty Position (Rank TBD)

Nova Southeastern University's Center for Psychological Studies has an opening for Faculty (rank TBD) for the 2012-2013 academic year. Rank and salary will be commensurate with experience. The position requires an earned doctorate in clinical psychology with (1) adult clinical emphasis and (2) substantial preparation in applied statistics, research design, and theories of measurement.

The successful candidate will teach doctoral courses in theories of measurement, adult clinical topics, and other graduate courses as assigned. The successful candidate will also provide clinical supervision and consultation for dissertations and other research activities. The candidate should be license eligible in Florida and be successful in pursuing licensure.

The Center for Psychological Studies is a graduate center that offers Ph.D. and Psy.D. programs in clinical psychology and a pre-doctoral internship program accredited by the American Psychological Association. In addition, the center offers master of science programs in mental health counseling, school counseling, and general psychology, a doctoral and specialist program in school psychology, and a behavioral sciences track in a master's program in criminal justice. The center also includes a Psychology Services Center that serves as a primary training resource for its students.

Applications will be reviewed until position is filled. Please apply on line to Position #993334 www.nsujobs.com. Visit the center's website: www.cps.nova.edu.

Visit our website: www.nova.edu

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considered. Go to: www.sperduto.com for information. Send resume and cover letter to: Chris Reilly, Sperduto & Associates, 235 Peachtree St., Suite 300, Atlanta, GA 30303 or you can e-mail your submission to: Chrisreilly@sperduto.com.

PSYCHOLOGISTS/STAFF AND LEADERSHIP POSITIONS:

DBHDD'S in-patient, adult mental health facilities are located across the beautiful state of Georgia. Clinical Ph.D. required for all positions—clinical supervisory experience required for all leadership positions. **Milledgeville**—Assistant Psychology Chief (CRIPA mentor). **Atlanta**—Forensic and Adult Mental Health (AMH); Psychologist and Assistant Psychology chief (CRIPA mentor). **Savannah**—Assistant Psychology Chief (CRIPA mentor) and Psychology Services Chief, Program Director: Psychology Ph.D. required with substantial supervisory experience only. **Thomasville**—Forensic and AMH Psychologist, Psychology Fellow,

and Program Director: Psychology Ph.D. required with substantial clinical supervisory experience. **Columbus**—Assistant Psychology Chief, Forensic and AMH Psychologist, Program Director (psychology Ph.D. with substantial clinical supervisor experience). Compensation is competitive and generous benefits package includes health, life, dental insurance, retirement plan, 401K, vacation days plus 12 paid holidays. To apply, visit dbhddjobs.com and e-mail resume to hospital(s) specific job posting. For faster processing indicate APA Jobs in subject line.

IDAHO

LICENSED CLINICAL PSYCHOLOGIST: Family Health Services, a Federally Qualified Health Center in Twin Falls, ID, is seeking a clinical psychologist. Under general supervision, the position provides psychological assessment, individual and family psychotherapy, and administrative responsibilities. Candidates

with strong training in child/adolescent assessment/treatment and/or Spanish-speaking ability are strongly encouraged to apply. Qualified candidates must have or be eligible to obtain an Idaho license. Applications should include current curriculum vitae and letter of intent with three references and should be sent to: Family Health Services, 794 Eastland Dr., Twin Falls, ID 83301. FHS is an Equal Opportunity Employer.

ILLINOIS

LICENSED PSYCHOLOGIST: Licensed clinical/counseling psychologists/LCSW for individual/group therapy in nursing facilities. Full-time/part-time/weekends. E-mail: psychare@hotmail.com. Fax: (630) 690-3353. Cell: (630) 774-8316. Dr. Khan.

PSYCHOLOGISTS WITH ILLINOIS LICENSE: Needed for full-time or part-time positions in Chicagoland 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 with resume/questions.

TWO LICENSED CLINICAL PSYCHOLOGIST POSITIONS: David Goodman, Ph.D. Psychologist Associates with offices in St. Charles and Oak Brook is currently seeking two licensed clinical psychologists to work with children and adolescents and their families. Send resume to: goodmand3@comcast.net.

CLINICAL PSYCHOLOGIST: Seeking a psychologist with extensive experience in cognitive-behavioral treatments for anxiety and mood disorders to join a growing practice. Experience treating children and adults preferred. Attractive income potential. Flexible hours and start date. Submit curriculum vitae and letter of interest to: Seoka Salstrom, Ph.D. (ssalstrom@chicago.cbtcenter.com) and Amanda Holly, Ph.D. (aholly@chicagocbtcenter.com).

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. We welcome you to visit us at www.gerstencenter.com.

LICENSED PSYCHOLOGISTS AND PSYCHIATRISTS NEEDED: for multiple part-time to full-time job openings working in skilled nursing facilities and providing in-home behavioral healthcare around Metro Chicagoland and surrounding suburbs. Excellent compensation. Travel allowance as applicable. Flexible schedule. Work as part of multidisciplinary team. Send cover letter and resume to: Dr. Parisi at markdparisi@sbcglobal.net or fax to (847) 299-4952.

INDIANA


ASSISTANT, ASSOCIATE, OR FULL PROFESSOR OF FAMILY AND/OR DEVELOPMENTAL PROCESSES AND HEALTH: The Department of Human Development and Family Studies at Purdue University is recruiting multiple tenure-track or tenured positions at the assistant, associate, or full professor level, whose research and teaching is in the area of health and developmental and/or family processes. We are interested in multiple areas of health including childhood obesity, family violence, health disparities, sexuality, mental health, or prevention. HDFFS is located in a newly formed College of Health and Human Sciences, affording opportunities to develop interdisciplinary collaborative research. We seek candidates who are committed to strong teaching and have an established research program with the potential for external funding. Applicant should hold a Ph.D. in human development and family studies or a related area. **Review of applications will begin on January 9, 2012, and continue until the positions are filled.** Questions may be directed to: Professor Germán Posada (gposada@purdue.edu) chair of the search committee. A background check will be required for employment in this position. Applicants should send a cover letter summarizing qualifications, curriculum vitae, three letters of reference, and representative publications to: Rita Hipps, Administrative Assistant, Department of Human Development & Family Studies, Purdue University, 1202 W. State Street, West Lafayette, IN 47907-2055. Purdue University is an Equal Opportunity/Equal Access/Affirmative Action Employer fully committed to achieving a diverse workforce.

PSYCHOLOGIST: New position open to provide individual, family and marital therapy, plus assessments for a variety of populations. Luzzio & Associates Behavioral Services, Inc., in Evansville, Indiana is a large private outpatient clinic. We provide services for both children and adults. *Require qualifications include:* a Ph.D. or Psy.D. from an accredited program. Competitive salary and benefits package commensurate with experience.

CORRECTION

Post Doctoral Fellowship

The January edition incorrectly stated that our Fellowship Program begins in February—however the program actually begins September 1, 2012. We apologize for any confusion.



LA RABIDA
Children's Hospital

www.larabida.jobs

EOE m/f/d/v

Chair of the Department of Psychology/ Associate or Full Professor of Psychology

The College of Liberal Arts at the University of Southern Indiana invites applications for the Chair of the Department of Psychology. The University seeks a psychologist who can work closely with eight other full-time faculty and part-time instructors in a dynamic department, provide strong leadership through strategic planning, and support a liberal arts education.

The successful candidate must have: an earned doctorate in psychology, specialization open, but experience in teaching Research Methods and Statistics is desirable; evidence of effective, collaborative leadership; and an ongoing record of teaching, scholarship, and service that will support appointment to advanced Associate or Full Professor of Psychology.

To learn more about the University and to apply for this position, visit www.usi.edu/hr/employment. Within our web-based applicant system, you will have the opportunity to attach your letter of application, curriculum vitae, and contact information for references.



University of
Southern Indiana

The University of Southern Indiana is an equal opportunity, affirmative action educator and employer.

Send curriculum vitae to Rebecca Luzio, Luzio & Associates Behavioral Services, Inc., 3101 N Green River Road, Suite 910, Evansville, IN. 47715, fax to (812) 479-5014 or e-mail to: info@luzioassociates.com.

LICENSED PSYCHOLOGIST OPENINGS—VERICARE: Are you looking for rewarding and fulfilling employment? Vericare, is a leader in geropsychology, providing multidisciplinary behavioral interventions in long-term care facilities. Our professionals provide a spectrum of therapies including individual psychotherapy, short-term solution-focused therapy and behavior management. Vericare has opportunities throughout Indiana. Experience with medical/inpatient settings and multidisciplinary teams preferred. For more information, apply online at www.vericare.com or contact: Sanel Lekic at (800) 257-8715 ext. 1166.

IOWA

LICENSED/LICENSABLE CLINICAL PSYCHOLOGIST: Clinical health psychologists (CHP) in Waterloo, IA, is a collegial private practice seeking a full-time clinical or counseling psychologist, specializing in evidence-based treatments and assessment. CHP enjoys an outstanding reputation among area physicians and schools (see <http://www.clinicalhealthpsychologists.com/>). Rewarding position for low-licensed or licensable psychologist to treat diverse health psychology and mental health problems. Potential opportunity to purchase the 11-year old practice. The Waterloo-Cedar Falls metropolitan area, population 165,000, provides family-friendly, affordable living, with abundant community recreational and cultural opportunities, including excellent public schools and universities. Send resume/curriculum vitae to: Naomi McCormick at nmccormick@cfu.net or fax to (319) 226-5303.

KANSAS

CLINICAL DIRECTOR: Southwest Guidance Center, a nonprofit, four county CMHC seeks applicants for the position of clinical director. Applicants must have or be license-eligible in Kansas at either the master's or doctoral level to provide psychotherapy services. Applicants must have a minimum of two-years' supervisory experience in a behavioral health care setting as a licensed clinician. Good verbal and written communication skills, social and problem resolution skills, and diagnostic experience are also required. Bilingual applicants are encouraged to apply. Salary range begins at \$55,000 but is negotiable based on years and type of experience. SWGC offers an excellent benefit package including three

weeks' annual paid vacation, accrued sick leave, 10 paid holidays, and premium health insurance for staff and family. SWGC will cover travel costs associated with the interview process as well as reimbursement of up to \$3,000 for moving expenses for the person hired for the position. Send resume to: James Karlan, Executive Director Southwest Guidance Center, P.O. Box 2945, Liberal, KS 67905-2945 or e-mail to jkarlan@yahoo.com. Phone: (620) 624-8171 An Equal Opportunity Employer.

LICENSED PSYCHOLOGIST: needed to work with children and adolescents or a geriatric population in an outpatient setting in central Kansas. Send your curriculum vitae to hric@socolo.net. HRIC is a recruiting service specializing in placing professionals in full-time permanent positions in behavioral & mental health and special education. For more information, call Barbara Voss at (719) 485-4900, or go to www.hricolorado.com.

CLINICAL PSYCHOLOGIST: Prairie View, Inc, a nonprofit, behavioral and mental health system located in south-central Kansas is recruiting for a full-time outpatient licensed clinical psychologist. Clinical work involves assessments, testing, individual therapy, working with families, and an opportunity to collaborate with a team of other mental health professionals. Must be Ph.D./Psy.D. licensed or eligible for Kansas licensure. We offer a competitive salary with incentive options and a full range of benefits. May be eligible for loan repayment program depending upon location. Submit curriculum vitae to: Human Resources, 1901 E. 1st, P.O. Box 467, Newton, KS 67114. E-mail: humanresources@pvi.org; www.prairieview.org (800) 362-0180. An Equal Opportunity Employer.

KENTUCKY

TENURE-TRACK FACULTY POSITIONS IN HEALTH SERVICES RESEARCH: The Department of Behavioral Science, located within the College of Medicine at the University of Kentucky, is seeking applicants for multiple newly established full-time, tenure-track positions at all ranks; salary will be commensurate with the rank. Successful candidates must have completed advanced degrees (e.g., Ph.D.) and established programs of extramurally funded health outcomes or health services research. The University of Kentucky has growing programs of health outcomes and health services research among its colleges (Medicine, Public Health, Pharmacy) and Centers (Center for Clinical & Translational Science, with biostatistics, biomedical informatics and community engagement functions; cancer, aging, prevention research, and drug and alcohol re-

search). Other university resources include the Center of Excellence in rural health; the Kentucky Ambulatory Network; the Center for Poverty Research; and many more. With increasing opportunities for collaboration throughout the university, health services research comprises a major research initiative. The Department of Behavioral Science is a multidisciplinary, basic science department within the College of Medicine with a tradition of collaboration among these units. The university is located in Central Kentucky's Bluegrass region, an area known for its quality of life. Lexington is a community of approximately 330,000 with excellent schools, diverse business and industry, and a variety of cultural and recreational opportunities. Information about the Department of Behavioral Science is available at <http://www.mc.uky.edu/behavioralscience>. Additional information can be obtained by e-mail from TK Logan, Ph.D. at tklogan@email.uky.edu. **Review of applications will begin immediately and will continue until the positions are filled.** Interested applicants should submit a current curriculum vitae, a letter of application outlining their research and interest in the position, and three letters of recommendation to: Search Committee

(c/o Cynthia Campbell), Department of Behavioral Science, University of Kentucky College of Medicine, Lexington, KY 40536-0086. All applicants will be required to pass a pre-employment drug screen and undergo a pre-employment national background check as mandated by University of Kentucky Human Resources. The University of Kentucky is an Affirmative Action/Equal Opportunity Employer.

MASSACHUSETTS

PEDIATRIC STAFF PSYCHOLOGIST: The Department of Psychiatry, Children's Hospital Boston is seeking a pediatric staff psychologist for a full-time position providing mental health services in the Medical-Surgical Intensive Care Unit. Opportunities for clinical research with children and families impacted by intensive care unit hospitalizations will also be provided. Specific training in pediatric psychology and consultation/liaison service delivery are required. Harvard Medical School faculty appointment at the instructor, assistant professor, or appropriate rank will be provided as well. The applicant will need to possess a

POSTDOCTORAL FELLOWSHIPS

Sheppard Pratt Health System is one of the nation's largest private, non-profit behavioral health organizations treating 40,000 children, teens, adults and geriatrics annually in dozens of schools, hospitals and outpatient centers throughout Maryland and DC. Our executives and administrators work together to form one of the strongest JCAHO-driven continuums in the Mid-Atlantic. Ranked among the Top Psychiatric Hospitals by U.S. NEWS & WORLD REPORT, we invite you join us in our:

Center for Eating Disorders

Two openings beginning Summer 2012. Our Center for Eating Disorders provides an elegantly-appointed setting for patients and families who need nutritional guidance and counseling. Clinical responsibilities will include provision of inpatient, partial hospitalization, and intensive outpatient individual and group psychotherapy as well as psychological assessment. Other opportunities may include supervision of psychology graduate students, family therapy, program development, and participation in research. Previous experience with eating disorders preferred, though intensive training is provided. Competency in CBT required.

TO APPLY: Send CV, three letters of recommendation, and cover letter to Dr. Irene Rovira, 6535 North Charles St., Suite 300, Baltimore, MD 21204. SPHS is an ethnically and culturally diverse workplace, and smoke-free.



www.sheppardpratt.org

Massachusetts health service provider license in psychology, be a graduate from an APA- or CPA-accredited doctoral program with an accredited internship. Letters of application detailing relevant experience and recent curriculum vitae should be sent to: Carol Berne, Department of Psychiatry, Children's Hospital Boston, 300 Longwood Avenue, Boston, MA 02115 or via an e-mail attachment (carol.berne@childrens.harvard.edu). Children's Hospital Boston is an Affirmative Action/Equal Opportunity Employer. We place a strong emphasis on the values of equality and diversity.

PSYCHIATRISTS: Bay Cove is currently looking to fill psychiatrists positions. Candidates need strong clinical skills in serving public sector populations and in working with cross disciplinary teams including primary care providers, nurses, SW, and addictions specialists. Contact: kabbott@baycove.org.

POSTDOCTORAL FELLOWSHIP IN ADOLESCENT PSYCHOLOGY: Mclean Hospital's 3East Adolescent DBT Services is seeking a qualified applicant for the Beckwith-Hughey postdoctoral fellowship in adolescent clinical psychology. The fellowship will offer a mentored clinical training opportunity for a postdoctoral psychology student in the treatment of emerging borderline personality disorder (BPD) in adolescents. Under the supervision of 3East's director of training, Michael Hollander Ph.D., the fellow will acquire knowledge in evidence-based treatments for BPD, with a focus on dialectical behavioral therapy. The 3East clinical fellowship will serve to expand the number of clinicians with specific expertise in treating patients with this disorder, thus expanding the knowledgebase and allowing more patients to receive specialized care. The successful candidate will have had training in DBT and have had clinical experience with adolescents. This is a full-time 12-month position starting July 1, 2012. The fellowship includes an appointment in psychology in the Department of Psychiatry at Harvard Medical School. **Applications are due by February 29, 2012.** Interested applicants should send a personal statement outlining their qualifications, curriculum vitae and three letters of recommendation to: Michael Hollander, Ph.D., Director of Training, 3East Adolescent DBT Services, Mclean Hospital 115 Mill Street Belmont, MA 02478.

FULL-TIME TWO-YEAR NEUROPSYCHOLOGY POSTDOCTORAL FELLOWSHIP: Full-time, two-year neuropsychology postdoctoral fellowship at the Child and Adolescent Testing Service (CATS), McLean Hospital/Harvard Medical School. CATS will be offering a full-time neuropsychology fellowship starting September 1, 2012. CATS is an evaluation service for children and

adolescents, providing comprehensive neuropsychological, academic, and psychological assessment of children with learning issues with etiology including learning disability, ADHD and neurodevelopmental and psychiatric disorders. *Evaluation includes:* parent interview, academic, neuropsychological, and psychological testing and feedback meeting with the parents. Our training program typically accepts postdoctoral trainees with neuropsychological testing experience with child/adolescents. All trainees must have coursework and experience in projective, neuropsychological and cognitive assessment. Strong report writing skills essential. Refer to our website for a more extensive training description, stipend, and supervisory experience. Submit curriculum vitae, three letters of recommendation, letter of intent, and two sample reports. All graduate requirements must be completed upon start date. Send materials to: Susan Parks-Cohen, Ph.D., Assistant Director/CATS, McLean Hospital 115 Mill Street, Belmont, MA 02478. Questions can be directed to (617) 855-3144 or susan_parks@hms.harvard.edu.

MICHIGAN

FULL-TIME FACULTY POSITION FOR 2012-2013: The Michigan School of Professional Psychology (MiSPP) offers M.A. and Psy.D. degrees in clinical psychology. MiSPP invites applications for a full-time non-tenure-track faculty position. Persons interested in half-time may be considered as well. MiSPP is an Equal Opportunity/Affirmative Action Educational Institution and Employer. For more information, visit www.mispp.edu/jobs.

NEUROPSYCHOLOGIST/REHABILITATION PSYCHOLOGIST:

Wayne State University (WSU) Physical Medicine and Rehabilitation Oakwood (PM&R Oakwood) is a rapidly growing rehabilitation program based in Dearborn, MI. We provide excellent clinical care and teaching programs, and have a broad array of externally and internally funded research activities. Our academic PM&R Oakwood practice is currently recruiting for a clinical neuropsychologist to provide complete neuropsychological evaluations to behavioral and pain management, brain injury, spinal cord injury, and stroke patients. Candidates must have at least two years of direct patient care experience and a valid Michigan license. We will consider new graduates. Submit curriculum vitae and letter of interest to: Jay M. Meythaler, JD, M.D., Professor and Chair of PM&R, Wayne State University School of Medicine, 18181 Oakwood Blvd, Suite 411, Dearborn, MI 48124. Phone: (313) 438-7373, fax: (313) 438-7375, e-mail: jmeythal@med.wayne.edu. WSU offers competitive salaries and

benefits packages. Metro Detroit is an attractive location, with nearby cultural events, restaurants, theater, music, outdoor activities, boating, and a world-class airport.

POSTDOCTORAL CLINICAL/RESEARCH FELLOWSHIP:

The program in human sexuality at the University of Minnesota Medical School is seeking applicants to join a vibrant team of faculty and postdoctoral fellows for a two-year fellowship program. *Fellows would provide* individual, family, couple and group psychotherapy for a wide range of sexual dysfunctions and problems including: relationship and sexual problems, transgender issues, sexual orientation concerns, compulsive sexual behavior, paraphilias, sexual offending, and HIV counseling. The clinic serves a diverse group of patients (an average of 1,300 visits per month), including children, adolescents, minorities, disabled individuals, and clients with chronic medical or mental health problems. The training will help the fellow develop skills in addressing sexual issues in any clinical setting and conducting psychosexual evaluations. In addition to sex therapy, treatment addresses a wide variety of Axis I and Axis II disorders. This kind of diversity makes for an exciting and stimulating fellowship. Fellows complete a research project that is tailored to their own interests. Applicants must have their Ph.D., Psy.D. or M.D. The fellowship helps individuals gain licensure. We are looking to fill one position early 2012 and two additional. The fellowship includes a competitive salary, excellent benefits, and a professional travel stipend. Inquiries to: Dr. Eli Coleman, c/o Robert Kirby at rkirby@umnphysicians.umn.edu.

MINNESOTA

ASSISTANT PROFESSOR: The University of Minnesota Medical School Duluth invites applications for a full-time assistant professor (tenure track) in the Department of Biobehavioral Health and Population Sciences Duluth. Candidates must have a Ph.D. degree in psychology, licensed or license-eligible in Minnesota. *Duties will include:* developing and implement a strong, externally funded research program supportive of the mission and goals of the department and the Medical School with appropriate interprofessional emphases and across campuses of the medical school; develop and implement excellent teaching programs for medical and other students; provide internal and external service to institution across medical school campuses. All candidates should provide evidence of essential verbal and written communication skills. Preference will be given to candidates presenting evidence of strong graduate, medical student and/or resident teaching and who have estab-

lished, externally funded research programs. Experience with collaborative relationships including work in team settings with other health professionals is preferred. Candidates will be expected to develop a strong and productive research program in collaboration with others at the campus and with colleagues in the Twin Cities. External funding for investigative activities will be required of the successful candidate. The successful candidate will be expected to be an active clinical consultant to primary caregivers in the region on behavioral and emotional problems. The mission of the Medical School Duluth is to be a national leader in educating physicians dedicated to family medicine, to serve the health care needs of rural Minnesota and American Indian communities, and to discover and disseminate knowledge through research. **Review of applications will continue until the position is filled.** Applications are made online at: <https://employment.umn.edu/> (Req. # 175519). To ensure consideration, a cover letter, curriculum vitae, a statement of teaching and research philosophy (two page maximum) and the names and contact information of three references should be directed to Mustafa al'Absi, Ph.D., Professor and Chair of the Search Committee, via the online process. Three letters of recommendation should be sent under separate cover to: Ms. Tracy Kemp, 1035 University Drive, 232 SMed, Duluth, MN 55812-3031 or tkemp1@d.umn.edu. Completed applications will be evaluated starting January 1, 2012. Top candidates will be invited for a seminar/interview as a component of the selection process. Questions concerning the online application process should be directed to: Ms. Tracy Kemp at tkemp1@d.umn.edu. The Medical School Duluth campus (<http://www.med.umn.edu/duluth>) is a campus of the University of Minnesota Medical School, which is one of the six health sciences schools in the University of Minnesota's Academic Health Center (<http://www.ahc.umn.edu>). The Medical School Duluth is located on the University of Minnesota Duluth campus (<http://www.d.umn.edu>) overlooking the western end of Lake Superior. The high quality of life in Duluth is a result of the combination of a dynamic and growing university environment, a scenic and vital city, and numerous summer and winter outdoor recreational opportunities (www.visitduluth.com). The University of Minnesota is an Equal Opportunity Educator and Employer.

CHILD PSYCHOLOGIST: Blossom Child Psychology & Behavioral Health Center, PLLC is seeking a psychologist with specialized experience and training in working with children, teens, and their parents. Contact: Dr. Gretchen Lewis-Snyder at (612) 719-5422. You may also mail a letter of interest and resume to 11900 Wayzata Blvd, Ste 216E, Minnetonka, MN 55305. Doctoral

level only, licensed or eligible for licensure in Minnesota.

POSTDOCTORAL RESIDENCY—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 clinical psychology. MCARPT is a privately funded psychology training program in Northwest Minnesota with an emphasis on preparing new doctoral graduates for service to rural America and is seeking two trainees to begin October 1, 2012. 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, community mental health agencies, and domestic violence centers). MCARPT is a non-profit consortium comprised of 10 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 rotational 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 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 October 2012 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 applications is May 1, 2012. 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: Jeffrey Leichter Ph.D., L.P., Clinical Director, MCARPT, C/O Sanford Health Clinic, 1245 Washington Ave., Detroit Lakes, MN 56501. Questions may be sent to:

jeffrey.leichter@sanfordhealth.org. See our website at www.mcarpt.org.

MISSISSIPPI

ASSISTANT PROFESSOR OF PSYCHOLOGY:

The Division of Arts & Sciences at Mississippi State University-Meridian invites applications for a tenure-track position as assistant professor psychology with an emphasis in clinical, counseling, or developmental psychology to begin August 16, 2012. *The duties and responsibilities of the assistant professor include:* teaching a variety of undergraduate, graduate, and split-level courses in psychology, pursuing a research program, advising students, serving on committees, participating in service to the division and the university, and performing other functions needed for the achievement of divisional and university goals. Meridian plays host to numerous major medical facilities including three large hospitals, a state psychiatric facility, and a regional community mental health agency; therefore, significant potential for collaborative research exists and is encouraged. *Minimum qualifications include:* Ph.D. in clinical or counseling psychology from an APA-accredited program with an APA-accredited internship, ABD's will be considered. Applicants should show evidence of a research agenda, potential for scholarly publication, an aptitude for successful professional achievement, a commitment to excellence in MSU teaching, and service. *Additional preferred qualifications:* Licensed or license-eligible for the State of Mississippi. The capacity and willingness to work with local mental health agencies in program development and grant writing is highly desired. To apply, interested applicants should go to the website: jobs.msstate.edu and fill out a personal data information form and send it with the letter of application; current curriculum vitae; official transcript; and three letters of reference to: Dr. Dennis Mitchell, Associate Dean Arts & Sciences, Mississippi State University-Meridian, 1000 Highway 19 North Meridian, MS 39307. MSU is an Affirmative Action/Equal Opportunity Employer.

MISSOURI

PROGRAM DIRECTOR—M.A. IN COUNSELING PSYCHOLOGY:

The School of Professional Psychology at Forest Institute invites applications for an opening for program director for the M.A. in counseling psychology degree. *This appointment is a full-time core faculty position with responsibilities in program leadership and development, classroom instruction, supervising student research, involvement in faculty governance, and developing other professional*

areas of interest, including scholarship, research, and/or clinical supervision. *Required qualifications include:* a doctoral degree in counseling, counseling psychology, or clinical psychology from an accredited program and a commitment to excellence in teaching and training. *Preferred qualifications include:* evidence of excellence in teaching at the graduate level, academic administrative experience, and eligibility for licensure in Missouri. Faculty rank is dependent upon qualifications. We are seeking applicants who would be available to start in summer or fall 2012. **Review of applications is ongoing and will continue until the position is filled.** Applicants should submit a letter of interest including areas of teaching competence, curriculum vitae, and three professional references to: Brad Powers, Psy.D., Search Committee Chair, 2885 West Battlefield Road, Springfield, MO 65807, or bpowers@forest.edu. Reprints/preprints will also be accepted, as will work samples, syllabi, or past teaching evaluations, in support of an application. Forest Institute is a private, not-for-profit institution of higher education offering degree programs in psychology, counseling, marriage and family therapy, and applied behavior analysis. Institutional resources include a large, community-based training clinic providing more than 10,000 hours of clinical service annually. Forest offers malpractice insurance and continuing education funding, as well as a competitive salary and benefits package. Forest is an Equal Opportunity Employer with an ongoing commitment to diversity among our faculty, students, and staff. We seek candidates who share our commitment to diversity and can work effectively with students, faculty, and staff from diverse backgrounds. Members of historically underrepresented groups are strongly encouraged to apply. For more information, visit our website at www.forest.edu.

PROGRAM DIRECTOR—M.A. IN CLINICAL PSYCHOLOGY:

The School of Professional Psychology at Forest Institute invites applications for an opening for program director for the M.A. in clinical psychology degree program. *This appointment is a full-time faculty position with responsibilities in program leadership and development, classroom instruction, supervising student research, involvement in faculty governance, and developing other professional areas of interest, including scholarship, research, and/or clinical supervision. Required qualifications include:* a doctoral degree in clinical or counseling psychology from an APA-accredited program and a commitment to excellence in teaching and clinical training. *Preferred qualifications include:* evidence of excellence in teaching and clinical

training at the graduate level, academic administrative experience, and eligibility for licensure in Missouri. Faculty rank is dependent upon qualifications. We are seeking applicants who would be available to start in summer or fall 2012. **Review of applications is ongoing and will continue until the position is filled.** Applicants should submit a letter of interest including areas of teaching competence, curriculum vitae, and three professional references to: Brad Powers, Psy.D., Search Committee Chair, 2885 West Battlefield Road, Springfield, MO 65807, or bpowers@forest.edu. Reprints/preprints will also be accepted, as will work samples, syllabi, or past teaching evaluations, in support of an application. Forest Institute is a private, not-for-profit institution of higher education offering degree programs in psychology, counseling, marriage and family therapy, and applied behavior analysis. Institutional resources include a large, community-based training clinic providing more than 10,000 hours of clinical service annually. Forest offers malpractice insurance and continuing education funding, as well as a competitive salary and benefits package. Forest is an Equal Opportunity Employer with an ongoing commitment to diversity among our faculty, students, and staff. We seek candidates who share our commitment to diversity and can work effectively with students, faculty, and staff from diverse backgrounds. Members of historically underrepresented groups are strongly encouraged to apply. For more information, visit our website at www.forest.edu.

CORE FACULTY—CLINICAL PSYCHOLOGY:

The School of Professional Psychology at Forest Institute Springfield Campus invites applications for an opening for full-time core faculty member in clinical psychology. *Responsibilities for this appointment include:* classroom instruction, supervising student research, involvement in faculty governance, and developing other professional areas of interest, including scholarship, research, and/or clinical supervision. All areas of specialization will be considered, but candidates with expertise in integrated primary care psychology are especially encouraged to apply. Ability and experience teaching in one or more of the following areas preferred: psychopharmacology, assessment, health psychology, statistics, research design, or psychometrics. *Required qualifications include:* a doctoral degree in psychology from an APA-accredited program, eligibility for doctoral licensure in Missouri, and a commitment to excellence in teaching and clinical training. *Preferred qualifications include:* evidence of excellence in teaching at the graduate level and relevant documented research

experience or postdoctoral training in the specialty area. Faculty rank is dependent upon qualifications. We are seeking applicants who would be available to start in summer or fall 2012. **Review of applications is ongoing and will continue until the position is filled.** Applicants should submit a letter of interest including areas of teaching competence, curriculum vitae, and three professional references to: Brad Powers, Psy.D., Search Committee Chair, 2885 West Battlefield Road, Springfield, MO 65807, or bpowers@forest.edu. Reprints/preprints will also be accepted, as will work samples, syllabi, or past teaching evaluations, in support of an application. Forest Institute is a private, not-for-profit institution of higher education offering degree programs in psychology, counseling, marriage and family therapy, and applied behavior analysis. Institutional resources include a large, community-based training clinic providing more than 10,000 hours of clinical service annually. The institution offers malpractice insurance and continuing education funding, as well as a competitive salary and benefits package. Forest Institute is an Equal Opportunity Employer with an ongoing commitment to diversity among our faculty, students, and staff. We seek candidates who share our

commitment to diversity and can work effectively with students, faculty, and staff from diverse backgrounds. Members of historically underrepresented groups are strongly encouraged to apply. For more information, visit our website at www.forest.edu.

MONTANA

SENIOR STAFF PSYCHOLOGIST—MONTANA STATE UNIVERSITY BOZEMAN COUNSELING AND PSYCHOLOGICAL SERVICES: Starting August 2012. *Duties include:* provision of psychotherapy, crisis intervention, outreach and consultation to the university population. Supervision to masters level trainees and doctoral interns in an APA-accredited program. *Requirements include:* 1) doctorate in clinical or counseling psychology (by start date). 2) licensed as a psychologist in the State of Montana, or eligible to take the State of Montana licensure examination no later than 2013–2014 academic year. 3) clinical experience working with adults. MSU-Bozeman offers over 120 undergraduate and 76 graduate degree programs to an enrollment of 14,153. Beautiful Rocky Mountain location with abundant recreational activities. Two positions available pending final funding approval. **Screening begins February 13, 2012, until**

filled. Before submitting any materials, see complete application instructions at <http://www.montana.edu/jobs/>. Questions contact: Tammy Haas, Search Secretary, Counseling & Psychological Services, Montana State University-Bozeman, Bozeman, MT 59717-3180; Tel: (406) 994-4531; thaas@montana.edu. An Affirmative Action/Equal Opportunity/ADA/Veteran Preference Employer.

NEW HAMPSHIRE

PSYCHOLOGIST: We have a new position that was just opened for a full-time person (36+ patient hours per week). We are a well-established, large multidisciplinary group practice in beautiful Seacoast, NH. One hour to Boston or the White Mountains. Preference given to person with a distinct specialty area, such as children of all ages, substance abuse, couples and families, etc. Excellent income potential. Highly professional group with strong and long standing referral base. Must be New Hampshire licensed. Licensed social workers/mental health counselors also considered. Send resume to: Susan Ferguson, Practice Administrator, 16 Fifth St. Dover, NH 03820 or fax (603) 749-2475.

NEW JERSEY

LICENSED PSYCHOLOGIST OPENINGS—VERICARE: Are you looking for rewarding and fulfilling employment? Vericare, is a leader in geropsychology, providing multidisciplinary behavioral interventions in long-term care facilities. Our professionals provide a spectrum of therapies including individual psychotherapy, short-term solution-focused therapy and behavior management. Vericare has opportunities throughout New Jersey. Experience with medical/inpatient settings and multidisciplinary teams preferred. For more information, apply online at www.vericare.com or contact Sanel Lekic at (800) 257-8715 ext. 1166.

NEW MEXICO

POSTDOCTORAL FELLOWSHIPS IN CBT: The Cognitive Behavioral Institute of Albuquerque, LLC has openings for two 24-month, full-time postdoctoral fellows specializing in cognitive and behavioral psychology. One position is available immediately, and the other will begin in summer or fall 2012. Candidates must have earned a Ph.D. from an APA-accredited doctoral program in clinical psychology and must have completed an APA-accredited internship. Guaranteed annual salary is \$45,000, with opportunities to earn more depending on services. *Additional benefits in-*

clude: a \$2,000 conference travel stipend, \$1,100 for a complete package of EPPP study materials, a renewable \$500 Starbucks card, use of the institute's fitness center, vacation time, and sick leave, among others. More information can be found at www.cogtherapy.com/postdoc.htm. To apply for a position, simply forward a current copy of your curriculum vitae to: Bradford C. Richards, Ph.D., ABPP, Director and Supervising Psychologist, at br@cogtherapy.com.

NEW YORK

(•) FACULTY POSITION IN CLINICAL PSYCHOLOGY: The Psychology Department at the University at Albany, State University of New York, anticipates an opening for a tenure-track position in clinical psychology, rank open, to begin in fall 2012. **Review of applications will begin January 15, 2012 and continue until the position has been filled.** For further information and to apply, visit our website: <http://albany.interviewexchange.com/jobofferdetails.jsp?JOBID=28327>.

(•) ASSISTANT PROFESSOR/CLINICAL PSYCHOLOGIST—STATE UNIVERSITY OF NEW YORK COLLEGE AT ONEONTA: The Department of Psychology at SUNY Oneonta invites applications for a tenure-track position as an assistant professor beginning August 2012. The initial appointment will be for two years. The expectations include teaching, research, student advisement, college service, and continuing professional development. SUNY Oneonta is a comprehensive, public, liberal arts and sciences college with 6,000 students and 500 faculty. The college is ranked number nine among the best regional universities by *U.S. News and World Report*. The college offers over 60 undergraduate majors and 9 graduate programs. The student to faculty ratio is approximately 17:1. The Department of Psychology has seven full-time faculty members and is distinguished by small classes, highly accessible faculty, teamwork, research opportunities for students, and information technology-supported classrooms. To learn more about the college or the department visit www.oneonta.edu or www.oneonta.edu/academics/psyweb/. Preference will be given to candidates who have experience with diverse populations, and/or teaching pedagogies and/or multicultural teaching experience. For a complete description of this position go to: <http://www.oneonta.edu/employment>. To apply online, go to: <http://oneonta.interviewexchange.com/candapply.jsp?JOBID=28007>. For other employment and regional opportunities, visit our website at: <http://>



CHE Senior Psychological Services

I am pleased to call to your attention to available Career opportunities for licensed psychologists (part or full time) with CHE Senior Psychological Services. For the past fifteen years our group has been providing psychological services, neuropsychological/cognitive rehabilitation, and behavioral medicine services to residents of over 200 skilled nursing, short term rehabilitation, and adult day care facilities as well as community based group homes throughout NY State.

Where:

NY upstate and downstate regions with immediate openings in Buffalo, Binghamton, and Syracuse and throughout the five boroughs and Long Island.

We also have immediate opportunities available for candidates with language proficiencies in Spanish and Russian.

What do we provide:

- 1) We offer a clinically as well as a financially rewarding position with a flexible work schedule. Provide training in geropsychology under the supervision of our prominent clinical directors.
- 2) Postdoctoral training opportunities in behavioral medicine and geropsychology to develop license-eligibility.

Who will you be joining:

A team of colleagues committed to clinical excellence, compassionate care, and professional integrity; An organization that welcomes your participation in a "collaborative" approach to the integration of psychological services in multidisciplinary settings; A group which provides individualized training, ongoing clinical supervision, and professional development workshops in all our service domains. For further information please call: 1-800-275-3243, visit our website at www.cheservices.com, and/or e-mail your curriculum vitae to: nathanT@cheservices.com.

APA Monitor on Psychology

April 2012 Classified ads close
February 23, 2012

www.PsycCareers.com

www.oneonta.edu/employment. SUNY Oneonta values a diverse college community. Visit our website on diversity at: www.oneonta.edu/navigation/diversity.asp. Moreover, the College is an Equal Opportunity/Affirmative Action/ADA Employer. Women, persons of color, and persons with disabilities are encouraged to apply.

PART-TIME CLINICAL PSYCHOLOGIST, PH.D./PSY.D., NYS LICENSE: Work with older adults on Long Island. Rewarding population, flexible schedule, collegial atmosphere, ongoing supportive supervision with highly experienced geropsychologist. Excellent clinical and administrative skills required. Send curriculum vitae to Aging Matters Psychological Services, P.C. at drptomasso@agingmattersny.com.

NEW YORK STATE-LICENSED AND BOARD-CERTIFIED OR BOARD-ELIGIBLE NEUROPSYCHOLOGIST, PART-TIME: DAIC, a psycho-educational testing and therapy center in Bedford, NY seeks an experienced, caring neuropsychologist to administer neuropsychological and psycho-educational tests to children and/or adults, and provide cognitive behavioral therapy. Excellent English language skills, professional appearance, and training a must. Flexible hours. E-mail: drt@daic.org with curriculum vitae.

PSYCHOLOGIST: Seeking New York licensed or eligible psychologist with three years post licensure experience with children and families to join established practice in Garden City, NY. Competitive compensation and benefits. Fax resume to: AZNY Psychological Services at (516) 222- 8957.

NORTH DAKOTA

EXCELLENT PRACTICE OPPORTUNITIES: Sanford Health is currently seeking psychologists to join its well-established Psychology Department in Fargo, ND and Wahpeton, ND. Seeking candidates with experience or training in adult and/or health psychology. To learn more contact: Jean Keller, Physician Recruiter, Sanford Health Physician Placement. Phone: (701) 280-4853 Fax: (701) 280-4136. E-mail: Jean.Keller@sanfordhealth.org. Website: www.sanfordhealth.org.

OHIO

CLINICAL PSYCHOLOGIST: Stresscare Behavioral Health is an outpatient multidisciplinary practice that is seeking an early to mid-career psychologist. This is a full-time salaried position with benefits. Many opportunities for an entrepreneurial minded professional. Letter of interest and curriculum vitae to giswimmer@sbcglobal.net.

OKLAHOMA

CHILD PSYCHOLOGY POSTDOC: Group seeks trauma, health, PCIT, ASD, or neuropsych specialists. One-year postdoctoral starts September 2012. Medical, dental, 401k, paid leave, EPPP study time. Send curriculum vitae to: Moore Counseling Center, P.C. at Dr.Ward@yahoo.com.

OREGON

PSYCHOLOGIST: The Portland VA Medical Center (PVAMC) is recruiting a licensed psychologist with at least one year predoctoral work experience and one year postdoctoral work experience as a psychologist in the VHA or a comparable professional setting for a full-time staff position with the Mental Health Division. Clinical knowledge and experience in evidence-based family and couples therapy models is strongly preferred. Supervisory experience and interest in family and couples training is preferred. *Clinical responsibilities of this position include:* a major role in providing direct patient care using advanced professional psychological diagnostic methods and evidence-based intervention strategies for a full range of patient problems. The psychologist must have advanced knowledge of psychological diagnosis, intervention, and behavioral health that qualifies him/her to provide advice and consultation to professionals representing a variety of disciplines. The psychologist is an integral part of patient care, teaching and research activities, which are shared with Oregon Health & Science University (OHSU). The psychologist may engage in leadership activities or develop services in the inpatient and/or outpatient arenas. For further information, send curriculum vitae and resume to: David Greaves, Ph.D., Chief of Psychology and Administrative Director of the Mental Health and Clinical Neurosciences Division at David.Greaves@va.gov. Salary is commensurate with qualifications and experience and includes a generous benefits package. Recruitment/relocation incentives may be available to high-quality candidates. Applicants must be U.S. citizens and hold a current, active license to practice psychology in any U.S. state. This position will require federal security clearance, a pre-employment physical and may require a drug test. This agency provides reasonable accommodations to applicants with disabilities. If you need a reasonable accommodation for any part of the application and hiring process, notify the agency. The decision on granting reasonable accommodation will be on a case-by-case basis. The United States Government does not discriminate in employment on the basis of race, color, religion, gender, national origin, political affiliation, sexual orienta-

tion, marital status, disability, age, membership in an employee organization, or other nonmerit factor. Note: All applicants must apply to vacancy VS-12-579024-SJ in order to be considered for this position (<http://www.usajobs.gov/GetJob/PrintPreview/305301400>).

PENNSYLVANIA

PSYCHOLOGY PROFESSOR: California University of Pennsylvania invites applications for this tenure-track faculty position in either school psychology or social psychology with an industrial/organizational focus. Training/expertise in related issues of ethnic diversity, cultural basis of behavior is essential. Doctoral degree (completed by start date) in psychology required. For position details and to apply, visit <https://careers.calu.edu>. Integrity, Civility and Responsibility are the official core values of California University of Pennsylvania. California University of Pennsylvania is an Affirmative Action/Equal Opportunity Employer/M/W/D/V.

TENNESSEE

LICENSED PSYCHOLOGIST—VERICARE: Are you looking for rewarding and fulfilling employment? Vericare, is a leader in geropsychology, providing multidisciplinary behavioral interventions in long-term care facilities. Our professionals provide a spectrum of therapies including individual psychotherapy, short-term solution-focused therapy and behavior management. Vericare has opportunities throughout Tennessee. Experience with medical/inpatient settings and multidisciplinary teams preferred. For more information, apply online at www.vericare.com or contact: Sanel Lelic at (800) 257-8715 ext. 1166.

PRIVATE PRACTICE: Seeking full-time or part-time therapist to a join Complete Counseling, an outpatient private practice. Can have LMFT, LCSW, LPC or Ph.D. but must be licensed. Set own schedule and type of patients that you see. Fax resume to (865) 688-5780.

TEXAS

ASSISTANT OR ASSOCIATE PROFESSOR OF PSYCHOLOGY—COUNSELING PSYCHOLOGY: The Department of Psychology at Our Lady of the Lake University (OLLU) is seeking qualified candidates for an assistant professor position in our counseling psychology program for fall 2012. *Duties include:* teaching master's and doctoral courses and supervising dissertations and practicum students. *Required qualifications include:* a doctoral degree in psychology, expertise in strengths-based approaches to counseling and multicultural

psychology, and experience supervising graduate students. Oral and written proficiency in Spanish and experience in providing and supervising Spanish language therapy is strongly preferred. The successful applicant will demonstrate a desire to increase the available psychological services to underserved and minority populations. The psychology department operates a community-based clinic that serves a low-income, multi-ethnic, multi-problem population. The clinic offers opportunities for innovative practice, training, and research. **Review of applications will begin March 1, 2012.** Applicants should send a letter of interest outlining teaching interests, clinical experience, and research interests. In addition, applicants should submit curriculum vitae, examples of scholarly writing, names and contact information of three references, three letters of recommendation, and a completed OLLU Application for Employment which can be found on the OLLU. Application materials may be faxed to (210) 431-4073 or sent electronically to hrtteam@lake.ollusa.edu. For more information about the position, contact: Dr. Joan Biever by telephone, (210) 431-4008, or e-mail, jbiever@ollusa.edu. OLLU seeks to attract, develop, and retain the highest-quality faculty, staff, and administrators. The University is committed to diversity and strongly encourages applications from women and minorities. An Equal Opportunity Employer.

POSTDOCTORAL FELLOWSHIP IN CLINICAL PSYCHOLOGY: Announcing a postdoctoral fellowship in clinical psychology with emphasis on Health Psychology at Scott & White Healthcare, Temple, TX. Starts September 1, 2012. Practitioner-scientist model with research opportunities. *Requires:* doctorate from APA-accredited program and APA-accredited internship. **Application deadline March 31, 2012.** \$40,000 with fringes. Submit curriculum vitae, statement of goals, three letters of recommendation, graduate program attestation, official transcript, and two sample reports to: Program Coordinator, Dorothy Winkler at (254) 724-1768, dwinkler@swmail.sw.org.

POSTDOCTORAL FELLOWSHIP IN EOL CARE, GRIEF, AND BEREAVEMENT: Announcing a beginning-level postdoctoral fellowship in clinical psychology with emphasis on EOL care, grief, and bereavement at Scott & White Healthcare, Temple, TX. Starts September 1, 2011. Practitioner-scientist model with research opportunities. *Requires:* doctorate from APA-accredited program and APA-accredited internship. \$40,000 with fringes. **Application deadline: March 31, 2012.** Submit curriculum vitae, statement of goals, three letters of recommendation, graduate program attestation, official

transcript, and two sample reports to: Program Coordinator, Dorothy Winkler, at (254) 724-1768, dwinkler@swmail.sw.org.

PREDOCTORAL PSYCHOLOGY INTERN: Scott & White Healthcare predoctoral psychology internship program is offering two intern positions in clinical psychology. *Clinical training sites include:* outpatient child and adolescent psychiatry, outpatient adult psychiatry, outpatient pediatric psychology, inpatient adult psychiatry, and primary care psychology. **Application deadline is December 1, 2011.** For more information go to: "http://gme-psychinternship.sw.org" or e-mail Tina

Miller, Program Coordinator at TImiller@swmail.sw.org. To apply, complete the APPI at www.appic.org. Scott & White's psychology internship program will be participating in the APPIC match as a non-member program. Scott & White is a not-for-profit, multispecialty academic medical center affiliated with the Texas A & M University Health Science Center and one of the largest multi-specialty group practices in the USA and the largest in the state of Texas. Scott & White has earned national recognition as among the "Thomson 100 Top Hospitals" in America for achieving excellence in quality of care for five consecutive years. Scott & White

Healthcare is located in Temple on the I-35 corridor in Central Texas. Temple combines the informality of small-city living with close proximity to Fort Hood, Austin, Waco, and the Texas Hill Country and the professional opportunities of an integrated major medical center.

LICENSED PSYCHOLOGIST OPENINGS—VERICARE: Are you looking for rewarding and fulfilling employment? Vericare, is a leader in geropsychology, providing multidisciplinary behavioral interventions in long-term care facilities. Our professionals provide a spectrum of therapies including individual psychotherapy, short-term solution-focused therapy and behavior management. Vericare has opportunities throughout Texas. Experience with medical/inpatient settings and multidisciplinary teams preferred. For more information, apply online at www.vericare.com or contact Deblee Tran at (800) 257-8715 ext. 1146.

PSYCHOLOGIST AND LICENSED CLINICAL SOCIAL WORKER: The Ludden Group is a Christian Psychology and Counseling Private Practice Group seeking Licensed psychologists interested in performing psychological assessments, office and nursing home testing, psychotherapy and other possible testing. Licensed Clinical Social Worker (LCSW) interested in nursing home work and possible office work also needed. Positions in Rockwall, TX area. We are also seeking students/interns for our office as well. Apply by faxing your resume to: (972) 771-4505 or e-mail lindaluddensivils@gmail.com

country in uniform. Expert caregivers employ proven therapeutic techniques including mindfulness-based stress reduction (MBSR), dialectical behavior therapy (DBT), Acceptance and commitment therapy (ACT) along with both inpatient and outpatient substance abuse services to active and retired police officers, fire fighters, military personnel, corrections officers, and emergency medical technicians. *The Director of Uniformed Services is responsible for:* 1) providing leadership, direction, and oversight for the department in alignment with organizational goals, objectives and mission; 2) monitoring, reporting, and maintaining compliance with the program's licensure, accreditation, and certification standards; and, 3) serving as a mentor, leader, and professional resource to the organization. The Director of Uniformed Services will hold a doctorate in psychology or related discipline along with current professional licensure and certifications. Strong clinical skills along with five years' demonstrated leadership experience in a hospital setting are required. Experience in working with the Uniformed Services population and/or history of Uniformed Service is preferred. This career opportunity offers a competitive salary, comprehensive benefits, relocation assistance, and tremendous opportunities for career growth and professional development. For immediate consideration, forward your resume, cover letter and salary requirements (must specify) in confidence to: Jenn Majewski, Search Consultant, The Synergy Organization, Phone: (215) 638-9777 ext. 4; (267) 983-6505; direct e-mail jenn@synergyorg.com.

Scott & White Clinic in College Station, TX, is a major teaching component of the Texas A&M University Health Science Center. We have the following positions available:

Adult Postdoctoral Fellowship Child/Adolescent Postdoctoral Fellowship

These are one-year, full-time, general clinical positions with a behavioral medicine component. Candidates will have the unique opportunity to work with a broad spectrum of medical and psychological disorders collaborating with physicians and other health care providers. Applicants must receive their degree prior to the start of the fellowship (August 27, 2012). Preference given to APA accredited programs; deadline: February 17, 2012. To apply, please send your curriculum vitae, transcripts from doctoral program, statement of interest and 3 letters of recommendation to:

Theresa Quinn, Ph.D., Scott & White Clinic
1600 University Drive East, College Station, TX, 77840
Tel: (979) 691-3386



SCOTT & WHITE
Healthcare



TEXAS A&M
HEALTH SCIENCE CENTER
COLLEGE OF MEDICINE

EOE



The University of Texas at Dallas
School of Behavioral
and Brain Sciences

Assistant Professor in Culture and Cognition and Behavior

The School of Behavioral and Brain Sciences at the University of Texas at Dallas seeks an Assistant Professor who can contribute to our program in Psychological Science, who examines the impact of Culture on Cognitive and Social Processes investigating such issues as differences in cognitive style, social decision-making and/or neural underpinnings of cultural influences. Preferred candidates will contribute to the University's Center for Asian Studies. Successful applicants will demonstrate the ability to develop a vigorous program of research with the potential for extramural support.

To apply for this position, applicants should submit (a) their current curriculum vitae, (b) a letter of interest (including research interests), and (c) letters of recommendation from (or the names and contact information for) at least five professional references via the ONLINE APPLICATION FORM <http://go.utdallas.edu/pbp111207> Upon submitting their preferred email address, applicants will receive instructions to access a personalized application profile website. School hiring officials will receive notification when application materials are posted and are available for review.

The University of Texas at Dallas is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age, citizenship status, Vietnam era or special disabled veteran's status, or sexual orientation. Indication of gender and ethnic origin for affirmative action purposes is requested as part of the application process but is not required for consideration.

VERMONT

DIRECTOR OF UNIFORMED SERVICES: The Synergy Organization has been retained by a nationally recognized Mental Health and Addictions Hospital to conduct the nationwide search for a Director of Uniformed Services. A pioneer in the field of mental health and substance abuse services, this hospital has remained dedicated to the mission of providing compassionate care to children, adolescents, and adults in their pursuit of recovery from mental illness, psychological trauma, and addiction for more than 177 years. Situated on over 1,000 acres in picturesque Windham County, Vermont, the hospital provides hope, healing, safety, and privacy through a full continuum of medical and holistic services. *Programs offered include:* inpatient programs for children, adolescents, and adults; partial hospitalization and intensive outpatient services for adults; residential programs for children and adolescents; and outpatient treatment for people of all ages. In fulfillment of the hospital's mission, the Department of Uniformed Services provides specialized services to address the unique needs of those who serve our

VIRGINIA

VTCC EXECUTIVE DIRECTOR: The Department of Psychiatry of the VCU School of Medicine is recruiting for a CEO of the Virginia Treatment Center for Children (VTCC), Virginia's flagship psychiatric hospital for children and adolescents. *The director is responsible for working with VTCC's medical director and executive team to ensure excellence in the facility's three core missions: teaching, service, and research.* The director is expected to provide visionary leadership and effective management for programmatic, administrative and fiscal functions of the facility and working with the health system and department of psychiatry which provide administrative oversight for VTCC. *The director is also responsible for developing and maintaining constructive relationships with the multiple stakeholders at the state and local level who share an interest in promoting and improving children's mental health.* The successful candidate will be hired as a faculty member at a level commensurate with experience. Opportunity for involvement in scholarly activi-

ties consistent with candidates interests. VTCC is a nationally recognized center of excellence for children's mental health located on the campus of the VCU Medical Center in Richmond, VA. The facility serves children throughout the Commonwealth of Virginia through its team-based, multidisciplinary acute inpatient, outpatient and consultative services. One of its emerging service areas is working with primary care and pediatric specialists to provide integrative physical and mental health care. VTCC offers comprehensive training for all mental health disciplines including accredited fellowship training programs in psychiatry and internships and postdoctoral fellowships in psychology. Demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU. *Qualifications:* Advanced degree in mental health discipline; doctoral degree preferred. Extensive experience in development and management of clinical services for children/adolescents/families. Strong administrative skills/experience including personnel and budget management. Teaching and research experience preferred. Send curriculum vitae to: Joel Silverman, M.D., Chair, VCU, Box 980710, Richmond, VA 23298. Virginia Commonwealth University is an Equal Opportunity/Affirmative Action Employer. Women, persons with disabilities, and minorities are encouraged to apply.

PSYCHOLOGIST SENIOR: Southwestern Virginia Mental Health Institute (SWVMHI), part of the Commonwealth of Virginia's behavioral health system, is seeking qualified candidates for a clinical psychologist position (psychologist senior). SWVMHI is a modern inpatient facility whose mission is to promote mental health by assisting people in their recovery in the underserved southwestern Virginia region. The successful candidate will be capable of working collaboratively with other clinical disciplines in a fast-paced treatment environment, where improving the quality of care is viewed as a continual process. We are seeking an applicant with strong skills in psychological assessment, group and individual therapy, and behavioral interventions, but entry-level professionals with a commitment to assisting others in their recovery are encouraged to apply. Experience helping persons with serious mental disorders and/or substance abuse problems to recover is strongly desired. Psychologists work on an interdisciplinary treatment team providing a full range of psychological services to a highly diverse patient population. Psychologists also play a major role in risk assessment/management and forensic evaluations, and training in these areas

is available. A doctorate in clinical psychology or documented equivalent and eligibility for licensure as a clinical psychologist in Virginia is strongly preferred. Supervision for the year of postdoctorate residency required for Virginia licensure can be provided. SWVMHI is located in the safe, family-oriented community of Marion, VA. The area is known for its high quality of life, low cost of living, beautiful mountain scenery and abundant outdoor recreational opportunities. Applicants must complete an online application by visiting our hospital's website and clicking on the Human Resources page at www.swvmhi.dbhds.virginia.gov, or you may call a member of Human Resources at (276) 783-1204.

VTCC CHILD PSYCHOLOGIST: Virginia Commonwealth University Medical Center Department of Psychiatry, seeks a clinical child and adolescent psychologist as faculty at the Virginia Treatment Center for Children, the Division of Child and Adolescent Psychiatry. *The faculty member will be responsible for* providing inpatient and outpatient clinical services; teaching and supervising trainees with the APA-accredited psychology training program; conducting research, and providing leadership in the implementation and evaluation of evidence-based treatments for children, adolescents, and families. Community focus. Outstanding opportunities available for participation in interdisciplinary adolescent research through the Commonwealth Institute on child and family studies (www.cicfs.vcu.edu). Founded in 1930, the Department of Psychiatry is dedicated to serving the public by providing state-of-the-art patient care, research, and educational opportunities. Our department employs approximately 75 full-time faculty who provide a continuum of multidisciplinary programs in adult, child, and geropsychiatry. Strong genetics and epidemiologic research programs. Demonstrated experience working in and fostering a diverse faculty, staff, and student environment or commitment to do so as a faculty member at VCU. *Qualifications:* Virginia licensed clinical psychologist, experience treating children/adolescents and families required. Research experience demonstrated by grants and publications. Experienced teacher, supervisory experience, and ability to work as member of interdisciplinary medical team. Send curriculum vitae to Search Committee, c/o Tammy M. Newcomb, VCU, Box 980710, Richmond VA 23298. VCU is an Equal Employment Opportunity/Affirmative Action Employer. Women, minorities, and persons with disabilities are encouraged to apply. VCU is a large urban university with a robust health science campus and 750-bed university hospital. Richmond, state capital, has moderate climate and rich mix of history with modern

facilities, excellent suburban housing, public/private schools. Internet provides comparative cost of living.

CLINICAL PSYCHOLOGIST: Private practice group has an opening (part-time or full-time) for a Ph.D. or Psy.D., who is licensed in Virginia. Equity opportunity. Send resume to: William Mulligan, Ph.D., P.O. Box 4805, Virginia Beach, VA 23454 or e-mail to: wlm@DoctorMulligan.com.

WASHINGTON

ASSISTANT PROFESSOR OF PSYCHOLOGY: Washington State University Vancouver invites applications for a tenure-track position at the assistant professor level beginning August 16, 2012. Social psychology candidates are sought with a preferred interest in health psychology. *Position duties include:* teaching undergraduate/graduate courses, developing a strong research program, and providing service to the university

and profession. *Required qualifications:* Ph.D. in social psychology or related field at the time of employment and demonstrated ability to: 1) develop a program of research with reasonable likelihood to lead to extramural funding, 2) teach undergraduate/graduate courses in psychology, and 3) demonstrated ability to contribute to our diversity goals (<http://admin.vancouver.wsu.edu/diversity>) into mentoring, curriculum, service and/or research. *Preferred qualifications include:* a program of research that will contribute to a developing emphasis in health psychology in the department. **Application reviews will begin January 15, 2012, and will continue until the position is filled.** Applications must include: 1) cover letter with a clear description of experience relevant to the required and preferred qualifications of the position; 2) curriculum vitae with references; 3) three reference letters; 4) representative manuscript samples (no more than three) and 5) maximum three-page statement of research



ASSISTANT/ASSOCIATE PROFESSOR GLOBAL AND COMMUNITY HEALTH

The George Mason University, Department of Global and Community Health within the College of Health and Human Services invites applications for a tenure-track Assistant/Associate Professor in Global Health to begin August, 2012.

Successful candidates will conduct independent and collaborative research, mentor students, and teach courses in the undergraduate and graduate programs. Programs in the Department of Global and Community Health include an MPH (with concentrations in Epidemiology and Global and Community Health), an M.S. in Global Health, an M.S. in Epidemiology/Biostatistics, and a B.S. in Community Health. We also expect to have Ph.D. programs up and running in the next five years.

A public health-related doctoral degree is required for the position. An MPH in any field along with the doctoral degree is preferred. Successful candidates will have demonstrated expertise in, or potential for, providing high-quality teaching and conducting an active research program. All fields of expertise in global health will be considered, but candidates with expertise in health promotion, health education or community health are particularly encouraged to apply.

George Mason University is an equal opportunity employer. The university is dedicated to the goal of building a culturally diverse faculty and staff. Women and minority candidates are particularly encouraged to apply.

For full consideration, applicants must apply for position number F9557z at <http://jobs.gmu.edu/>; complete and submit the online faculty application; and upload a cover letter, resume, and list of three professional references with contact information. Review of the applications will begin December 21, 2011, and will continue until the position is filled. EOE

and teaching philosophy that addresses: 1) How your research will expand or complement the current research activities in psychology (<http://directory.vancouver.wsu.edu/psychology>); 2) courses that you have taught or are prepared to teach (undergraduate and graduate level) and new courses that you may propose to develop/teach; and c) Your plans for working with diverse student and community populations to support our campus strategic plan: (<http://admin.vancouver.wsu.edu/office-chancellor/wsu-vancouver-strategic-plan>). To apply, visit www.wsujobs.com. Questions directed to: Dr. Art Blume, Chair, Search Committee, at art.blume@vancouver.wsu.edu or (360) 546-9414. Washington State University is an Equal Opportunity/Affirmative Action Educator and Employer. Members of ethnic minorities, women, special disabled veterans, veterans of the Vietnam-era, recently separated veterans, and other protected veterans, persons of disability and/or persons age 40 and over are strongly encouraged to apply.

PSYCHOLOGIST FOR PRIVATE PRACTICE: Small, private practice in Hoquiam, WA, recruiting for full-time psychologist. Must be licensed in Washington. Contact: Dr. Sandy Bowers at (360) 637-8049.

CLINICAL POSTDOCTORAL FELLOWSHIPS IN REHABILITATION PSYCHOLOGY: The Department of Rehabilitation Medicine of the University of Washington School of Medicine anticipates having three clinical rehabilitation psychology postdoctoral fellowships. The positions are one-year fellowships (with an option for two years for candidates interested in a second year of research) and are located at Harborview Medical Center and the University of Washington Medical Center. Fellows provide psychological care as part of a multidisciplinary team in the following settings: Inpatient Rehabilitation Units, Outpatient Rehabilitation Clinics, Rehabilitation Psychology Consultation and Liaison Service, Inpatient

Burn Unit, Outpatient Burn Clinic, Outpatient Pediatric Clinic and an HIV/AIDS Outpatient Clinic. Candidates with a background in rehabilitation/health/pain and/or neuropsychology are encouraged to apply. The most common types of patients served include those with traumatic brain injuries, cerebral vascular accidents, spinal cord injuries, severe burn injuries, chronic disease such as multiple sclerosis, physical traumas such as those occurring after motor vehicle accidents, and acute and chronic pain. In addition, a third fellowship focuses on medically underserved outpatient populations (HIV/AIDS, minority women and children, burns, and acquired disabilities). Fellows receive advanced training and experience in brief interventions and psychotherapy; consultation and liaison to various medical, surgical and intensive care units; focused clinical assessment as well as personality, cognitive and neuropsychological assessment; and effective communication and leadership in a multidisciplinary environment. Fellows have dedicated research time, access to experienced mentors and varied ways to become involved in research. Supervision of residents and classroom teaching are also part of the responsibilities. Stipends are \$38,496 or higher with university benefits and starting times vary between July and September. **The positions will remain open until filled. Applications will be reviewed on an ongoing basis until positions are filled. The deadline for completed applications is March 1, 2012 but earlier submissions are highly encouraged.** The University of Washington is an Affirmative Action, Equal opportunity Employer, building a culturally diverse faculty and staff and strongly encourages applications from women, minorities, individuals with disabilities and veterans. For more information and application instructions, please visit our website at <http://rehab.washington.edu/education/fellowship/psych/default.asp>. Also feel free to e-mail Dr. Jeff Sherman, Rehabilitation Psychology Fellowship Program

Director, at jeffreys@u.washington.edu for more information.

SOCIAL PSYCHOLOGY FACULTY: The Evergreen State College, a public liberal art college in Olympia, WA, seeks a broadly trained social psychologist to teach at all undergraduate levels. The successful candidate will be a reflective teacher who has a clear capacity to make interdisciplinary connections. The candidate will make teaching contributions to programs related to contexts such as community organization, social change, education, and business. The successful candidate must be able to address areas such as social problems, consumer behavior, cross-cultural interactions, judgment and decision-making, influence, and group dynamics. Review our website for the complete job announcement and application process: www.evergreen.edu/faculty_hiring. The Evergreen State College 2700 Evergreen Pkwy, NW Lib 2002 Olympia, WA 98505 (360) 867-6861; www.evergreen.edu.

WISCONSIN

CLINICAL PSYCHOLOGIST: The Outagamie County Mental Health Division is seeking qualified individuals to perform psychological evaluations of children, adolescents and adults related to competency, protective placement, child custody and visitation rights, and releases from chapter 51 or extension of mental health commitments; review crisis response plans; administer various psychological tests; prepare evaluation documents; provide counseling; serve as an expert witness; provide customized evaluations and services for specialized populations; coordinate service with community health and school personnel; and provide on-call services at scheduled times. Doctoral degree in clinical psychology or related field, with at least three years psychological evaluation experience required. For additional information and/or application materials, visit www.co.outagamie.wi.us. Respond to: File TJ-110. Outagamie County is an Equal Opportunity Employer.

CLINICAL PSYCHOLOGIST: Affinity Medical Group, an integrated healthcare organization in east central Wisconsin, is seeking a clinical psychologist to join our psychology/behavioral health team in Oshkosh, WI. This position will primarily involve a general psychology outpatient practice, including the capacity to see children as young as four through geriatric patients, for assessment and treatment of depression, anxiety, behavior problems and relationship adjustment. *Qualifications required include:* a Ph.D. or Psy.D. For more information, contact: Cookie Fielkow, Affinity Physician Recruitment, phone: (800) 722-9989; fax: (920) 727-4350;

e-mail: cfielkow@affinityhealth.org
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WYOMING

PSYCHOLOGIST: A full-time position at the Wyoming State Hospital for a psychologist licensed or eligible for licensure in the State of Wyoming. This position is for the acute psychiatric service that provides treatment for adult patients with severe and persistent mental illness. Experience with SPMI, low IQ, MR, and behavioral interventions is preferred. Psychologists at the WSH provide individual therapy, group therapy, psychological assessment, behavioral interventions, and training. The successful candidate will evidence a dedication to clinical care and have a strong background in evidenced-based treatments of severe mental illness and dual diagnosis with intellectual disabilities. Weekend and evening work will be required. *Position includes:* opportunities for training of hospital staff and involvement in an APA-accredited internship program providing supervision and training. **Open until filled.** Excellent state benefits are included. For more information or to apply online, go to: <https://statejobs.state.wy.us/recruitment/#19188-HSPY12>. An Equal Employment/ADA Employer.

CANADA

POSTDOCTORAL FELLOWSHIPS: The Research Group on Children's Psychosocial Maladjustment (GRIP <http://www.gripinfo.ca>) invites applications for two postdoctoral fellowships which could be funded for up to six-years. The successful candidates will work with a multidisciplinary team of senior investigators on a large randomized trial of personality-targeted interventions. This trial is funded by the Canadian Institute of Health Research (CIHR) with Patricia Conrod as the principal investigator and Robert Pihl, Jean Seguin, Jordan Peterson and Benoit Masse as co-investigators. This trial will investigate the preventative effects of a selective, school-based intervention program on five-year addiction outcomes (primary) and mental health and cognitive outcomes (secondary). This Montreal-based, five-year trial will also allow for the study of relationships between adolescent cognitive development, substance use, and risk for future addiction in a longitudinal sample of 5,000 high school students. Successful candidates will also be invited to participate in two international research consortia investigating developmental risk factors for addiction and new approaches to prevention. We hope to recruit two bright, motivated, and bilingual (French and English) researchers. Qualification profiles are: 1) **Clinical Postdoctoral Researcher:** A full-time clinical post-

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doctoral researcher with a Ph.D. in clinical psychology or related discipline with supervised practice in delivering cognitive behavioral or motivational interventions with young people. *This staff member will be responsible for all clinical aspects of this trial, including adaptation of an evidence-based intervention for Montreal youth, training and supervision of educational professionals in the delivery of the program, evaluation of treatment fidelity/integrity, and knowledge transfer and dissemination (training workshops and published therapy manuals).* This is a two-year post with possibility of renewal for up to six years. 2) **Full-time Postdoctoral Research Fellow:** This applicant should hold a Ph.D. in psychology, biomedical sciences, or related fields and would not need clinical training. This candidate must have strong quantitative skills, including exper-

ience with either complex structural equation modeling, modeling of longitudinal data and/or neuroimaging data analysis. This is a two-year post with possibility of renewal for up to six-years. Send your curriculum vitae, university transcripts, and the name of three references to: chantal.roy@recherche-ste-justine.qc.ca. Only candidates selected for an interview will be contacted.

LEBANON

FACULTY POSITION IN CLINICAL OR SOCIAL PSYCHOLOGY: The Department of Psychology at the American University of Beirut invites applications for a full-time faculty position in clinical psychology or social psychology to begin September 15, 2012. As such, we invite applicants in either of these two areas of specialization. For full

consideration, all application materials and letters of reference should be submitted by **March 1, 2012**. For more information on this position, visit <http://www.aub.edu.lb/fas>. The American University of Beirut is an Equal Opportunity Employer.

TURKEY

ASSISTANT OR ASSOCIATE PROFESSORS: Bahcesehir University in Istanbul, Turkey, is seeking to fill two positions in the Department of Psychology. One of the positions is in clinical or counseling psychology; the second is open specialization. Bahcesehir is located at the heart of Istanbul and has very strong international collaborations. We are looking for dynamic scholars who can help build a strong research capacity and play an integral part in

our international projects. **Applications will be accepted until the positions are filled.** Send a cover letter, curriculum vitae, description of research and teaching interests, and the names of three references to: sirinbahcesehir@gmail.com.

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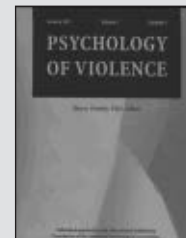
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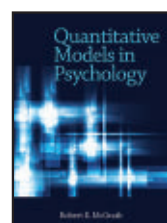
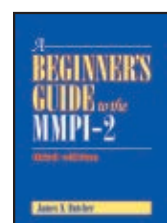
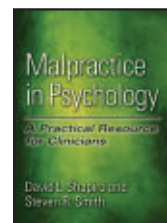
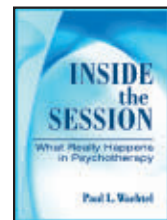
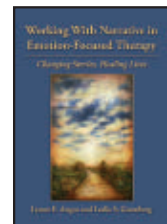
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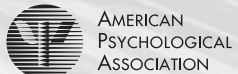
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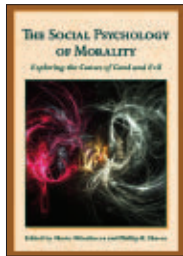
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THE SOCIAL PSYCHOLOGY OF MORALITY

Exploring the Causes of Good and Evil

Edited by Mario Mikulincer and Phillip R. Shaver



Humans are universally concerned with good and evil, although one person's "evil" can be another person's "good." How do individuals arrive at decisions about what is right and what is wrong? And how are these decisions influenced by psychological, social, and cultural forces? Such questions form the foundation of the field of moral psychology.

In trying to understand moral behavior, researchers historically adopted a cognitive-rationalistic approach that emphasized reasoning and reflection. However, a new generation of investigators has become intrigued by the role of emotional, unconscious, and intra- and interpersonal processes. Their explorations are presented in this third addition to the *Herzliya Series on Personality and Social Psychology*.

The contributors to this volume begin by presenting basic issues and controversies in the study of morality; subsequent chapters explore the psychological processes involved, such as the cognitive mechanisms and motives underlying immoral behavior and moral hypocrisy. Later chapters discuss personality, developmental, and clinical aspects of morality as well as societal aspects of good and evil, including the implications of moral thinking for large-scale violence and genocide. The wide-ranging findings and discussions presented in this volume make this work a provocative and engaging resource for social psychologists and other scholars concerned with moral judgments and both moral and immoral behavior. 2012. 416 pages. Hardcover.

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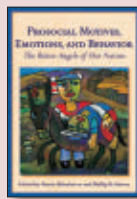
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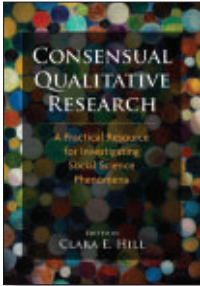
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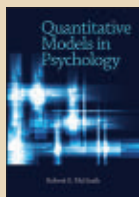
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