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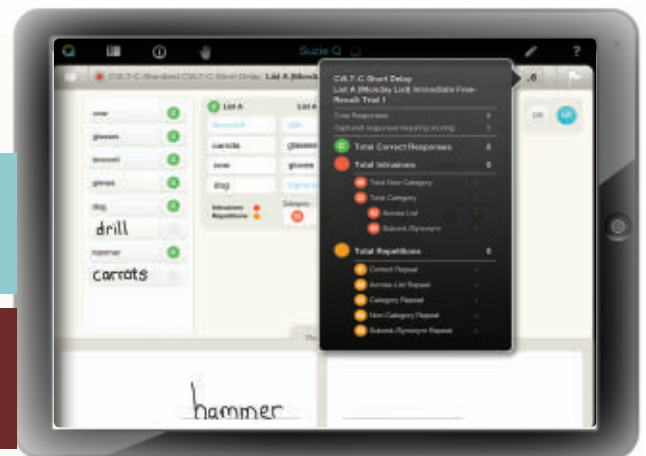
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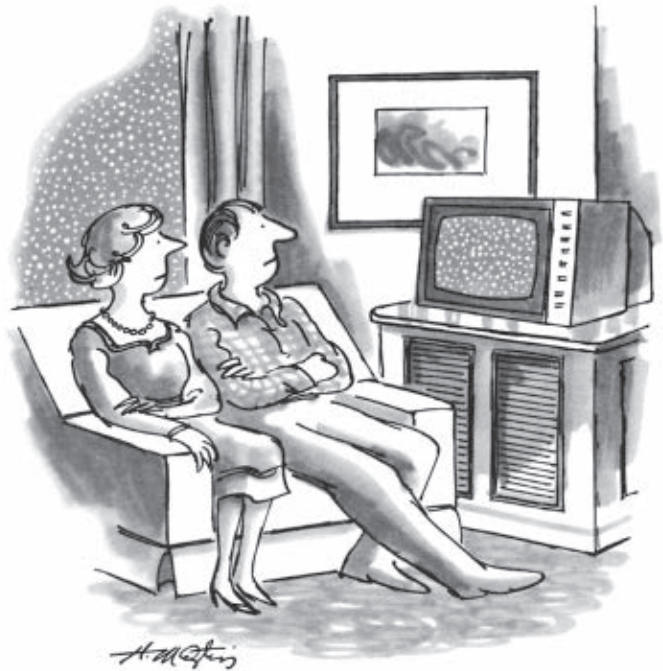
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Letters

We're eager for psychologists' work

The November article "Design in Mind" was left behind after a Thanksgiving visit by my psychologist parent for her architect son to look over. It sat there for a bit, amid fears that the thinking among the design disciplines is out of date or the language would be too erudite. Thanks to the writer for clearly sharing an update on current thinking in your discipline.

After reading it, I think psychologists could be generating and sharing more research that builds upon the design canon to help designers do their work. Specific research could also further

develop the architect's intuition and empathy. Architects, interior designers and landscape architects often choose their vocation with the belief that our constructed environment can be improved toward human health and well-being.

Colleges of architecture, too, have promoted critical thinking in the designed experience of space for well over 30 years. The inoperable window or other limits to natural human experience has been a bugaboo in any critique of new work. The medieval public square has long been a precedent for the emerging designer to learn so they can

positively affect future public space.

Construction is monumentally expensive and buildings long-lasting. We're all waiting to adapt the city, the building, and the interior space into humane environments. We're eager to have the psychologists' work incorporated into our own to reach a shared goal.

LEE PETERS

Registered architect
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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.

A U.S. News and World Report

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Becoming and being a competent leader

BY NADINE J. KASLOW, PHD • APA PRESIDENT



“Do not judge me by my successes, judge me by how many times I fell down and got back up again.” — Nelson Mandela

As I write this column, the world celebrates the life of one of the most inspiring and courageous leaders. As his wise quote conveys, Nelson Mandela taught us that leadership must be learned from failure and success,

training, active practice, self-reflection and interpersonal feedback. It is a state of mind that influences how we understand the group, institution or organization that we are leading. So much of what matters in our leaders is not their accomplishments, but who they are as human beings.

I am drawn toward a transformational approach to leadership, which values broad-based coalitions, collaboration and consensus building. I welcome input from others and appreciate it when colleagues propose and lead new initiatives. I seek solutions that build morale, bolster motivation, enhance performance, and prioritize collegiality and mentoring. I do my best to openly acknowledge my mistakes as a leader and learn from them to move forward. As an extension of this transformational model, I espouse the concept of distributed leadership; in a team there are many leadership functions to be shared, and no single person is “the leader.”

Evolving trends in leadership, such as chaos theory/complexity theory, also inform my leadership style. To maintain an adaptive organization, I must serve as a catalyst for marshaling the group’s wisdom and provide a platform for the group to solve the challenging problems of psychology and APA. This is consistent with models influenced by cultural and ethnic traditions that advocate for leadership from behind. While there is value in leading from the front by example, moving out of the way empowers team members and the organization to support meaningful and sustainable growth and change. This is in stark contrast to a top-down leadership approach in which those at the helm lead from a position of power and control.

My views and prior successes and failures inform my approach to serving as APA president in myriad ways.

- I have consistently sought input from my presidential cabinet, a diverse group of psychologists. Their diverse

perspectives foster my strength, bold vision and willingness to “lean in.”

- I appreciate the importance of a shared vision and hope my overarching presidential theme, *uniting psychology for the future*, can serve as such a vision. This theme emerged from listening to people throughout our association and beyond. I will strive to inspire you to collaborate with me and others on this goal and related presidential initiatives, which are: facilitating transitions from doctoral education to first job, translating psychological science to the public and promoting psychologically informed patient-centered medical homes.

- Throughout my career, I have made building a leadership pipeline a priority, and I am glad APA is highlighting leadership development in its efforts to strengthen the governance system (see “Good governance,” page 24). This pipeline must be diverse and reflect current and projected demographics. Finding and nurturing future leaders to carry the torch forward is vital to APA’s long-term success. That’s why I have selected an early career psychologist (ECP) to co-chair each one of my initiatives. I have also charged my Presidential Citations Committee with helping me select ECP citation winners.

Seeing ourselves as leaders is new for many of us. That is one reason I am thrilled that APA and affiliated groups are offering top-notch leadership training programs. I believe that many people who enter our field possess qualities associated with successful transformational leaders, and programs such as these provide frameworks for psychologists to transform larger systems, benefitting our multiple publics.

I invite all of you to increase your engagement as leaders in APA and in other spheres of your professional lives. I would personally welcome feedback about how I can optimally lead our complex, dynamic organization. ■

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Honing your skills: APA's e-learning on integrated care

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



More than ever before, psychologists are welcomed — and much needed — members of interdisciplinary health-care teams. Thanks to the Affordable Care Act and to the public's greater recognition of the mind-body connection, there is an unprecedented appreciation of the role psychologists play in improving patient care.

To guide psychologists in working on health-care teams and in primary-care settings, APA's Office of Continuing Education in Psychology now offers more than 170 professional development resources, including video-on-demand online tutorials and interactive courses.

One of our most comprehensive products is the five-part Interactive Classroom Series “Heart and Mind: Contemporary Issues in Cardiac Psychology,” a course launched in October. The course provides an overview of key research and practice in cardiac psychology, led by the nation's top cardiac medicine and psychology experts. Speakers discuss the “big three” psychosocial risk factors for heart disease — depression, social isolation and anger/hostility — and ways psychologists are helping people modify their diets and behavior to reduce their risk. One module, “Evidence-Based Psychosocial Interventions for Cardiac Patients,” features physician Dean Ornish, MD, the first researcher to demonstrate that people can reverse heart disease with diet and lifestyle changes.

For psychologists who need to learn more about changes in diagnostic codes, in November APA debuted a three-hour Clinician's Corner video-on-demand program “Orientation to ICD Diagnosis.” In this program, health psychologist and former APA President Carol D. Goodheart, EdD, introduces participants to the World Health Organization's *International Classification of Diseases* (ICD) diagnostic codes, which will be required for all billing and health information, including in the United States, starting in October. She also previews the next version of the codes, ICD-11, now in development. The program coincides with a Professional Development Training Institute on the ICD at APA headquarters March 28–29, as well as the new APA book “A Primer for ICD-10-CM Users: Psychological and Behavioral Conditions,” which members can read for continuing-education credit as part of Continuing Education in Psychology's Book-Based Program.

Another popular video-on-demand program is “Culturally Sensitive Health Promotion and Health Care Approaches for Eliminating Health Disparities,” a one-hour webinar featuring Carolyn Tucker, PhD, a professor of community health and family medicine at the University of Florida. Among other lessons, Tucker teaches participants about common health disparities, how to promote healthy behaviors in a variety of communities and how to provide culturally sensitive health care.

For educators, in January APA also added “Primary Care Competencies,” a webinar that familiarizes viewers with the 2013 Competencies for Psychological Practice in Primary Care, or the fundamental skills and knowledge needed to work effectively in primary-care settings. Speakers offer examples of how these competencies, such as knowledge of pharmacology, are needed in primary-care settings and how the competencies can expand psychologists' opportunities in primary care.

Other CE offerings on integrated care include these APA Online Academy programs:

- “Behavioral Sleep Medicine,” a five-credit course on treating patients with sleep disorders.
- “Chronic Fatigue Syndrome and Fibromyalgia,” an eight-credit course on assessment and treatment strategies.
- “Expanding Psychology Practice to Primary Health Care,” a seven-credit course on integrating psychology into medicine.
- “Creating Reciprocal Relationships with Medical Professionals,” a four-credit course on working effectively with nurses, physicians and other medical staff.

All of our programs can be viewed online anytime, by computer, tablet or smartphone. All of our CE offerings are designed using science-of-learning principles to keep you engaged and to help you retain what you learn. As health care evolves, we aim to keep pace with our professional development offerings so that you have the most up-to-date instruction. We welcome your suggestions for new offerings at cpe@apa.org. ■

Video game play may provide learning, health, social benefits, review finds

Playing video games, including violent shooter games, may boost children's learning, health and social skills, according to a review of research in *American Psychologist*.

The study comes out as debate continues among psychologists and other health professionals regarding the effects of violent media on youth. An APA task force is conducting a comprehensive review of research on violence in video games and interactive media and will release its findings later this year.

"Important research has already been conducted for decades on the negative effects of gaming, including addiction, depression and aggression, and we are certainly not suggesting that this should be ignored," says Isabela Granic, PhD, of Radboud University Nijmegen in The Netherlands, lead author of the article.

"However, to understand the impact of video games on children's and adolescents' development, a more balanced perspective is needed."

While one widely held view maintains that playing video games is intellectually lazy, such play actually may strengthen a range of cognitive skills such as spatial navigation, reasoning, memory and perception, according to several studies reviewed in the article. This is particularly true for shooter video games, which are often violent, the authors found. A 2013 meta-analysis found that playing shooter video games improved a player's capacity to think about objects in three dimensions just as well as academic courses designed to enhance these same skills, according to the study.

"This has critical implications for education and career development, as previous research has established the power of spatial skills for achievement in science, technology, engineering and mathematics," Granic says.

This enhanced thinking was not found when playing other types of video games, such as puzzles or role-playing games.

Playing video games may also help children develop problem-solving skills, the authors said. The more adolescents reported playing strategic video games, such as role-playing games, the more they improved in problem solving and school grades the following year, according to a long-term study published in 2013. Children's creativity was also enhanced by



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playing any kind of video game, including violent games, but not when the children used other forms of technology, such as a computer or cell phone, other research revealed.

Simple games that are easy to access and can be played quickly, such as "Angry Birds," can improve players' moods, promote relaxation and ward off anxiety, the study said. "If playing video games simply makes people happier, this seems to be a fundamental emotional benefit to consider," said Granic. The authors also highlighted the possibility that video games are effective tools for learning resilience in the face of failure. By learning to cope with ongoing failures in games, the authors suggest that children build emotional resilience they can rely upon in their everyday lives.

Another stereotype the research challenges is the socially isolated gamer. More than 70 percent of gamers play with a friend, and millions of people worldwide participate in massive virtual worlds through video games such as "Farmville" and "World of Warcraft," the article noted. Multiplayer games become virtual social communities, where decisions need to be made quickly about whom to trust or reject and how to lead a group, the authors said. People who play video games, even if they are violent, that encourage cooperation are more likely to be helpful to others while gaming than those who play the same games competitively, a 2011 study found.

— LISA BOWEN

Integrating psychology and primary care saves money in Oregon

When psychologists at St. Charles Health System in Bend, Ore., help a patient whose anxiety is masquerading as a stomachache, find ways to help a family manage a child's asthma or teach patients how to sleep better or lose weight, they're doing more than just improving patients' health and well-being. They're also having an impact on the health system's bottom line, with an initial study suggesting that such integration can lower annual health costs by nearly \$900 per patient.

In 2009, St. Charles began integrating psychologists into three primary care clinics, four hospitals, a surgical center and a medical clinic that are part of the system, as well as two pediatric clinics with which the health system contracts. Exemplifying the mind-body connection, about a dozen psychologists now work side by side with physicians as behavioral health consultants who offer patients brief, targeted interventions.

"Before we did this, we noticed that when people would make a referral from primary care to specialty mental health care, people only followed through about 10 percent of the time," says psychologist Robin J. Henderson, PsyD, director of government strategies at St. Charles Health System. "Part of it had to do with stigma, part with access problems."

Placing psychologists just down the hall from physicians helps overcome those barriers, says Henderson, explaining that a physician can ask a psychologist to pop in as needed.

Take pediatrics, for example. "We found that the No. 1 reason people were coming in is not because their kids are sick," she says. "It's because of behavior problems." Pediatricians are too busy to teach parents parenting skills, she says, but a psychologist can make a big difference in just a few minutes.

"What I do as a 'doctor extender' is allow the physician to move on and see more patients and practice at the top of his or her license as I practice at the top of mine," says St. Charles psychologist Sondra Marshall, PhD, who works as a behavioral health consultant at Central Oregon Pediatric Associates in Bend.

All the behavioral health consultants are psychologists, says Henderson, and the system plans to keep it that way. For

one thing, she says, psychologists are the only ones who can bill using health and behavior codes. "But the primary reason we went this direction is because of the depth of training psychologists receive," she says, noting that the behavioral health consultants must tackle issues that go beyond mental health, helping people solve problems as diverse as diabetes, children's misbehavior, concussions, insomnia and side effects from medication.

The demand for behavioral health consultants from other clinics within St. Charles Health System is so high that Henderson has more job openings than she can fill.

Preliminary data reveal that the approach saves money.

In a study of about 400 patients in a family clinic, researchers examined how much patients cost in the year before and the year after an intervention by one of the health system's



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behavioral health consultants. On average, total medical costs dropped \$860 per patient over the course of a year despite a small increase in pharmacy costs.

"It's not that they were getting more medication," explains Henderson. "It's that they were actually taking their medication."

A larger study of physical health and cost outcomes is now underway.

— REBECCA A. CLAY

Argosy to pay \$3.3 million for misleading psychology students

Argosy University will pay \$3.3 million to 66 former students of its doctorate of education in counseling psychology (EdD-CP) program at its Denver campus to settle a civil lawsuit filed by the Colorado Attorney General's Office in December. Prosecutors accused Argosy of misleading students to believe that the program was APA accredited and could lead to licensure as a psychologist.

"Our investigation revealed a pattern of Argosy recklessly launching doctoral degree programs without substantiating or supporting that they led to the advertised outcomes," Colorado's Deputy Attorney General Jan Zavislan, said in a press release.

According to the court documents, investigators said that Argosy told students that its EdD-CP program was APA accredited or in the process of applying for APA accreditation, but neither was true. Colorado requires

candidates for licensure to have graduated from an APA-accredited training program. APA has no record of the program's ever applying for accreditation, says APA's Susan Zlotlow, PhD, who directs APA's Office of Program Consultation and Accreditation.

Argosy and its parent company, Educational Management Corp., stated that the program never intended to apply for APA accreditation because APA does not accredit programs that meet only on weekends as the EdD-CP program did. The state's investigation also revealed that, in 2010, Argosy told EdD-CP students that the program no longer met Colorado's licensure requirements because the state's Board of Psychologist Examiners had changed its licensure rules. In fact, the board had not altered its licensure requirements since January 2006, before Argosy launched the EdD-CP program in 2007.

Argosy agreed to the settlement to resolve the lawsuit. "At Argosy University, student achievement is our top priority, and we are committed to constant improvement. It was important for us to cooperate with the Office of the Colorado Attorney General throughout this investigation and bring the matter to a final resolution," says Chris Hardman, of Educational Management Corp.

In addition to repaying the students' tuition and living expenses, the settlement also requires Argosy to stop advertising its Denver EdD-CP program as a psychology licensure-track program and to cease the claim that enrollment in the program leads to licensure. According to Hardman, "Argosy University, Denver, continues to enroll students in the non-licensure track of the program it launched in 2013."

— JAMIE CHAMBERLIN

APA Executive Director for Education Belar to retire in June

APA's current Executive Director for Education, Cynthia D. Belar, PhD, has announced she is retiring in June.

In announcing Belar's retirement, APA CEO Norman Anderson, PhD, said, "Dr. Belar is one of the most outstanding psychologists with whom I have had the pleasure to work. Her contributions to psychology education and training and to health psychology are immeasurable. Her vision and passion for quality and innovation in education and training programs have helped strengthen our discipline, and she is also one of the architects of modern-day health psychology. I've been fortunate to have been her colleague, friend and admirer."

APA is now recruiting for a senior-level psychologist to fill the position.

The APA education executive director supervises and oversees the Education Directorate and is responsible for major APA program areas related to education, from precollege through postgraduate levels, including accreditation, continuing education and sponsor approval, the application of psychology to K-12 education, and federal education advocacy. The position also includes responsibility for the Education Advocacy Trust, which is part of APA's companion organization, the APA Practice Organization. In collaboration with APA boards and committees, the executive director plans and implements policy and program development in all matters related

to education and training. The Executive Director acts as liaison to the other APA directorates, the Board of Directors, and to major APA boards, committees, programs, and divisions on all education and training initiatives. The executive director also develops and maintains contact with senior-level officials in professional organizations and associations related to education and training.

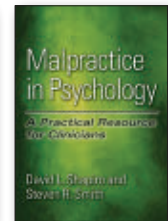
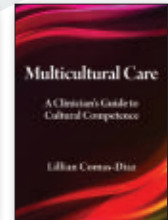
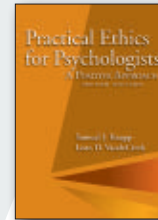
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By the numbers

2x

How much more likely under-21-year-olds who visited a physician in 2010 were to be diagnosed with a mental disorder than that age group in 1995, according to a November study online in *JAMA Psychiatry*.



© Getty Images

23%

Percentage of orthopedic surgeons who have been trained to recognize and respond to domestic violence injuries, according to a September study in *The Lancet*. One in six injured women who go to orthopedic fracture clinics has experienced such violence in the past year, the study found.

135million

How many people worldwide are expected to be living with dementia by 2050 compared with the 44.35 million estimated to be living with it today, according to Alzheimer's Disease International. By mid-century, 71 percent of those affected will live in low- and middle-income regions, such as Sub-Saharan Africa, the report also predicts.

6%

Percentage of the adolescents surveyed who reported using psychotropic medications in the past month, according to a December report from the Centers for Disease Control and Prevention. Most took either antidepressants or drugs to treat depression or attention-deficit/hyperactivity disorder.



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What works to reduce gun violence?

An APA panel of experts calls for more primary and secondary prevention.

BY RHEA K. FARBERMAN • *Monitor* executive editor

In response to the tragic shooting in Newtown, Conn., and other instances of mass gun violence, last year APA commissioned a report by an expert panel. Released in December, the report summarized research on gun violence risk factors and prevention programs on how to reduce the incidence of gun violence — whether by homicide, suicide or mass shootings — nationwide.

The full report appears on APA's website at www.apa.org/pubs/info/reports/gun-violence-prevention.aspx.

Members of the expert panel were:

- **Dewey Cornell, PhD**, University of Virginia.
- **Arthur C. Evans Jr., PhD**, Department of Behavioral Health and Intellectual disAbility Services, Philadelphia.
- **Nancy G. Guerra, EdD**, University of Delaware (report coordinating editor).
- **Robert Kinscherff, PhD, JD**, Massachusetts School of Professional Psychology/National Center for Mental Health and Juvenile Justice.
- **Eric Mankowski, PhD**, Portland State University.
- **Marisa R. Randazzo, PhD**, SIGMA Threat Management Associates, Alexandria, Va.
- **Ellen Scrivner, PhD**, Police Foundation, Washington, D.C.
- **Susan B. Sorenson, PhD**, University of Pennsylvania.
- **W. Douglas Tynan, PhD**, Jefferson Medical College, Thomas Jefferson University.
- **Daniel W. Webster, ScD, MPH**, Johns Hopkins Bloomberg School of Public Health.

The *Monitor* talked to the report authors about their conclusions and recommendations.

Gun violence is clearly a national crisis. Horrific instances of mass violence get the most attention, but instances of single-shootings gun violence are much more common and just as deadly. What is psychology's best advice to policymakers to solve the gun violence epidemic?

Cornell: Two things are critical: First, because we cannot reliably predict who will commit an act of gun violence, both primary and secondary prevention are needed. Second, gun violence is associated with a confluence of factors; therefore, prevention strategies have to address numerous risk factors, including those within individuals, families, schools, communities and the culture. For example, helping parents deal with aggressive children, teaching conflict resolution skills and improving access to mental health services all need to be part of broad prevention strategies.

Also, because we don't have a reliable way to determine who is most at risk to commit gun violence, behavioral threat assessment programs — which identify and help people who have communicated a threat of violence or engaged in behavior indicating preparation to commit violence — are important.

What do we know about how developmental experiences impact a propensity for gun violence?

Kinscherff and Guerra: We know that a complex combination of risk and protective factors makes a person more or less likely to use a firearm against themselves or others. Although most youths desist in aggressive and antisocial behavior



Cornell

during late adolescence, others are disproportionately at risk for becoming involved in or otherwise affected by gun violence. The most consistent and powerful predictor of future violence is a history of violent behavior.

Prevention efforts should be guided by research on developmental risk. We have good evidence of primary prevention programs that are effective. Communities should focus their prevention efforts on programs that can reduce the likelihood that firearms will be introduced into the community, family conflicts or criminal activity. Prevention efforts can also reduce the relatively rare occasions when severe mental illness contributes to homicide or the more common circumstances when depression or other mental illness contributes to suicide.

We know that the most lethal and high-visibility cases of mass gun violence — Newtown, the Colorado movie theatre and Virginia Tech — have been perpetrated by young men. What do you know about the effects of growing up male in our society and the risk for gun violence?

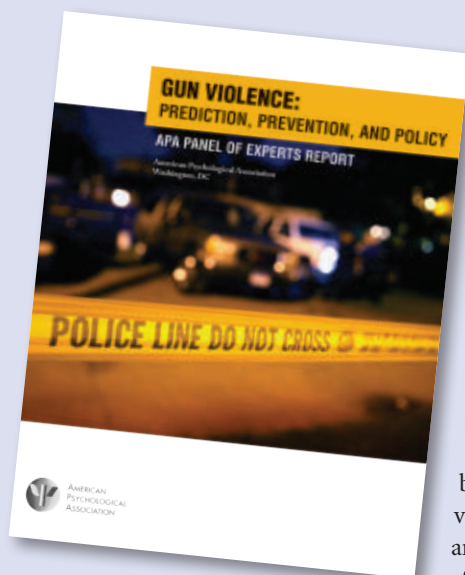
Mankowski: Any account of gun violence in the United States must be able to explain both why men are perpetrators of the vast majority of gun violence and why the vast majority of males never perpetrate gun violence. Preliminary evidence suggests that changing young men's perceptions of social norms about behaviors and characteristics associated with masculinity may reduce the prevalence of intimate partner and sexual violence. But such interventions need to be further tested for their potential to reduce gun violence. Psychologists' skills and knowledge are needed to develop and evaluate programs and settings in schools, workplaces, prisons, neighborhoods, clinics and other relevant contexts that aim to change gendered expectations for males that emphasize self-sufficiency, toughness and violence, including gun violence.



Mankowski

What does the research evidence recommend for gun violence prevention at the individual level? How large is the role of mental illness?

Kinscherff and Randazzo: Although it is important to recognize that the majority of people who suffer from a mental illness are not dangerous, for those persons at risk for violence due to mental illness, suicidal thoughts or feelings of desperation, mental health treatment can often prevent gun violence.



Policies and programs that identify and provide treatment for all people suffering from an emotional crisis or a mental illness — whether they pose a risk for violence or not; again, most do not — should be a national priority. The current level of access to mental health services in the United States is woefully insufficient.

Again, behavioral threat assessment is becoming a standard of care for preventing violence in schools, colleges and the workplace and against government and other public officials. Threat assessment teams gather and analyze information to assess if a person poses a threat of violence or self-harm, and if so, take steps to intervene.

At the community level, what are the most promising intervention strategies?

Scrivner, Tynan and Cornell: Prevention of violence occurs along a continuum that begins in early childhood with programs to help parents raise emotionally healthy children and ends with efforts to identify and intervene with troubled individuals who are threatening violence. There has been some success with community-based collaborative programs, such as police training in crisis intervention or community members trained in mental health first aid. These programs need further piloting and study so they can be expanded to additional communities as appropriate. In addition, public health campaigns on safe gun storage are needed. The practice of keeping all firearms appropriately stored and locked must become the only socially acceptable norm.

What role can policies that regulate gun access play in an overall effort to reduce gun violence?

Sorenson and Webster: We need more data before we can completely answer that question. What we do know to date is that firearm prohibitions for high-risk groups — domestic violence offenders, people convicted of violent misdemeanor crimes and those who have been adjudicated as being a threat to themselves or to others — have been shown to reduce violence. In addition, the licensing of handgun purchasers, background checks for all gun sales and close oversight of retail gun sellers can reduce the diversion of guns to criminals. We are hopeful that a few new federal initiatives will increase the availability of data and funding so we can help inform and evaluate policies designed to reduce gun violence.



Sorenson

An important take-away message of this report is that the question of what works to prevent gun violence is an empirical one and should be addressed through well-designed science. ■

IN Brief

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



Children who took music classes performed no better on any cognitive assessments than kids who took visual arts or no classes, a study suggests.

■ **Contrary to popular belief, music lessons may not make you smarter,** finds a study at Harvard University. Researchers randomly assigned 4-year-olds and their parents to 45-minute music or art classes, both taught by the same instructor. After six weeks of classes, the researchers tested the children on core mathematical skills, spatial navigation and linguistic abilities. Children from the music class showed

greater spatial-navigational ability than those from the visual arts class, they found. However, a replication of the experiment that compared music class participants to a no-treatment control failed to confirm these findings. Overall, children who took music classes performed no better than those with visual arts or no classes on any cognitive assessments (*PLOS ONE*, Dec. 11).

■ **Parental stress is linked to weight gain in children,** according to a study conducted at St. Michael's Hospital in Toronto. The researchers examined body mass index data of 5,500 children and asked parents to complete a questionnaire asking about their stress levels and their ability to control important things in their lives over the past month. The study found that children whose parents had high stress levels had BMIs about 2 percent higher than children whose parents had low stress levels. Children with higher parental stress also gained 7 percent more weight during the study period than other children. These results are significant, say the authors, because the children's eating and exercise habits are still developing, and if these trends continue, the children could face obesity problems later in life (*Pediatric Obesity*, online Dec. 5).

■ **Stepping away from media coverage of terrorist attacks or mass shootings may benefit your mental health,** finds research conducted at the University of California, Irvine. Scientists surveyed a national sample of 4,675 adults two to four weeks after the 2013 Boston Marathon to assess

acute stress responses to the bombings, the degree of direct exposure to the bombings, indirect exposure through media and prior exposure to other recent community-based traumas. Among other results, they found that participants exposed to six or more hours a day of bombing-related media coverage were nine times more likely to report high acute stress than those with less than one hour of daily media exposure (*Proceedings of the National Academy of Sciences*, online Dec. 9).

■ **Priming people to think about money makes them more likely to cheat,** according to a study conducted at the Harvard Business School. Across four experiments, participants completed word scrambles, song lyric searching and counting tasks designed to implicitly activate the concept of money, time or something neutral. Participants then worked on several puzzles, receiving money for each puzzle they reported solving. The researchers staged the puzzle worksheets so that it seemed as though participants could easily cheat and overstate their performances. The researchers found that nearly 90 percent of participants who were primed to think of money cheated on the puzzles, compared with only 67 percent of those primed with neutral words. Conversely, only 42 percent of the participants primed with the concept of time overstated their performance on the task (*Psychological Science*, online Dec. 6).

■ **iPads and other tablet devices can improve students' understanding of challenging scientific concepts,** according to a study at Harvard

University. The researchers looked at gains in learning among 152 high school students who used iPads to explore virtual 3-D simulations of the solar system, and compared them with 1,184 students who used more traditional instructional approaches. They found that students' understanding of the scale and spatial relationships of the solar system improved with as little as 20 minutes of iPad use, whereas those who learned via traditional classroom approaches showed no evident gain in understanding (*Computers and Education*, January).

■ **The brains of infants who carry a gene associated with an increased risk for Alzheimer's disease develop differently than those of babies who don't have the gene**, according to a study led by scientists at Brown University. Researchers examined the DNA of 162 healthy babies age 2 months to 25 months to see which variant of the apolipoprotein E (APOE) gene they carried. Then, using a special MRI technique designed to study sleeping infants, researchers compared the brains of the study's 60 E4 carriers — the variant linked to an increased risk of Alzheimer's disease — with non-carriers. They found that children with the APOE E4 gene tended to have increased brain growth in areas in the frontal lobe and decreased growth in the middle and rear of the brain — areas that tend to be affected in older adults who have Alzheimer's disease. The authors note that this discovery is neither diagnostic nor predictive of disease development, but suggest it may be a step toward understanding how the



Babies with a certain gene tended to have brains that grew differently in certain areas that are later affected in older adults who have Alzheimer's disease, a study finds.

gene variant APOE E4 leads to disease risk later in life (*JAMA Neurology*, online Nov. 25).

■ **Prenatal exposure to alcohol severely disrupts brain development and could lead to more anxiety and poor motor functions**, finds research at the University of California, Riverside. In the study, the neuroscientists found dramatic changes in the development of a network of connections in the brain's neocortex — the part of the brain responsible for higher-level sensory, motor, emotional and cognitive processes — in mice born

to mothers who consumed ethanol during pregnancy. Alcohol exposure also affected the expression of genes known to be involved in brain development. These findings reinforce concerns about alcohol consumption during pregnancy in humans, the authors say (*The Journal of Neuroscience*, Nov. 27).



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

■ **Conjuring up a visual image, like a sunny day or a night sky, has a corresponding effect on the size of our pupils**, finds a study at the University of Oslo. The researchers asked participants to look at a screen while triangles of different levels of brightness appeared. Later, the researchers used an eye-tracking device to monitor participants' pupil size when they were asked to imagine those triangles. The researchers found that when participants imagined the brighter triangles, their pupils were smaller, and when imagining darker triangles, their pupils were larger (*Psychological Science*, online Nov. 27).

■ **Female and male brains really are different**, finds a study at the University of Pennsylvania. The researchers used diffusion tensor imaging to examine the brains of 949 children and young adults. They found that females had more connections between the two brain hemispheres than males. The researchers also found that males had more connective fibers within each hemisphere than females. These findings suggest that, in general, females might be better suited for multitasking and analytical thought, which requires coordination of activity in both hemispheres. Males, in turn, may tend to be more apt at focused tasks that require attention to one thing at a time (*Proceedings of the National Academy of Sciences*, online Dec. 2).

■ **Premarital education increases couples' later use of counseling, especially among high-risk populations**, finds research led by University of California, Los Angeles

psychologists. Investigators asked 2,126 married people whether they participated in premarital education or in couples therapy after they married. The researchers found that people who received premarital education were more likely to pursue couples counseling later on. The association was strongest for blacks and people with lower incomes and less formal education (*Journal of Family Psychology*, online Dec. 2).

■ **People with post-traumatic stress disorder are more likely to have heart disease**, according to research led by University of California, San Francisco, researchers. The study looked at 663 outpatients from two VA medical centers, who completed questionnaires and a blood test to determine their risk factors for cardiovascular disease. The researchers detected the presence of heart disease in 17 percent of participants with PTSD, but only in 10 percent of those without PTSD, even after controlling for cardiac risk factors, health behaviors such as alcohol use and sleep quality, and depression (*Biological Psychiatry*, December).

■ **ADHD is linked to social and economic disadvantages**, suggests a study led by researchers at the University of Exeter in the United Kingdom. The investigators analyzed data from more than 19,500 UK children born from 2000 to 2002, gathered when the children were 9 months old, and again at ages 3, 5, 7 and 11. The researchers found that more children with ADHD came from families below the poverty line than the UK population as a whole. The study also showed that parents

living in subsidized housing were three times more likely to have a child with ADHD than parents who owned their own homes. They also found that younger mothers, those without degrees and single parents were significantly more likely to have children with ADHD (*Journal of Child Psychology and Psychiatry*, online Nov. 26).

■ **Suicide attempts early in life are linked to lifelong health and economic struggles**, finds a study led by Duke University researchers. The study tracked more than 1,000 New Zealanders from birth to age 38 and found that those who attempted suicide before age 24 were twice as likely as their peers to develop metabolic syndrome in their 30s and had significantly higher levels of systemic inflammation. They were also three times more likely to have been hospitalized for a mental health problem, 2.5 times more likely to be convicted of a violent crime, consumed twice as much welfare support and were unemployed for twice as many months as the other study participants (*JAMA Psychiatry*, online Dec. 4).

■ **Daily online testing boosts college performance and reduces achievement gaps**, according to University of Texas at Austin psychologists. In their study, 901 introductory psychology students took brief multiple-choice quizzes on their laptops or tablets at the beginning of every class. The researchers compared these students' performance on the quizzes with 935 students enrolled in a previous, more traditional introductory psychology class, in which four exams accounted for the bulk of the final



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In one study, while children with autism initiated and engaged in less play overall than typically developing children, their peers were able to facilitate and increase interactions with simple requests to play.

grade. The researchers found exam performance was about half a letter grade higher among the daily quiz cohort, and that these students also did better in other classes, both in the same semester and in subsequent semesters. They also found that daily quizzing resulted in a 50 percent reduction in the achievement gap as measured by grades among students of different socioeconomic status, and that the quizzes encouraged students to attend classes at much higher rates (*PLoS ONE*, Nov. 20).

■ **Seeing just one pro-smoking message increases college-aged students' risk of using tobacco for seven days**, according to a study led by psychologists at the RAND Corp. The researchers provided hand-held devices to 134 Pittsburgh college students — both nonsmokers and regular and occasional smokers — and asked them

to document their exposure to pro-smoking media messages over a three-week period. The researchers found that after exposure to a single pro-smoking media message, the students' smoking intentions immediately increased by an average of 22 percent. Although the students' smoking intentions decreased with each passing day, they remained elevated for a full seven days (*Journal of Adolescent Health*, online Nov. 20).

■ **Longer maternity leaves lower women's risk of postpartum depression**, according to a study led by University of Maryland researchers. The study followed a group of more than 800 women in Minnesota over the course of the first postpartum year, with data on depressive symptoms and mental and physical health gathered at six weeks, 12 weeks, six months and 12 months postpartum. At six weeks, 12 weeks and six months, the women who were on

maternity leave had significantly lower depression scores compared with their peers who had returned to work. The study also found that mothers who took a longer leave were also healthier once they returned to work (*Journal of Health Politics, Policy, and Law*, online Dec 4).

■ **Children with autism learn better social skills when their peers invite them to play**, according to a study by Vanderbilt University researchers. They studied more than 30 peer interactions in children ages 8 to 12 on a real playground by using remotely operated cameras and battery-operated microphones. In the study, a typically developing child with an ear microphone was directed by the researchers and was trained to invite a child with autism and another child without autism to play. The study found that while the children with autism initiated and engaged in less play overall than typically developing children, other children could facilitate and increase interactions with simple requests to play. Another portion of the study found that children with autism experienced more stress during social interactions than children without autism. It also found that children with higher cortisol levels showed less motivation to play with the other children (*Journal of Child Psychology and Psychiatry*, online Dec. 12).

—AMY NOVOTNEY



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

Susan Fussell, PhD

Dave Burbank



Cornell University professor and 'translational' scientist.

Member since: 1991

Her job: As an associate professor in Cornell University's communication and information science departments, Fussell studies how people connect and collaborate with Skype, Twitter and other electronic communication tools. She is also designing software that could make it easier for people who speak different languages to work together.

Can we talk? Fussell's interest in communication dates back to her childhood. "I was not that good at communicating as a kid. Perhaps I was hoping to become less shy." Today she is interested in technology that makes communication and collaboration possible on a global scale. In particular, she is exploring how specific features of electronic communication tools — such as whether people can see one another while they talk — affect the quality of their conversations. She has found

that being able to see the person you're communicating with is important only when there is a language barrier.

'Translational' science: The idea for Fussell's software came to her years ago while she was giving a talk to colleagues in Japan and realized her audience couldn't understand what she was saying because of a language difference. When Fussell returned to her lab, she searched for translational software, but found it inaccurate, especially when it came to converting Asian characters into English ones. "Machine translation will make Asian characters look like abstract poetry in English," says Fussell. So she and her collaborators went to work designing a program that displays images that correspond to text. "The pictures help steer the message, and we're hoping they will help people come to a mutual understanding, better than words alone," says Fussell.

In good company: When Fussell isn't in her lab or on the road giving talks about her work, she's in the company of her cats, reading, relaxing and gardening. "I'm a maniac about cats," she says. "I have three cats now, but at the height of catdom I had eight."

Fussell also likes experimenting with French, Thai and Italian cooking. "I had some professional training when I lived in Manhattan during graduate school. I guess I was thinking that if I didn't get tenure someday, well, I could just keep cooking."

— ROBIN TRICOLES

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Does the jury have questions for the witness?



BY RYAN J. WINTER, PHD, MLS, FLORIDA INTERNATIONAL UNIVERSITY

In June 2008, authorities discovered the body of 31-year-old Travis Alexander in his Mesa, Ariz., home. He had been repeatedly stabbed, his throat was slit and he was shot in the head. The primary suspect, his girlfriend Jodi Arias, said she had not seen Travis since April. Later, Arias claimed she had been with him when two men broke into their home, killing him and attacking her. Finally, she admitted killing him in self-defense. Given her conflicting accounts, it is little wonder that jurors had questions about what really happened the day Alexander died. What these jurors also had was the opportunity to ask their questions during the trial, a privilege not all states allow.

Arizona, Florida and Indiana are the only states that specifically endorse juror questions, but most states either give the judge discretion in allowing juror questions or lack a legal prohibition against such questions. Other states, including Georgia, Mississippi and Nebraska, forbid jurors from asking questions, citing a series of concerns. First, many states are concerned that juror questions add time to trials. Second, critics assert that allowing jurors to ask questions takes jurors out of their legal role of neutral and passive observers. In the Arias case, many juror questions focused on her questionable alibis, thus turning skeptical jurors into adversaries, rather than objective listeners. Third, juror questions may focus attention on specific case elements to the exclusion of other relevant evidence. Finally, juror questions may focus on irrelevant, extralegal or inadmissible evidence that was purposely excluded from trial. If a judge does not answer their queries, jurors may draw their own inferences about the question or feel angry at the lack of response.

How legitimate are these concerns? Case studies and empirical research show that the advantages of allowing juror questions often exceed any disadvantages. In *CEATS Inc. v. Continental Airlines* (2010), Judge Leonard Davis allowed jurors to question each witness. However, all questions were in writing, giving attorneys the opportunity to object to questions before they were asked in court. While Davis found that juror questions added around 15 minutes per witness, he noted that jurors seemed more invested in the proceedings.

Research shows that the assumption that jurors are passive information processors is incorrect, with jurors actively trying to fit trial evidence into a cohesive framework. The problem is that confusion may disrupt juror accuracy. Allowing jurors to

ask questions may clear up their misconceptions, or at least give them an incentive to pay close attention to the trial, according to a 2010 article in the *University of Chicago Law Review*. In addition, research in the *Vanderbilt Law Review* by S.S. Diamond and colleagues dispels the notion that jurors focus too much attention on their own questions. After content coding deliberations in 50 civil trials, the researchers found that juries referred to only 11 percent of the questions they had posed. They also found that most juries rarely discussed unanswered questions during deliberations. Even if discussed, juries allotted little time to unanswered questions, and they rarely tried to generate their own inferences to the questions. On average, juror questions only added 30 minutes of trial time.

There are other benefits to juror questions. First, they give attorneys insight into the jurors' minds throughout the trial. After all, jurors may focus on trial material that attorneys deem unimportant, which can aid the attorney in either refocusing the jury or better exploring the evidence in question. Also, with trial information just a smartphone click away, allowing jurors to ask questions may prevent them from seeking out information on their own, keeping them focused on trial facts rather than extralegal information. The trend toward juror questions is only getting stronger as its benefits become clear, though close judicial scrutiny is still needed to make sure questions are relevant and informative, especially in high-profile trials.

Now the media-driven spotlight will turn to the James Holmes trial in Aurora, Colo., where, anticipating a lengthy and complex trial, the judge has decided to let jurors question witnesses. Whether those questions contain the same incredulity found in the Jodi Arias trial juror questions remains to be seen. ■

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

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Good governance

Coming changes will make APA's governance more effective and engage more members.

BY REBECCA A. CLAY

Almost since APA's founding in 1892, members have debated the best way to govern the association. Now, APA is poised to move its governance systems to a 21st-century platform.

Last August, APA's Council of Representatives voted on a package of changes designed to make the association function more effectively and get more members involved in its governance. The council also voted to make significant changes to its own structure and to create a working group to flesh out two major restructuring proposals. Once the council decides which proposal to accept, APA's full membership must vote to amend the bylaws to codify it, plus a proposed change to the role of APA's Board of Directors.

"The role of governance is to both define policy and manage resources for the discipline of psychology and the profession of psychology," says psychologist Sandra L. Shullman, PhD, who chaired the Good Governance Project, the group that developed the proposals presented to the council. "Members should care about whether our governance is using our resources most effectively, whether we are addressing the most critical issues that affect psychology and psychologists, and whether we are doing so at the right time in the right way."

Enhancing effectiveness

The Good Governance Project has its roots in APA's strategic plan, which calls for maximizing APA's effectiveness. The project began with a thorough assessment. "One finding was a lot of dissatisfaction with the governance system," says Nancy Gordon Moore, PhD, MBA, APA's executive director of governance affairs. "People felt the system was slow and cumbersome, that it was confusing and difficult to understand and that it was difficult to find a way to enter the governance system."

Based on the full assessment, and with council's input, the Good Governance Project team developed seven proposals for change that were designed to address three overarching goals: increasing APA's nimbleness, aligning APA's activities with its strategic plan and increasing member engagement. Toward that end, the council accepted six of the proposals put forward at its meeting in August:

- **Enhancing technology use.** APA will use technology to help members of governance and APA members in general communicate better and learn from each other. "This is a way to bring member voices into the decision-making process of governance," says Moore. APA will use technology to survey members more, for example, giving members an easier way to share their input.



APA interviewed leaders of other organizations that made similar changes to their governance structure. To watch the interviews, visit <http://youtu.be/SOK3PMjzfg> and <http://youtu.be/J4EhHNPkEk>.

Some of the many faces behind APA's Good Governance Project.

- **Developing leaders.** APA plans to create a leadership program that will help get members involved in governance. The goal is to develop leadership skills in newcomers and to ensure that current leaders continually enhance their own skills.

- **Creating a triage system.** To improve the efficiency of decision-making, APA will develop a system to streamline the way information and items requiring decisions move through the governance process.

- **Refocusing the council's work.** Under the current system, the council is often a reactive body whose primary role in policy decisions comes only at the very end of the process. The changes will enable the council to be much more engaged at the initial stages of policy development. "The council will now be focusing on a smaller number of major strategic issues and dealing with those in depth rather than the briefer review of many items that are activities in support of strategic objectives," says Moore. Plus, the council will use a strategy called mega-issue discussion — a structured way of learning about and discussing an issue — to help develop major policies or strategic directions for APA and the discipline as a whole.

- **Separating fiduciary roles.** To eliminate duplication of efforts and further increase its engagement in policy, the council agreed to divide roles. While it will focus on policies related to

the discipline, APA's Board of Directors will focus on policies related to running the association and managing relationships with external entities. The council also agreed to give the board responsibility for APA's budget for a three-year trial period. "The data collected showed that many on council felt it was nearly impossible for a body that meets twice a year with 175 people in it to really manage the finances of an organization as complicated and as large as APA, with its \$120 million budget," says Moore.

- **Reconfiguring APA's Board of Directors.** APA will also change the makeup of its board so that it is more representative of members. "Currently, members at large are elected from the council by the council," says Moore. Now those six members will be drawn from and elected by APA members. Two members of the council leadership team will join the board to serve as a bridge between the two groups. An early career psychologist must fill at least one seat, while the graduate student seat is preserved. Plus, the board will appoint a public member to bring specific expertise that may be outside of psychology to the group.

The council referred the seventh proposal for further development to an Implementation Work Group.

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Restructuring the council

Now that the Good Governance Project's recommendation phase is complete, the Implementation Work Group will take up the next set of tasks. Chaired by Melba J.T. Vasquez, PhD, a past president of APA, and co-chaired by William Strickland, PhD, a current member of the Board of Directors, the group will develop a plan for putting all the agreed-upon changes into practice.

The council also directed the Implementation Work Group to flesh out two variants of a smaller council, both of which use a constituent-based model composed of one seat for each APA division and state, provincial and territorial psychological association, plus an additional 20 to 25 seats.

In the model proposed by the Good Governance Project team, those seats would go to affiliated organizations with strong interests in APA policies. Council members themselves proposed a second model that would allocate the additional 20 to 25 seats to the "pillars" of APA's mission — science, practice, education, human welfare, health and possibly advocacy — while also taking into account diversity in demographics, career level and expertise. In both proposals, a leadership team would manage work flow.

To develop possible alternative structures, the Good Governance Project team learned from the experiences of other membership groups similar to APA that had already made big changes, including the American Geophysical Union and the Academy of Nutrition and Dietetics, formerly known as the American Dietetic Association.

About a decade ago, the academy decided to divide the labor of its governance bodies and make its board responsible for organizational issues and its house of delegates responsible for issues affecting the discipline. The American Geophysical Union did something similar.

"It was extraordinarily helpful to us to know that big organizations with systems similar to ours could change and come out the other side liking the changes much better than the old system," says Moore.

Once the details are filled in, the council will vote on the proposals. APA members must then vote to amend the bylaws to allow the reconfiguration of the council and the Board of Directors. Members may eventually have to vote to make the transfer of fiscal authority permanent after the three-year trial period.

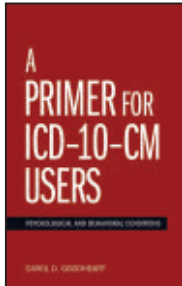
For Vasquez, these changes represent an exciting new chapter in APA's history — one that will prepare the association for the future.

"The world has undergone tremendous changes since APA's current structure was put in place in the mid-1940s," she says. "A more nimble, streamlined organization will be better positioned to respond to changing needs in psychology and to use resources strategically." ■

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

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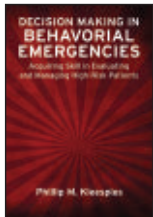
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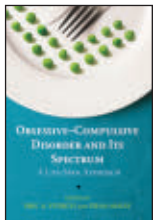
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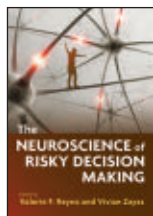
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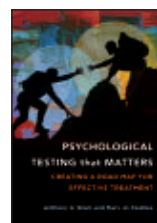
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The psychology of scarcity

Princeton psychologist Eldar Shafir explores how deprivation wreaks havoc on cognition and decision-making.

BY AMY NOVOTNEY

Being poor requires so much mental energy that those with limited means — be they sugarcane farmers in India or New Jersey mall-goers — are more likely to make mistakes and bad decisions than those with bigger financial cushions.

This is the psychology of scarcity, says Princeton University psychology and public affairs professor Eldar Shafir, PhD, who with Harvard University economist Sendhil Mullainathan, PhD, explores how people's minds are less efficient when they feel they lack something — whether it is money, time, calories or even companionship.

This scarcity mindset consumes what Shafir calls “mental bandwidth” — brainpower that would otherwise go to less pressing concerns, planning ahead and problem-solving. This deprivation can lead to a life absorbed by preoccupations that impose ongoing cognitive deficits and reinforce self-defeating actions. Shafir and Mullainathan offer insights into how to ease the burden in the 2013 book “Scarcity: Why Having Too Little Means So Much” (Times Books).

Shafir spoke to the *Monitor* about his research and the implications it could have for policy development.

How did your interest in scarcity begin?

About eight years ago, Sendhil and I decided to collaborate on the topic

of decision-making in the context of poverty because it was a topic no one was exploring.

Historically, there have been two ways to think about poverty: Half of the academic discussion claims that poor people are perfectly rational and make perfectly reasonable cost-benefit decisions based on their circumstances. The other half focuses on this culture of poverty that is based on poor values and lack of planning. We felt that there was a third alternative. We don't think anybody is perfectly rational, and there's no reason to think the poor are terribly pathological or unusual in any special way. What if we just think about them as confused and biased, as we all are, and that when you make those mistakes in the context of poverty, the consequences are much more severe than when you have more comfort.

Over time, we started getting more data and observing cases where the poor seemed to be making more extreme errors than those with greater means. That gradually led us to the idea that there's a very particular psychology that emerges when we don't have enough and that this psychology leads to very bad outcomes.

How does scarcity lead to these bad outcomes?

Every psychologist understands that we have very limited cognitive space and bandwidth. When you focus heavily on one thing, there is just less mind to devote to other things. We call it

tunneling — as you devote more and more to dealing with scarcity you have less and less for other things in your life, some of which are very important for dealing with scarcity. There's a lot of literature showing that poor people don't do as well in many areas of their lives. They are often less attentive parents than those who have more money, they're worse at adhering to their medication than the rich, and even poor farmers weed their fields less well than those who are less poor.

Tell me about the research that led you to these conclusions.

We started with a series of observations with fruit and flower vendors in a giant market outside Chennai, India. No one can call these women lazy or myopic — they work extremely hard and plan their days very carefully, spending from early morning until evening buying flowers or mangos for 1,000 rupees, selling them for 1,100 rupees and then giving back to the supplier 1,050 rupees.

Then they get up the next morning and take on this incredibly high interest loan again, every day for an average of about 10 years, and if they saved just a little more or borrowed a little less they would soon be debt-free and could double their income. It seemed to have a logic of its own — this need to focus on the day to day and not having the capacity to adjust over the long run.

We then completed a battery of studies where we saw that manipulating



"These findings make a very strong case for the idea that people who look very bad in conditions of scarcity are just as capable as the rest of us when scarcity does not impose itself on their minds," says Dr. Eldar Shafir.

scarcity has an enormous impact on people's cognitive capacity. First, together with Jiaying Zhao, who was then a graduate student, we went to a mall in New Jersey where we asked people to complete tests measuring cognitive control and fluid intelligence, a component of IQ. We had them do these things while they were contemplating a financial scenario —

something that's manageable, requiring \$150 to fix a car that broke down, or more demanding, requiring \$1,500 in car-related expenses. We divided the participants by household income and found that the rich people in the mall did equally well on the cognitive tests, whether they were thinking of the challenging or the less challenging scenario related to the car. The poorer

people in the mall were equally capable cognitively and did just as well on fluid intelligence as the rich when they were thinking about the manageable scenario. But once they contemplated the more challenging scenario, their scores went way down. Simply being preoccupied with this demanding financial challenge makes them perform worse.

Questionnaire

“We call it tunneling — as you devote more and more to dealing with scarcity, you have less and less for other things in your life, some of which are very important for dealing with scarcity.”

Obviously, in that experiment, we controlled for everything we could, but at the end of the day, these are rich vs. poor and you could say that they differ in things like health and education. So then we went to India and studied sugar cane farmers, who earn the bulk of their income once a year after they harvest, and then have to make sure their funds keep them going until the following harvest. These are people who are basically rich after the harvest but poor before, so we conducted these cognitive tests on the same farmers, two months before and two months after harvest. It's the same person, same education and values, but they, too, scored the equivalent of 10 IQ points less before harvest compared to after harvest.

What effect do these cognitive shifts have on behavior and decision-making?

One of the classic errors that poor Americans are criticized for is taking “payday loans,” those very high-interest loans that at the moment seem like

a good solution but two weeks later cause them to owe high interest. So, we decided to run a study with Princeton undergraduates, who nobody would say are unsophisticated. Working with Anuj Shah, we had them play a “Family Feud”-like computer game and randomly assigned them to be rich or poor in the amount of time they had to answer questions, giving the rich 50 seconds per round and the poor 15 seconds. Half of the participants were also given the option to borrow time, but every second they borrowed cost two seconds from the entire bucket of time they had available for the game.

We found that when people were rich with time they were very judicious, needed it less, and only very occasionally took a loan. But when they were time-poor, these sophisticated Princeton students grabbed these available loans to try and do well in the game and ended up making less money than the time-poor students who weren't given the option to borrow. These students made the same mistakes that we observed among poor people.

What surprises you most about scarcity?

What's most striking is that these findings make a very strong case for the idea that people who look very bad in conditions of scarcity are just as capable as the rest of us when scarcity does not impose itself on their minds. What's interesting about a lot of behavioral research is that we don't have full intuitive access to it. For example, research on the use of cellphones in cars has been striking because we all have the illusion that we can manage calls just fine. But the findings are clear that when you are on a cellphone in the car, even when it's not hand held, your reaction time is comparable to being legally drunk. That's not intuitively available to us because most of us just don't feel it. The same thing happens here. People know they're busy and distracted, but the impact and the consequences of that distraction are much more impressive than we realize.

What effect is scarcity having on America?

There's a very large proportion of Americans who are concerned and struggling financially and therefore possibly lacking in bandwidth. Each time new issues raise their ugly heads, we lose cognitive abilities elsewhere. These findings may even suggest that after the 2008 financial crisis, America may have lost a lot of fluid intelligence. People are walking around so concerned with one element of their lives that they don't have room for things on the periphery.

Are there any solutions?

To the extent that you can afford to, give yourself some slack. When you pack

your life too tightly and don't leave slack, the slightest unexpected event leaves you stuck. You don't know what will happen but inevitably something will — a water pipe will break, the car will break down, you'll get a parking ticket — or if you're busy and packed your time too tightly, you may get an unexpected phone call or hit a traffic jam on the way to a meeting.

How do you create slack? When you're dealing with a scarcity of time, plan a few moments of slack throughout the day — a half-hour here or there intentionally left open so that if anything comes up you can avail yourself of that unaccounted-for time and take care of the thing you hadn't anticipated. I call it having a meeting with yourself. When you're poor, of course, that's not easy. But building savings for a rainy day can help you deal with an unexpected bounced check or parking ticket, giving you somewhere to draw from so that life can continue.

We also have lots of ideas about how to "scarcity-proof" the world when it comes to arranging policies for the poor. We wouldn't charge people \$200 or \$300 to join a benefits program such as food stamps, because the whole point is they have no money. But when you give them a very complicated form or demand that they be somewhere exactly on time three days in a row, you're imposing a massive bandwidth tax. Instead of taxing them money, you're taxing them bandwidth, which is also something they don't have enough of. So, you are creating a situation where they're bound to fail. We propose that policymakers do all that they can to make the world a place where when I fail for a moment because of mismanaging my scarcity, there is a way to climb out, rather than sink further.

What would you most like other psychologists to take away from your work?

With the White House realizing the importance of behavioral research, now is the time for psychologists to really get involved in informing and influencing policy. When I was appointed to be on the President's Advisory Council on Financial Capability in 2012, it was very much a consequence of this work. That was a rare case where you can really bring some of psychology's fundamental insights about limited cognition, limited attention and behavior that's driven by biases and mistakes to a forum where people typically don't think that way.

Behavioral researchers are having an impact — it's happening slowly, but more than ever before, and the interest continues to grow. ■

Amy Novotney is a writer in Chicago.

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VENUS RISING?

Feminine versus masculine. Eastern versus Western. Transformational versus transactional. Call them what you will, leadership styles are changing to better represent today's power shifts, researchers say.

BY TORI DEANGELIS

The stereotypical 20th-century business leader was a cross between the Lone Ranger and Perry White, the irascible newspaper boss of the Superman comics who bellowed, “Don’t call me chief!” — because that’s so clearly who he was.

But thanks to a changing world stage, new leadership styles are both needed and emerging, say leadership researchers and experts.

“Forty years ago, you could have a 15-year strategic plan, and you could get pretty far [with] it,” says psychologist Sandra L. Shullman, PhD, of the international business leadership development and consulting firm Executive Development Group, headquartered in Greensboro, N.C. “Today if your strategic plan takes you out two or three years, you’re thinking pretty long term.”

Driving the phenomenon is the massive restructuring of such major industries as energy, transportation and publishing, as well as changes wrought by technology, the environment and shifts in global politics. Take the energy industry: While it currently needs to sell oil and hence to compete against alternative energy companies, it will need an alternative strategy itself once the oil runs out, Shullman says.

To respond, today’s business leaders and managers need to be at least as flexible, collaborative and transparent as they are directorial, psychologists say. It’s a claim supported by data: In a 2011 meta-analysis in *Psychological Bulletin*, led by Anne M. Koenig, PhD, of the University of San Diego, and Alice Eagly, PhD, of Northwestern University, the team found that for the past few decades, business-leader stereotypes have shifted away from a “my-way-or-the-highway” approach to one that incorporates good social skills.

“In general, really good leaders need to be really good learners” — open to growth, change and learning, and deft in handling ambiguity and understanding complexity, says Shullman. “Those are the qualities that seem to be needed now, more than they might have been in the past.”

Minority report

These trends present opportunities for leaders who have traditionally held underdog positions, such as women and minorities.

“People who have not been part of the dominant leadership culture by definition have a better sense of how to work with people [than those in power positions] because they weren’t in a position where they could just tell people what to do,” says Shullman.

Women in particular are experiencing a power shift, with studies finding that female business leaders are more effective in their strategies than men. In 2011, the leadership development firm Zenger Folkman, for example, rated the leadership capacities of 7,280 male and female business leaders using an aggregate measure representing input from managers, peers and others. It concluded that women were more effective leaders overall, with women ranking higher on 12 out of 16 competencies, including taking initiative, establishing long-term goals, driving for results, and displaying high integrity and honesty. Men ranked higher in only one category, developing strategic perspective.

Meanwhile, several studies by Eagly and colleagues described in the upcoming *Oxford Handbook of Gender in Organizations*, find that women are more likely than men to use leadership approaches that are positive and effective. For instance, a 2003 *Psychological Bulletin* meta-analysis found that women were slightly more likely than men to use the “transformational” leadership style, considered the most effective of three basic leadership styles and characterized by inspiring, teaching and coaching employees. Men and women showed an equal tendency to use the “transactional” style, which rewards or punishes employees based on meeting goals and other concrete measures — but women were more likely to reward employees than men. Men also were more likely to exhibit the ineffective



“laissez-faire” style, a hands-off approach that leaves workers to manage things on their own.

These findings were replicated by John Antonakis, PhD, of University of Lausanne in a 2003 study in *Leadership Quarterly*. Similar results were published in 2007 and 2008 by the global consulting firm McKinsey & Company in four reports called “Women Matter” (see www.mckinsey.com/Features/Women_Matter), which argue that including women in leadership groups enhances corporate competitiveness.

“The whole pattern is in a sense complimentary to women because all aspects of style on which women were higher ... are correlated with effectiveness,” says Eagly, who has studied women’s leadership since the 1980s.

Other research has identified ways that female and male leaders differ in values related to outcomes in the workplace. In three studies reported in a 2013 paper in *Social Psychological & Personality Science*, Jessica A. Kennedy, PhD, of the Wharton School of Business and Laura J. Kray, PhD, of the Haas Business School at the University of California, Berkeley, found that women leaders were more likely than male leaders to express moral outrage and to think decisions were bad for business when presented with situations where people compromised their ethics for money or social gain. They also reported less interest in a job when it required them to compromise their values for money or status, but the same interest as men when

it didn’t involve such concessions. These findings may help explain why women are less likely to go into business, say the authors, offering an alternative explanation to oft-cited reasons for the dearth of business women, such as discrimination and work-family conflict.

Quantitative and qualitative research by Adelphi University psychologist Jean Lau Chin, EdD, suggests that women and minority organizational leaders are more likely than white male leaders to endorse leadership styles that are collaborative and humane. That’s likely because their styles reflect their cultural values and lived experiences as members of non-dominant groups, says Chin, who discusses the research in a 2013 article in the online *Open Journal of Leadership* and the book “Diversity and Leadership,” due out later this year.

In general, it’s important to recognize the impact social and cultural factors can play, adds diversity researcher Ruth Fassinger, PhD, professor emerita at the University of Maryland, College Park. For example, women are expected to be relational and empathic, so if they act counter to that stereotype — offering a strong opinion or setting high performance standards for others, for example — “they’re seen as one of those nightmare bosses, like in [the movie] ‘The Devil Wears Prada,’” she says. “All they have to do is act like a leader and do all the things a leader should do, and they’ll be perceived negatively because it goes against gender-stereotypical behavior for women.”

Such biases make leading psychologically difficult for women, and even more so for those whose multiple identities — based on race, ethnicity, sexual orientation, gender expression and disability, for example — further complicate both their own leadership presentation and the perception of their leadership by others. “None of this stuff can be separated,” Fassinger says.

Kinder, gentler leadership?

If the authors of the 2013 book “The Athena Doctrine: How Women (and the Men Who Think Like Them) Will Rule the Future” are right, people are starting not only to practice, but to prefer and endorse such alternative modes of leadership. For the book, New York-based writer and corporate consultant John Gerzama and journalist Michael D’Antonio surveyed 64,000 people in 13 countries, asking them to share their take on successful leadership.

In one task, the team asked half the sample to assign a gender label to 125 qualities that could characterize a leader — decisiveness, patience, passion and resilience, for instance. Then, without revealing those gender assignments — which ended up being quite similar across countries — they gave the other 32,000 people the same qualities and had them rank them in order of perceived leadership effectiveness.

Overwhelmingly, respondents said they would prefer leaders who incorporated more “feminine” styles, for example those who could build consensus in order to get things done, and who expressed themselves more openly and honestly than a leader

Women psychologists: Learn to lead

Since 2008, women psychology leaders have been helping other women in the field learn and practice leadership skills through APA’s Leadership Institute for Women in Psychology, held each year before APA’s Annual Convention. Chair Helen Coons, PhD, Co-chair Sandra L. Shullman, PhD, and a team of other prominent women in psychology share their expertise on negotiation, mentoring, strategic planning, and other skills designed to promote participants’ confidence and effectiveness.

The seventh institute, to be held in August right before APA’s Annual Convention in Washington, D.C., Aug. 7–10, will host 30 women in academic and academic medical settings and 30 women in clinical and consulting settings, says Shari Miles-Cohen, PhD, of APA’s Women’s Programs Office.

“We’re approaching 200 alumni, and they’re all doing amazing, wonderful things,” Miles-Cohen says. Included are psychologists who have become media spokespeople for psychology, taken risks to get promoted or change career paths, or written books that had been dormant for years, among other accomplishments.

To apply, visit www.apa.org/pi/women/programs/leadership/call.aspx. “This is a competitive process and modesty is not helpful in this regard,” the application states.

— TORI DEANGELIS

in a closed power system. In addition, two-thirds of the sample agreed with the statement that the world would be a better place if men thought more like women, with young men and women and some subgroups — Japanese men, for example — more likely to endorse such statements than other participants.

That said, gender isn't necessarily the optimal way to frame good leadership, Gerzama and others acknowledge. Rather, it's a flexible blend of positive and often differing attributes, whether they are traditionally masculine, traditionally feminine or gender-free. Businesses that use such strategies — Tom's Shoes, which donates a pair of shoes to someone in need for every pair it sells, or the Massachusetts Institute of Technology AgeLab, where students must wear a special suit mimicking the physical losses of older adults before they can design products — will emerge winners, he predicts.

"Empathy, for example, is sort of a catalyst for innovation today." ■

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

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THREAT ASSESSMENT IN ACTION



Video: Watch an interview with Dr. Gene Deisinger, psychologist and deputy chief of police at Virginia Tech, about his work in threat assessment.

Psychologists are leaders in the growing field of threat assessment, working with law enforcement and security professionals to prevent violence before an attacker strikes.

BY ANNA MILLER • *Monitor* staff

“**T**here’s something wrong here.”

That was the reaction of Washington, D.C., physician Janis Orlowski, MD, at a press conference just after the Sept. 16 Navy Yard shooting that left 12 dead and sent scores of victims to her emergency room. Like many Americans, Orlowski, then MedStar Washington Hospital Center’s chief operating officer, was haunted by the “senseless trauma” caused by yet another violent attack. “There is something wrong,” she repeated.

For years, psychologists have been working to right that wrong by identifying the precursors to violence and the interventions that can help prevent it. They’re finding that with evidence-based approaches, there can be more cases when something is *right*.

Take the high school student in New Bedford, Mass., for example, who told a teacher in 2001 that several of her classmates were discussing plans to bomb and shoot people at the school. The tip made its way to law enforcement professionals, who found bomb-making materials, instructions and plans to carry out a Columbine-like attack.

The New Bedford incident is the first known example of research on threat assessment being used to prevent an attack, according to Marisa Randazzo, PhD, the former chief research psychologist at the U.S. Secret Service. One of the investigators in the case had read a Secret Service report on threat assessment in schools by Randazzo and colleagues and reacted accordingly. Since then, there have been many more examples of other averted attacks, she says.

Today, the threat assessment approach has gained broad

support for preventing violence in schools, workplaces and communities. The U.S. Secret Service, FBI and U.S. Department of Education have all recommended that K–12 schools implement threat assessment teams. The American National Standards Institute endorsed the use of such teams in colleges in 2010 and workplaces in 2011. And research on threat assessment is getting a boost with the launch of APA’s *Journal of Threat Assessment and Management*, which debuts in March.

“There’s tremendous consensus that this is a valuable approach,” says Randazzo, now a managing partner of SIGMA Threat Management Associates, a consulting firm focused on violence prevention. She also served on the APA panel of experts that released a report on gun violence prediction and prevention in December (see article on page 14).

She and several other prominent psychologists are among those working to prevent violence by studying the behaviors of past attackers, consulting with law enforcement professionals who evaluate threats, and training people in schools, workplaces and communities to recognize and report concerns long before individuals turn violent.

Ultimately, they’re working to promote the idea that before “there’s something wrong,” there’s something we can do.

“Many of these things can be prevented,” says University of Nebraska–Lincoln forensic psychologist Mario Scalora, PhD, who studies targeted violence. “The tragedy is that we sometimes take a pessimistic view that we’re powerless, but I think it’s quite the opposite.”

Pre-attack behaviors

One focus of threat assessment is studying the behaviors of people who have already been violent. Forensic psychologist Robert Fein, PhD, co-directed two of the most comprehensive of such studies, both conducted by the U.S. Secret Service. The first looked at 83 people who attacked or attempted to attack public figures, such as U.S. presidents (*Journal of Forensic Sciences*, 1999), and the other, which was partially funded by the U.S. Department of Education, reviewed school shooting cases between 1975 and 2000. Together, the studies indicated that “targeted violence is the end result of an understandable and often discernible process of thinking and behavior,” says Fein, now a national security psychologist. In other words, people don’t just “snap,” he says.

Specifically, the studies found that attackers usually plan for days and months before committing a crime. In addition, while perpetrators don’t often threaten their targets directly, other people usually know enough to be concerned before a plan is carried out. In 80 percent of the school shooting cases, for example, other students knew trouble was ahead. Few spoke up.

“It seems increasingly clear that when bad things happen, there are people around the person who know enough to have concerns,” Fein says. In one case he studied, for example, a teacher, guidance counselor and principal were all disturbed by

a high school student’s poem about suicide and homicide. Two weeks after the school board dismissed it as a “family problem,” the student shot his English teacher and a janitor, with the aim of being executed by the state. He had failed to kill himself four times. “[The poem] was clearly an effort to communicate, ‘help me, help me, help me,’” Fein says. “Others who are considering acts of targeted violence may make similar communications in an effort to get help.”

In a more recent study of more than 3,750 high school students, University of Virginia psychologists found that even when students were personally threatened, they tended to keep mum. Among the 12 percent of students who reported being threatened at school, only 26 percent told a higher up, such as a teacher or school officer, the study found (*Journal of School Violence*, 2012).

“Kids get caught up in the code of silence that is so strong, they fail to see the larger picture,” says study coauthor Dewey Cornell, PhD, who directs the University of Virginia’s Virginia Youth Violence Project and is an author of the APA report on gun violence.

Other common themes among attackers include experiencing a loss, failure or public humiliation in the days or weeks before the attack, the Secret Service studies found. In the case of Richard Farley, who killed seven employees at his former workplace in 1988, a temporary restraining order seems to have filled this criterion: It was sought by a colleague Farley had stalked for years and ordered by a court one week before he bought a shotgun and two weeks before the rampage.

The attackers may also feel that they have been bullied or persecuted by others. That was the case for Evan Ramsey, who in 1997 killed his school principal and a fellow student after feeling that school authorities had given up on him, according to Fein, who interviewed Ramsey as a part of the school shootings study.

“There are lots of healthy ways all of us deal with stress,” Fein says, such as spending time with friends and family, exercising or going to the movies. “But if normal ways of coping with stress don’t work, and a person experiences life as unbearably stressful,” a small number of people come to believe that violence is the way to solve their problems, he says. That’s where threat assessment comes in.

Threat assessment in action

Threat assessment involves three functions: identify, assess, manage. Threat assessment is different from the more established practice of violence-risk assessment, which attempts to predict an individual’s capacity to generally react to situations violently. Instead, threat assessment aims to interrupt people on a pathway to commit “predatory or instrumental violence,” the type of behavior associated with targeted attacks, says Reid Meloy, PhD, co-editor of the *International Handbook of Threat Assessment*, out last month.

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APA Policy Review Task Force

In light of recent scientific literature on gun violence, 2013 APA President Donald Bersoff, PhD, JD, created a task force to develop an APA policy statement on the prediction and prevention of gun violence in September. The resolution is set to be presented to APA’s Council of Representatives this month. If accepted, it will replace APA’s 1994 policy on firearm safety. The task force’s members are:

- Chair: **Robert T. Kinscherff, PhD, JD**, Massachusetts School of Professional Psychology.
- **Joel A. Dvoskin, PhD**, University of Arizona Medical School.
- **Gary D. Gottfredson, PhD**, University of Maryland.
- **W. Rodney Hammond, PhD, ABMP**, University of Georgia.
- **Eric S. Mankowski, PhD**, Portland State University.
- **Susan B. Sorenson, PhD**, University of Pennsylvania.
- **Jacquelyn W. White, PhD**, University of North Carolina at Greensboro (emerita).

The criminal mind

On the outside, violent offenders come in all shapes, sizes, colors and ages. But on the inside, research finds that they may share some traits. Here's a look at some of the biological risk factors psychologists and others have linked to violence — and the interventions they're testing to reduce that risk.

Brain structure and function

The amygdala — a part of the brain involved in fear, aggression and social interactions — is implicated in crime. Among the research that points to this link is a neuroimaging study led by Dustin Pardini, PhD, of the University of Pittsburgh. His team found that 26-year-old men with lower amygdala volumes were more than three times more likely to be aggressive, violent and to show psychopathic traits three years later than men of the same age with more normal-sized amygdalas — independent of factors including history of violence and social background (*Biological Psychiatry*, 2013).

Other research, such as an fMRI study led by psychologist Andrea Glenn, PhD, of the University of Alabama, suggest that amygdala functioning — not just size — is also more likely to be reduced among those with psychopathic tendencies (*Molecular Psychiatry*, 2009).

At least one study indicates that such deficits may appear long before people commit crimes. Adrian Raine, DPhil, of the department of criminology at the University of Pennsylvania, led a study with Yu Gao, PhD, at CUNY-Brooklyn that examined fear conditioning, which is dependent on amygdala function, in a group of 1,795 3-year-olds. The researchers put electrodes on the children's fingers while repeatedly playing two tones: one that was followed by a loud, unpleasant sound and another that was played alone. Subsequently, the difference in sweat responses to each tone by itself yielded a measure of each toddler's fear conditioning. Twenty years later, the team identified participants who had gone on to commit crimes and compared them with noncriminal counterparts, matching them on gender, ethnicity and social adversity. They found that those children who went on to commit crimes had "simply failed" to demonstrate fear conditioning, Raine says. In other words, they were fearless when most of us would be fearful. This finding suggests that deficits in the amygdala, which are indirectly identifiable as early as age 3, predispose to crime at age 23 (*The American Journal of Psychiatry*, 2010).

The anterior cingulate cortex (ACC), which plays a major role in behavior regulation and impulsivity, has also been linked to crime. Psychologist Kent Kiehl, PhD, and colleagues at the University of New Mexico used fMRI to look at the brains of nearly 100 adult male inmates while they completed a cognitive task involving inhibitory control. They found that prisoners with lower ACC activity were twice as likely to reoffend four

years after they left prison than prisoners with higher ACC activity (*PNAS*, 2013). While such studies need replication and extension, Raine says, they are "proof of the concept that there may be added value with bringing on board neurobiological information, including brain imaging information, for future prediction of violence."

Change brain to change behavior

If we know that certain brain characteristics may predispose some people to violence, what can we do about it? Intervene — and the earlier, the better, says Raine, author of "The Anatomy of Violence" (Random House, 2013).

In one intervention, for example, he and colleagues found that 3-year-olds who had been assigned to an enrichment program focused on nutrition, exercise and cognitive skills had better brain functioning at age 11 and a 34 percent reduction in criminal activity at age 23 when compared with a control group that did not receive the intervention (*American Journal of Psychiatry*, 2003). Intervening even earlier, David Olds, PhD, of the University of Colorado, has found that pregnant low-income mothers who were visited regularly by home nurses who talked to them about health, education and parenting were less likely to have children who were arrested by age 15 (*Infant Mental Health Journal*, 2006).

Even simple interventions may make a difference. In one preliminary study, prisoners assigned to a 10-week yoga class improved their impulse control (*Journal of Psychiatric Research*, 2013). In an earlier randomized-controlled trial of British prisoners, those who received vitamin, mineral and essential fatty acid supplements committed an average of 26.3 percent fewer offenses than those who had received the placebo. They also showed a reduction in offenses of more than 35 percent, while the placebo-taking prisoners' records remained stable (*British Journal of Psychiatry*, 2002). A study in the Netherlands replicated the effect, and now Raine is testing a similar intervention for children.

The bottom line, he says, is that "biology is not destiny. We can change the biological roots of crime and violence — there's no question about it."

—ANNA MILLER

Hear Dr. Adrian Raine's plenary address on this topic at APA's 2014 Annual Convention in Washington, D.C., Aug. 7–10.

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“Predatory and affective violence are largely distinctive modes of violence,” he says.

Cornell, the Virginia psychologist, likes to think of threat assessment in public health terms: prevention, not prediction. Just as seatbelts and speed limits prevent injuries without predicting who will crash a car, and restrictions on cigarette sales reduce lung cancer deaths without pinpointing who will get the disease, threat assessments aim to prevent violence without profiling potential attackers.

“We don’t intervene because we predict someone is dangerous, we want to intervene because they’re troubled or there’s conflict or people are worried about them,” Cornell says. “Prevention becomes a bonus or a secondary gain from dealing with the underlying issue.”

Here’s how the process works:

- **Identify.** Authorities identify threats. To do that, people need to know when, how and where to report concerns. In the Washington, D.C., Metro system, for example, an intercom announcement reminds commuters and tourists that if they “see something, say something” to uniformed employees. At the University of Nebraska, posters and Web pages encourage students to report problems of all kinds — whether it’s a depressed friend or a bad joke about guns — through an online portal or phone number. It’s important to keep the message simple. “If you hand them a lot of criteria [such as only report if the threat involves a weapon], they start to think what the criteria are versus what their concerns are,” Scalora says.

Authorities also must convey that tips will be dealt with carefully and responsibly. According to research by Scalora and colleagues, people are reluctant to report potential threats out of fear that they’ll wrongly implicate someone else, that they’ll entangle themselves in trouble, or both. That’s why at Nebraska, students can report anonymously. “We give them the reassurance that these things can be managed very discreetly, and not every report is handled with a direct response or action,” Scalora says.

- **Assess.** The next step in a threat assessment is gathering and evaluating information from multiple sources. That could involve security professionals, school counselors, supervisors or human resources managers talking to the person of concern and his or her peers and supervisors, as well as looking to social media sites, to better understand whether or not the person is planning violence. Authorities may also analyze the subject’s current situation. They ask: Has the subject recently lost a job, gone through a divorce or filed for bankruptcy? How has he or she handled adversity in the past? Importantly, says Fein, investigators ascertain whether or not the person of concern has a motive, a target and the organizational skills to carry out an attack. Can he or she get a weapon and use it?

Had such questions been posed about Washington Navy Yard shooter Aaron Alexis, authorities might have noticed the red flags: He had a history of reacting violently to minor disturbances, and he owned and had used guns before. No

matter that Alexis had never made a threat.

“The central question is whether the subject poses a threat, not whether the subject made a threat,” Fein says, adding that many people who pose a threat don’t make one. Nevertheless, he says, all threats should be taken seriously because some people interpret a threat being ignored “as a message to move toward violence.”

- **Manage.** More often than not, an assessment reveals a manageable underlying issue such as bullying, anxiety or depression that mental health professionals are well trained to handle, says Cornell, who developed the Virginia Student Threat Assessment Guidelines in 2006. The guidelines offer a decision tree that steers authorities through the identify, assess and manage steps and has been shown in a randomized controlled trial to increase the use of counseling services and parent conferences and decrease long-term suspensions (*School Psychology Review*, 2012). They’re now implemented in schools across the country and serve as a model for others in Europe.

“We found in case after case, with a systematic, careful approach focused on the problem that stimulated the threat, the threat can go away and the concern about violence diminishes,” Cornell says. “Every threat is really a symptom of a problem that someone can’t resolve.”

In the rare case that the assessment reveals a true threat — such as the situation in New Bedford, Mass. — law enforcement and other threat assessment professionals develop a plan to interrupt the potential pathway to violence. In the short term, that could mean alerting potential victims and restraining the subject. But in the long term, it means to “aid someone who might be on a path to despair, who may be prepared to die, to move them on a path to hope,” Fein says. ■

Further reading and resources

- The Association of Threat Assessment Professionals: www.atapworldwide.org
- The final report and findings of the Safe School Initiative: www.secretservice.gov/ntac/ssi_final_report.pdf.
- “The International Handbook of Threat Assessment,” edited by J. Reid Meloy and Jens Hoffmann. (Oxford University Press, 2013).
- “The Path to Violence,” a PBS documentary produced after the Newtown, Conn., shootings: <http://video.pbs.org/video/2336803730>.
- “The Handbook for Campus Threat Assessment & Management Teams,” by Gene Deisinger, Marisa Randazzo, Dan O’Neill, and Jenna Savage. (TSG Solutions, 2008).
- “Guidelines for Responding to Student Threats of Violence,” by Dewey Cornell and Peter Sheras. (Sopris Learning, 2006).

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Psychology on the record

The psychological research behind the Dart Center for Journalism and Trauma is helping journalists who cover disasters do their jobs safely and ethically.

BY ANNA MILLER • *Monitor* staff

Bill Gentile and Patrick Hamilton made a decision in the 1980s that could have killed them. The photojournalists were covering the Contra war in isolated Nicaraguan mountains for *Newsweek* and the Associated Press, respectively, when they came upon a young man bleeding to death after being shot in a firefight. “The decision was either to continue on our way, or to take this kid where he could get real help,” says Gentile, now an independent journalist and documentary filmmaker in Washington, D.C.


They chose to help, despite the risk that one of the soldier’s opponents would kill them all if they were caught “aiding and abetting” on their way to the nearest hospital — a three-hour dirt road drive away, Gentile says. As a journalist whose professional role is to document, but not intervene, on such an assignment, “You really have to be [prepared] to accept the consequences of the decision, no matter what the consequences are,” he says. Fortunately, in this case, the three made it to safety.

Most reporters don’t confront such stark life-and-death situations. But many face ethical and professional decisions

that have physical and mental health implications for both themselves and their subjects. For example, how should a journalist approach a survivor of a school shooting? Will news coverage of a crime victim help the family heal or deepen its pain? And, how will covering the aftermath of a natural disaster affect a reporter’s own mental health?

Offering evidence-based guidance to answer such questions is the mission of the Dart Center for Journalism and Trauma, a project of Columbia University’s Graduate School of Journalism that provides tip sheets, seminars and other resources to newsrooms and reporters. Its research program is run out of the University of Tulsa psychology department by psychology professor and trauma expert Elana Newman, PhD, who oversees research on audiences’ responses to coverage of trauma, the occupational health of journalists and more.

Bruce Shapiro, the center’s executive director and a longtime human rights reporter, says it’s the authority of the Dart Center’s research that makes it a trustworthy source among journalists — a notoriously skeptical audience.



A member of the local media videotapes a fire in Tegucigalpa, the capital of Honduras.

© JORGE DAN LOPEZ/Reuters/Corbis

“We can help journalists report more effectively on veterans because we can read the scientific papers on vets and know what they mean. We can help news organizations make better decisions when covering a crisis like Newtown because we understand the impact of traumatic events on children and families,” he says. “News choices become informed by research, and that’s an extraordinary thing.”

Understanding victims

Fifteen years ago, most reporters who covered disasters and violent crimes knew little about psychological trauma. “It just wasn’t on the radar,” says Shapiro, a contributing editor at *The Nation* and U.S. correspondent for an Australian public radio show.

But then came the 9/11 terrorist attacks in 2001, Hurricane Katrina in 2005 and the ongoing wars in Iraq and Afghanistan. Launched in 1999 at the University of Washington as a loose network aimed at educating journalists, the Dart Center — named for its funder, the Dart Foundation — was poised to

help. It set up a temporary site at ground zero in New York City in response to 9/11, established permanent outposts in Europe and Australia, and has since held programs in 25 nations. In 2009, the center moved to Columbia University. “We were well-positioned when these catastrophes transpired to be helpful to journalists who were looking for advice — both on how to cover great loss and great violence, and how to take care of themselves better,” Shapiro says.

For example, one of the center’s main goals is to help journalists better understand their subjects, says Newman, who has studied post-traumatic stress disorder, trauma and violence for nearly 20 years. “Many [journalists] are trained in techniques that are helpful to get information from people in power, but less in how to talk to people who have no power,” she says.

To fill that gap, the center’s resources advise journalists to build trust with their subjects and not to overwhelm them with the most difficult questions first. The center’s guide to covering tragedy suggests reporters say, “I am sorry for your

loss,” rather than “I understand,” since the latter is rarely true and can minimize the victim’s suffering. And, Newman says, an interviewer should consider the power differential between a reporter and a trauma survivor, who might be experiencing symptoms of post-traumatic stress disorder, such as anxiety or a sense of loss of control.

The center also encourages journalists to rethink some standard journalism practices in some cases. For instance, news organizations rarely allow subjects to read articles before publication — a practice that makes sense when reporting on a politician’s embezzlement, for example. But Newman suggests considering making exceptions when profiling a victim such as a rape survivor, whose feelings of helplessness might deepen if she hears about the story from a neighbor before reading it herself. “Telling a story can be helpful. It’s not always bad, it can bring resources, it can make [subjects] feel valued,” she says. “But journalistic practice should be trauma-informed.”

For journalists, such knowledge can shape the way they approach a story. “Over the years, without even thinking about it, I covered a large number of tragic events,” says Shapiro, whose first story as a student involved a young woman who was killed in her Chicago apartment. Today, he says, “I’m much more aware of the necessity of creating opportunities for my interview subjects to control their own narrative.”

Media as first responders

The Dart Center, which maintains a database of research worldwide on the intersection of journalism and trauma, also aims to promote journalists’ own mental health. Various studies, including those by Newman, have pinned rates of PTSD among journalists anywhere from less than 6 percent among photojournalists to more than 28.6 percent among war correspondents. Researchers now understand that journalists are vulnerable to the same “secondary trauma” once ascribed only to first responders and police officers, Newman says. Research has continued to show that the more journalists are exposed to trauma on the job, the more likely they are to experience symptoms of PTSD. Guilt can weigh heavily on them, too, one study by Tess Browne, PhD, and colleagues at the University of London found (*Journal of Traumatic Stress*, 2012).

“One of the things we do when we train clinical psychology students, in order to be more objective, is teach them how to monitor and process their own emotions to set them aside,” Newman says. “And until recently, journalists were told that the way to be objective was to ignore their emotions.”

To help change that, the Dart Center partners with psychologists and other mental health experts who train reporters and editors in newsrooms and news associations around the world to confront tragedy — and to recover when they come home. Newman, for example, addresses PTSD, trauma literacy and some brain research in her workshops. The center’s resources also encourage journalists to know

their limits, take breaks and relieve stress in healthy ways such as by exercising, deep-breathing or spending time with friends and family. And, of course, seeing a therapist if necessary.

Gentile, the photojournalist, says he could have benefited from such training. “It would have been great if I had a bit more context to give me a broader understanding of what happens to people when they go into situations of profound violence,” he says. “It probably would have helped me cope a little bit better.”

Instead, Gentile learned on the job how to protect his emotional and psychological integrity by confiding in colleagues. “Like so many

others, I just kind of made up the rules as I moved,” he says. “That has changed now with organizations like the Dart Center.”

The good news is that most journalists — and victims — come away from tough situations even stronger, Newman says. One survey of television newsroom employees led by Anke Weidmann, PhD, of Humboldt University of Berlin, for example, found that while 80 percent had recurring intrusive memories, their overall PTSD symptoms were low. It was those who experienced prior, non-work-related trauma, more general stress and more exposure to video footage of violent events who were most likely to show more severe symptoms (*The Journal of Nervous and Mental Disease*, 2010).

“PTSD is an occupational hazard [for journalists], but not much more than the average population,” Newman says. “They may in fact be more resilient.” ■

Visit the Dart Center’s website at <http://dartcenter.org>.

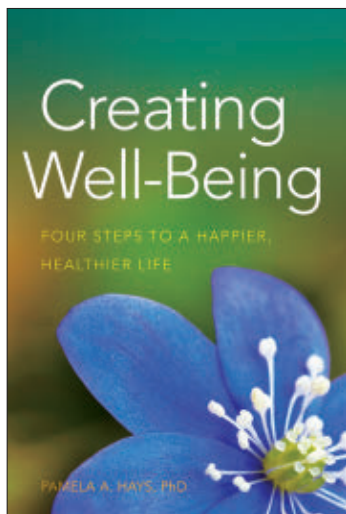
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ELANA NEWMAN
University of Tulsa

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Pamela A. Hays, PhD



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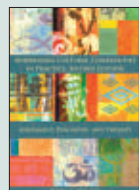
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Why we cry

New research is opening eyes to the psychology of tears.

BY LORNA COLLIER

Why does one person get choked up over a Hallmark commercial, while another sheds tears only for the death of a loved one? Does the exhortation “Have a good cry” carry physiological or psychological merit? And how do crying behaviors differ among cultures and between the sexes?

New research by psychologists is beginning to answer these questions, helping us better understand what human tears mean from social, psychological and neuroscientific perspectives.

“I think the study of crying, more than is the case for any other emotional expression, may help us to obtain a better insight into human nature,” says leading tear researcher Ad Vingerhoets, PhD, a psychology professor at Tilburg University in the Netherlands.

Vingerhoets and others are tracking people’s crying episodes to determine the role culture plays in why we cry, measuring the chemical makeup of tears and examining the reactions they trigger in others. They’re also learning how crying helps us connect with others by studying those who can’t do it.

Gender, culture and tears

Several factors play a role in an individual’s propensity to cry. Gender differences in crying, for example, have been explored for decades and across the world, and all of the studies reached the same conclusion: Women cry more than men.

In the 1980s, biochemist William H. Frey, PhD, found that women cry an average of 5.3 times a month, while men cry an

average of 1.3 times per month, with crying defined as anything from moist eyes to full-on sobbing. Those averages still appear to be about the same, suggests newer research, including work by Lauren Bylsma, PhD, of the University of Pittsburgh (*Journal of Research in Personality*, 2011).

Biologically, there may be a reason women cry more than men: Testosterone may inhibit crying, while the hormone prolactin (seen in higher levels in women) may promote it. But a desire to cry is not all nature. A study of people in 35 countries found that the difference between how often men and women cry may be more pronounced in countries that allow greater freedom of expression and social resources, such as Chile, Sweden and the United States. Ghana, Nigeria and Nepal, on the other hand, reported only slightly higher tear rates for women (*Cross-Cultural Research*, 2011). Lead study author Dianne Van Hemert, PhD, a senior researcher at the Netherlands Organization for Applied Scientific Research, says that people in wealthier countries may cry more because they live in a culture that permits it, while people in poorer countries — who presumably might have more to cry about — don't do so because of cultural norms that frown on emotional expression.

Crying may also reflect attachment styles, research suggests. In her book “Seeing Through Tears: Crying and Attachment” (Routledge, 2005), psychotherapist Judith Kay Nelson, PhD, summarizes past research and concludes that securely attached people are more comfortable expressing emotions and cry in ways that are considered normal and healthy, while those with insecure attachment may cry inappropriately — with easily activated, difficult-to-soothe tears. More recently, researchers from Tilburg University have found that people with “dismissive” attachment styles — or those who tend to avoid close relationships with others — were less likely to cry and tried harder to inhibit their tears than people with other attachment styles (*Social Behavior and Personality*, 2012). The study also found that people with “preoccupied” styles — or those who might be clingy and overly dependent on others — cried more often than securely attached people. Women of all attachment styles cried more than men.

Is crying good for you?

For infants, tears serve as an important communication tool, allowing them to show their need for support. That tool may also serve us well in adulthood, several recent studies have found.

One study showed participants images of faces with tears and faces with tears digitally removed, as well as tear-free control images. Subjects judged the faces with tears as appearing sadder. However, participants rated those with tears removed more ambiguously — not simply less sad, but reflecting a range of uncertain emotions, such as concern or contemplation (*Evolutionary Psychology*, 2009).

“Tears add valence and nuance to the perception of faces,” says the study’s lead author, Robert R. Provine, PhD, a professor of psychology and neuroscience at the University of Maryland, Baltimore County. Tears become a sort of social lubricant,

he says, helping to ensure the smooth functioning of a community by helping people communicate. Bearing this out, researchers at Tilburg University have demonstrated that at even very short exposure times, respondents report being more willing to provide support to people with visible tears than to those without tears (*Evolutionary Psychology*, 2013).

Tears may also serve a therapeutic role, though researchers say the supposedly cathartic role of “a good cry” has been overstated. Thirty years ago, biochemist Frey found that emotional tears carried

more protein than non-emotional tears (say, from chopping an onion). The implication was that when you cry for emotional reasons, you are involved in a healing process. However, Vingerhoets says he has tried twice without success to replicate this experiment.

Bylsma conducted a daily diary study of female students that also calls Frey’s theory into question. She found that only about 30 percent of students said their moods had improved after crying, with 60 percent reporting no change and about 9 percent saying their moods worsened. These women were reporting on their moods the same day as the crying happened, unlike other studies, which asked people to reflect back on their crying. “Our memories may become distorted over time,” says Bylsma.

Bylsma’s research offers a new insight into tears: Why you cry and who sees you do it appear to make a difference in whether crying helps or hurts your emotional state (*Journal of Research in Personality*, 2011). In the study, she and colleagues found that crying was more likely to make people feel better when they had emotional support (such as a close friend nearby), if they were crying due to a positive event, or if their crying led to a resolution or new understanding of the situation that led them to cry in the first place. Criers felt worse if they felt embarrassed

Bylsma’s research offered a new insight to tears: Why you cry and who sees you do it appear to make a difference in whether crying helps or hurts.

or ashamed of crying, if they were with unsupportive people or if they cried because they saw suffering. Overall, participants were more likely to feel better if they cried alone or around one other person, but felt worse or didn't experience a mood change if they were with two or more people.

Another line of crying research suggests that female tears can be a sexual turnoff for men. In a series of double-blind experiments by researchers at the Weizmann Institute of Science in Israel, men smelled emotional tears captured from women who had watched sad movies. At varying other times, the men also sniffed a saline solution that had been dribbled on the women's cheeks. Using functional magnetic resonance imaging and other measures, the researchers compared the men's sexual arousal as they viewed pictures of attractive women and erotic movies after they had sniffed the real tears with their arousal after they had sniffed the saline. The researchers found that the men were less aroused when they had sniffed the real tears compared with the saline solution (*Science*, 2011). This finding was replicated in a South Korean study that measured the testosterone levels of men exposed to emotional tears and saline (*Public Library of Science*, 2012).

The inability to cry

Psychologists have also gleaned new insights into people who can't produce tears at all — either emotional or the basal tears

that keep eyes lubricated. "Ophthalmologists have typically treated 'dry eye' as a medical issue, completely missing the fact that emotional communication is impaired when you lack tears," says Provine. "They have not attended to important psychological and social consequences."

Patients with Sjogren's syndrome, for example, have great difficulty producing tears. Nienke van Leeuwen, a PhD candidate in health psychology at Utrecht University in the Netherlands, has found that 22 percent of patients with the syndrome had "significantly more difficulty" identifying their own feelings than control participants did (*Clinical and Experimental Rheumatology*, 2012).

Vingerhoets, author of the 2013 book "Why Only Humans Weep: Unravelling the Mysteries of Tears," is exploring what happens to people who can't cry, with neurologist Michael Trimble, MD, at the Institute of Behavioral Neurology at University College, London. The project came about after a BBC interview with Trimble resulted in 900 people emailing to say they couldn't cry and would like to volunteer to be studied.

It's yet another angle of research that Vingerhoets would like to see further examined to help better understand why we cry. "I really have the feeling there are so many things that can be explored and are waiting to be explored," he says. ■

Lorna Collier is a writer in Chicago.

Crying during therapy is common for therapists, but few feel prepared to handle it, studies find

New research finds the vast majority of clinical psychologists and psychology trainees have cried during therapy sessions with clients.

One study, by San Diego psychologist Amy Blume-Marcovici, PsyD, found 72 percent of the 568 U.S. psychologists, postdoctoral psychology fellows and psychology graduate students she surveyed had cried at least once while with a patient. Of these, 30 percent had cried within the past four weeks (*Psychotherapy*, 2013).

Another, in-progress study by Catelijne 't Lam, a psychology doctoral student at Tilburg University in the Netherlands, suggests that number could be even higher. She found that more than 87 percent of 819 Dutch mental health professionals — psychotherapists, psychologists, psychiatrists and psychological nurses with at least a year's experience — had cried at some point while conducting therapy.

Both researchers discovered two key unexpected results:

- Male and female clinicians cried in therapy sessions at about the same rate. While women reported crying twice as much as men in their private lives, they were more likely to suppress tears in therapy than were men, Blume-Marcovici says.

- Older, more professionally established participants were more likely to cry than younger ones. Therapists with less work experience had more negative attitudes about crying and were more likely to report being embarrassed about their tears.

't Lam says older psychologists and therapists told her that they grew to see crying as a way to bond with patients, and that they felt more comfortable with their own tears as they became more secure in their roles as therapists.

Despite the prevalence of crying, only about one-third of therapists said their training included any discussion of handling such emotions — and almost all thought it should, Blume-Marcovici says.


— LORNA COLLIER



Is it time to specialize?

Specialty certification is a better idea than ever before, thanks to changes in the health-care market.

BY TORI DEANGELIS



When health psychologist Yelena Chernyak, PhD, was an intern at the May Institute in Boston, she saw a number of patients with sleep problems — everything from stress-induced insomnia to sleep apnea to difficulty adjusting to their CPAP, or continuous airway, machines.

As they learned the techniques of behavioral sleep medicine, the patients made rapid progress. The work was so rewarding, in fact, “I knew I wanted to get more experience and training in the area,” says Chernyak, now an assistant professor at the Indiana University School of Medicine.

She took a fellowship at the Cleveland Clinic, where she learned from board-certified sleep psychologists who worked with difficult-to-treat cases — geriatric patients with treatment-resistant insomnia, surgical and transplant patients unable to adhere to the treatment plan for the CPAP machine, and patients with nightmares linked to post-traumatic stress disorder. The experience inspired her to seek her own board certification in behavioral sleep medicine, which she received from the American Academy of Sleep Medicine in 2012.

It’s paid off well: “Sleep referrals now make up about half my practice, and it’s growing quickly because so many people are sending folks my way,” says Chernyak, who notes she’s the only board-certified behavioral sleep medicine specialist in Indiana.

Chernyak is among a growing number of psychologists and graduate students who are becoming or are considering becoming board-certified in one of the 14 APA-recognized specialties — including clinical, counseling, sleep, clinical health and neuropsychology.

Those specialties are recognized by APA based on recommendations from the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, or CRSPPP (www.apa.org/ed/graduate/specialize/crsppp.aspx), which provides information to APA about which areas constitute specialties but is not a credentialing organization. (See sidebar for an overview of how this process works.)

Related to but autonomous from APA is the country's oldest and largest psychology credentialing organization, the American Board of Professional Psychology, or ABPP, the entity from which most psychologists who receive board certification earn it. In 2008, 504 people applied for certification through one of ABPP's 14 specialty boards, and by 2013, that number had climbed nearly 30 percent to 724, signaling an increase in the interest and importance of this type of recognition, says ABPP President Randy Otto, PhD, of the University of South Florida. (ABPP and a few other boards such as the American Academy of Sleep Medicine require peer review and evaluation and should not be confused with "vanity boards," which require little but paying a fee to gain a credential attesting to your competence.)

Last year, APA formally approved the recognition of ABPP

as a board certification organization, holding that those with an ABPP diplomate may note it after their name and doctoral degree in the APA membership directory. ABPP is the first organization to receive that recognition, says APA Deputy Executive Director for Education Catherine Grus, PhD.

ABPP's specialties overlap considerably with those of APA, and the two organizations jointly sponsor the Council of Specialties in Professional Psychology (<http://cospp.org>), a non-profit venture that represents and supports the development and functioning of recognized specialties in professional psychology.

The board certification credentialing process is not without challenges. It takes time, commitment and money — in the case of ABPP, about \$850 total for a credentials review, practice samples reviewed by peers, an oral examination conducted by board-certified psychologists and, for a few specialties, a written examination. ABPP also charges an annual maintenance fee of \$185 for board-certified psychologists. In addition, psychologists who become board certified by ABPP after January 2015 will be required to demonstrate a "maintenance of certification" every 10 years, says Otto.

Despite such expenditures, it's worth the effort, says early

Who decides what a specialty is?

To be recognized by APA as a specialty, a given area — behavioral and cognitive psychology or clinical neuropsychology, for instance — must be represented by an organization or group of organizations that completes a "petition" for recognition and submits it for review to APA's Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, or CRSPPP. The petition must demonstrate how the specialty meets CRSPPP's 12 criteria for recognition, which include the public need for the specialty, how the specialty is distinct from other areas of psychology, and the specific types of education and training needed to practice in the specialty. Based on its review, CRSPPP recommends a course of action to the APA Board of Directors, and the board gives its recommendation to the APA Council of Representatives, which has the authority to grant approval, notes APA Deputy Executive Director for Education Catherine Grus, PhD.

APA recognition of a specialty may be an incentive for APA-accredited programs to offer education and training in a given specialty area, says David M. Corey, PhD, who underwent an eight-year process that resulted in one of the most recent APA and ABPP specialties, police and public safety psychology.

"We were recognized July 31 [2013] by APA, and since then, three APA-accredited programs are preparing to offer

major areas of study in police and public safety psychology," he says.

APA's recognized specialties are:

- Behavioral and cognitive psychology.
- Clinical child psychology.
- Clinical health psychology.
- Clinical neuropsychology.
- Clinical psychology.
- Counseling psychology.
- Family psychology.
- Forensic psychology.
- Industrial-organizational psychology.
- Police and public safety psychology.
- Professional geropsychology.
- Psychoanalysis in psychology.
- School psychology.
- Sleep psychology.

Note: *These are the specialties officially recognized by APA through the Commission for the Recognition of Specialties and Proficiencies in Professional Psychology, which makes recommendations about what specialties to approve, but does not credential individuals.*

The American Board of Professional Psychology, ABPP, board-certifies individuals in a similar range of specialties. For information on exam opportunities and on how to get certified, visit ABPP at www.abpp.org.

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career psychologist Laura Meyers, PhD, of the Minneapolis Veterans Administration, who spent eight months amassing practice samples and preparing for an ABPP oral examination in clinical psychology.

“ABPP wants the exam to be something that any solid clinician in the field could pass, and it felt that way to me,” says Meyers. “And once you have the credential, it gives you a bit of an edge. People see it on your door, and it gives you a little higher level of professional respect.”

Growth in specialty recognition

Despite the growing number of psychologists seeking specialty certification, the credential remains relatively untapped. About 5 percent of psychologists have ABPPs, for instance, with neuropsychology and clinical psychology being the most populated specialties, each with about 1,000 board-certified psychologists.

That said, it's easy to grasp why psychologists might want to avoid the extra hurdle of specialty certification: After all, they've already spent years on education and training to earn their doctorates and become licensed, and they're eager to practice. But it's more vital than ever to consider specializing, say specialty proponents. One big reason: Hospitals, other institutional settings and insurance companies increasingly want psychologists to be board certified, much as other health professionals are. The Patient Protection and Affordable Care Act, with its call for increased provider professionalism and accountability in the service of quality patient care, underscores the point.

“When you define yourself as a board-certified specialist, you're committing yourself to a focused, competency-based practice, which assures that you're more accountable for what you're doing clinically,” says University of Florida professor Ronald H. Rozensky, PhD, a board-certified clinical and clinical health psychologist and former chair of CRSPPP who has written extensively on the importance of board certification. “And consumers demand that as a measure of competence.”

Another reason is the growth of the psychology field. “Psychology has gotten to the point where you can't know it all, and you can't do all of it well,” says Otto. “So you have to make some choices.”

Perhaps the most important reason for psychologists to consider specializing is the need for practitioners in expanding key areas, such as sleep psychology and geropsychology, others say.

“Psychology lags behind other health-care professions in educating graduate students on how to address the mental health issues of older adults,” says board-certified psychologist Victor Molinari, PhD, of the University of South Florida, who is spearheading a movement to make geropsychology an ABPP specialty board and credential. “We need as many competent practitioners to work with older adults as possible.”

Starting the process

How do you determine the right specialty for you, and when do you begin?

While you can't get board certified until you are licensed, it's never too early to start thinking about potential specialties, says ABPP Past-president Gregory Lee, PhD, who directs adult neuropsychology services at the Medical College of Georgia. If you're a graduate student, look for topics that resonate with you and consider how you'd feel about diving in deeper.

When you've homed in on an area of interest, “throw yourself into it,” Otto says. The ABPP website (www.abpp.org) lists all of the experience, knowledge and skills you'll need to meet each specialty's education and training criteria and pass its exams.

Even if you're an established psychologist who has been practicing for years, certification can help you and your practice by fine-tuning your skills and allowing you to create or hone a niche, says Lee. You may even want to consider becoming board certified in more than one specialty: Some psychologists specialize in related areas — child clinical and family psychology, for example, or forensic and police and public safety psychology. This strategy gives you expertise in areas that are bound to overlap anyway, he says, as well as greater access to related clientele.

A leg up

Psychologists who have gained board certification cite many benefits. For one, board-certified psychologists can expect more and better career opportunities and greater job security than those without the assignment. The country's largest, most respected health-care organizations — the Mayo Clinic in Rochester, Minn., and the Cleveland Clinic, for example — require psychologists to be board certified. Many VA hospitals offer financial incentives for board certification, as well.

Preparing for the ABPP also helps you feel more solid in your professional identity, says Lee. “It helps you consolidate your skills and become very thoughtful about what you do and how you do it, and to be able to communicate that easily.”

And board certification is a boon to the public because it validates your background, training and experience, says ABPP Foundation Chair Christine Maguth Nezu, PhD, a professor of psychology and medicine at Drexel University who is board certified in clinical and cognitive behavioral specialties.

“The public needs to know about your experience for so many reasons — for their care, for their understanding of how mental and physical issues relate, for decisions about health care and coverage,” she says.

Another important benefit is what board certification does for psychology's self-image, Nezu adds.

“It raises the integrity of the field,” she says, “both in peers' perception, and in the public's perception.” ■

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

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With more psychologists and clients using social networking sites,

practitioners face ethical concerns they may never have considered before.

Offering guidance are rural psychologists, who have confronted small-world confidentiality concerns for decades.

BY DANIEL G. LANNIN AND
NORMAN A. SCOTT, PHD



This article is based on “Social Networking Ethics: Developing Best Practices for the New Small World,” by Daniel G. Lannin and Norman A. Scott, PhD. [Click here to read the full journal article, which includes all references.](#)

Overview:

CE credits: 1

Exam items: 10

Learning objectives:

After completing this course, participants will be able to:

- Explain the relevant ethical concerns associated with participating in online social networking websites.
- Clarify concerns and limitations of privacy associated with increased Internet transparency.
- Describe best ethical practices for psychologists who use social networking websites.

Too often, people don't think twice about disclosing their personal information online. In fact, many frequent users of social networking websites willingly divulge scads of private data — including where they live and whom they are attracted to — often under the false assumption that no one else can see that information (Strater & Richter, 2007). Many people also initiate online relationships, even if they aren't sure they can trust the people they meet online (Dwyer, Hiltz, & Passerini, 2007).

“Users are communicating in their virtual underwear with few inhibitions,” as David Rosenblum put it in *IEEE Security and Privacy* (2006).

What is the psychologist's role in this burgeoning era of communication? First and foremost, psychologists must be knowledgeable about and open to this new digital culture, while also maintaining their values and ethical principles.

Of course, the contrast between psychotherapy and social networking sites could not be starker. Most psychotherapeutic interactions are private and confidentially protected, while most interactions on social media are broadcast to the public or to a network of friends. But when psychologists interact in both spheres, they do risk violating clients' confidentiality or crossing boundaries.

Guidance for dealing with such risks comes from what at first glance may seem an unlikely source: rural psychologists (Lehavot, 2010; Zur, 2006; Zur, Williams, Lehavot & Knapp, 2009). These professionals are, however, a great resource since they have been navigating dilemmas surrounding self-disclosures and boundary violations for years (Hargrove, 1982, 1986; Hargrove & Breazeale, 1993).

This article offers their wisdom for psychologists working with clients in today's era of online communication.

Social networking and professional psychology

Social media is a broad term that refers to websites that enable the creation and exchange of user-generated content online (Kaplan & Haenlein, 2010). These websites include, but are not limited to:

- Social networking sites, such as Facebook, MySpace and LinkedIn.
- Publishing media, such as Wordpress, Blogger and Wikipedia.

- Content sharing, such as YouTube, Flickr, Digg and Last.fm.
- Discussion sites, such as Yahoo Messenger, Google Talk and Skype.

- Microblogging, such as Twitter, Tumblr and Posterous.
- Livestreaming, such as Friendfeed and Lifestream.
- Livecasting, such as Livestream.
- Virtual worlds, such as Second Life and There.

The use of social networking websites has rapidly increased in recent years and is becoming normative for the American population. Madden and Zickuhr (2011) of the Pew Research Center found that 65 percent of online adults — or 50 percent of all adults — use these sites. This is an increase from 8 percent of online adults using social networking sites in 2005 and an increase from 46 percent of online adults using social networking sites in 2009 (Lenhart, 2009).

Facebook — the most used of these sites among Americans age 18 and older — is accessed by 901 million monthly active users worldwide. More than 527 million users log on to Facebook on any given day (Facebook, 2012c).

Psychological professionals also increasingly use social networking sites (Taylor, McMinn, Bufford, & Chang, 2010). Among psychology graduate students, Lehavot, Barnett, and Powers (2010) found that 81 percent reported having an online social networking profile, and 33 percent of those students used Facebook. APA also uses social networking sites to promote the field and communicate with large numbers of people. The association has more than 75,000 followers on Facebook, for example (Facebook, 2012a).

Data suggest there are age differences in who uses these sites. Madden and Zickuhr (2011) found that younger Americans are significantly more likely than any other age group to use social networking sites, with a usage rate of 83 percent for adults ages 18 to 29. Even though older adults use these sites less frequently, their use is increasing. In 2011, 33 percent of adults age 65 and older used social networking sites, a 150 percent increase from 2009 (Madden & Zickuhr, 2011).

Age differences in online activity are present among psychologists as well. Taylor et al. (2010) found that although more than three out of every four doctoral-level psychology students use social networking sites (often to communicate with friends and family), most established psychologists do not often use them.

Because of their increased online presence, younger psychologists may be inviting online dilemmas more often than their more seasoned colleagues. It is also possible that experienced psychologists — who often serve as supervisors, instructors and consultants to newer psychologists — may not be adequately equipped to address many of the online problems that occur among younger colleagues and trainees due to their lack of experience with the new technology.

Indeed, there is evidence that younger professionals may already be navigating these ethical waters with limited guidance. Chretien, Greysen, Chretien and Kind (2009) found that 60

percent of medical schools in their sample reported instances of medical students posting unprofessional online content, which included disclosure of patient confidentiality, profanity, discriminatory language, depiction of intoxication and sexually suggestive material. Furthermore, DiLillo and Gale (2011) found that 98 percent of doctoral psychology students had searched for at least one client's information over the past year, even though most reported that searching for clients online was "always" or "usually" unacceptable.

Applying small world ethics

Social networking sites may be ushering in a "small world" online environment that is analogous to "small world" rural settings where psychologists have encountered more transparency than their urban counterparts for years (Hargrove, 1982, 1986; Helbock, Marinelli & Walls, 2006; Morrison, 1979; Roberts, Battaglia & Epstein, 1999). Although the landscapes of social networking sites and rural environments are very different, there are important similarities. Both are characterized with pervasive incidental contact, inevitable self-disclosure and unavoidable multiple relationships. For example, just as people in rural areas may know where the local psychologist lives or frequents, some social networking sites tag photos with exact GPS coordinates of where they were taken (Nicholson, 2011).

Small world ethical thinking refers to a psychologist's heightened awareness that his or her environment will likely produce ethical dilemmas surrounding boundary violations related to online realities such as greater transparency, increased self-disclosure and unavoidable multiple relationships. In rural settings, completely avoiding self-disclosures and multiple relationships is not always possible (Brownlee, 1996; Campbell & Gordon, 2003; Roberts et al., 1999; Zur, 2006). Nevertheless, rural practice has demonstrated that certain boundary violations can be managed or prevented (Faulkner & Faulkner, 1997).

Preventing and managing boundary violations online

Psychologists are guided and inspired by three fundamental ethical principles that apply directly to setting appropriate boundaries online: beneficence, nonmaleficence and integrity (APA, 2010; Beauchamp & Childress, 2001). Together, these principles help flesh out APA Ethical Standard 5.04, which advises psychologists to take appropriate precautions regarding their dissemination of public advice and comments via media

that include the Internet. First, psychologists must consider the risks and rewards that their online activity might pose for their clients. Second, the principle of integrity inspires psychologists to be upfront and honest in therapy about the potential role confusion that could occur with online interactions with clients.

Because of their increased online presence, younger psychologists may be inviting online dilemmas more often than their more seasoned colleagues. And experienced psychologists may not be equipped to address many of the online problems that occur among younger colleagues.

Overall, it is important for psychologists to recognize that their "private" online activity may intersect with their professional competence. Indeed, online self-disclosures may represent the intersection where dilemmas surrounding personal and professional roles meet — in some cases signaling the start of boundary violations. Kaslow, Patterson and Gottlieb (2011) noted that with self-disclosure online, "the client's *perception* of the relationship may become a more casual or even social one that may violate the boundaries or context of therapy as a sanctuary for exploring personal issues." Zur et al. (2009) noted that self-disclosures may have implications for therapeutic outcomes and can occur in three ways:

1. *Deliberate*, in which disclosures are intentional and avoidable.
2. *Unavoidable*, in which disclosures are inescapable but generally expected.
3. *Accidental*, in which disclosures are both unavoidable and unexpected.

Unfortunately, self-disclosure online is almost inevitable (Zur, 2008). Often it is initiated by clients who want to learn more about their therapists. Some clients may do more than a Google search: They may join social networking sites, join professional listservs/chat rooms, or pay for online background checks or online firms to conduct illegal, invasive searches (Zur,

2008; Zur et al., 2009). Lehavot et al. (2010) found that 7 percent of student psychotherapists reported that a client disclosed that he or she obtained online information about them.

To help keep clients from being able to gather such information, psychologists should determine just how private the social networking sites they use are. Unfortunately, many social networking site users don't realize how insecure their online personal information is (Barnes, 2006). Strater and Richter (2007) found that college students showed an all-or-nothing approach to online privacy, either actively managing their privacy standards strictly or not at all. This would be a disturbing trend if psychologists had the same outlook (Zur, 2008; Zur et al., 2009). Clients could, for example, discover information about a therapist's private phone numbers and addresses, household composition, the value and structure of a psychologist's home (and photographs), ratings of a therapist by other clients, blog postings, personal images, videos, professional and personal websites, news articles written by or about therapists, professional publications and research articles, and links to social media profiles. As a result, psychologists should be careful about what personal information they post online.

Psychologists can help prevent online boundary violations by becoming familiar with the nature of multiple relationships (Barnett, Lazarus, Vasquez, Moorhead-Slaughter & Johnson, 2007; Borys & Pope, 1989; Ebert, 1997; Pipes, 1997) and ethical decision-making models (Gottlieb, 1993; Kitchener, 1984). According to APA (2010), multiple relationships occur when a psychologist is in a professional role with a person and either is simultaneously in or promises to be in another role with that person or someone closely associated with that person.

Barnett et al. (2007) said that to avoid being exploited by clients, a psychologist must make sure that he or she does not enter into multiple relationships designed to meet the psychologist's own needs. Kitchener (1988) recommended that psychologists consider three issues that increase the risk that multiple relationships will harm clients: incompatibility of expectations between client and psychologist, increased commitments in non-therapeutic roles, and power differentials between psychologist and client.

Ethical dilemmas in rural areas offer insight into the problems social networking site users can expect to encounter online. Schank and Skovholt (1997) described four types of rural dilemmas that involve multiple-role relationships. These occur when there are overlapping social relationships, business/professional relationships, relationships involving the psychologist's family, and relationships involving the psychologist's clients with other clients. Certain problems unique to the Internet that may become more common with the increased use of social networking sites are those related to dating websites: Taylor et al. (2010) described unsettling situations in which psychologists in training had either

matched with current/former clients through anonymous dating websites or found pictures of clients on the websites of family and friends.

Suggestions for best practices online

Although social networking sites offer meaningful ways to connect with family and friends (Bratt, 2010), psychologists must be sure that they use them in ways that benefit their clients, themselves, and the reputation of psychological practice. Here is some advice.

Managing boundaries online

It is particularly important to set appropriate boundaries with clients to avoid conflicts of interest (Canadian Psychological Association, 2008). To do this, a psychologist may need to create and maintain a formal social networking site policy as part of the informed consent process (Barnett, 2008; Burke & Cheng, 2011; Damsteeg, Murray & Johnson, 2012; Lehavot et al., 2010; Tunick, Mednick & Conroy, 2011). Since APA does not offer guidelines on social networking site use, it may be helpful to consult policies of other health organizations. According to the American Counseling Association (2005), informed consent processes should at the very least acknowledge the risks and benefits of using social media and other technology. In addition, such policies could lay out psychologists' expectations for using such sites, namely that practitioners do not "friend" or interact with clients on social networking sites (Kolmes, 2010). Practitioners should also inform clients that they do not search for them online, unless the client has given consent or it is part of a clinical treatment plan (Barnett, 2008; Clinton, Silverman & Brendel, 2010; Lehavot et al., 2010; Tunick et al., 2011).

In addition, in most cases psychologists should avoid forming multiple relationships with clients online (American Medical Association, 2010; Bratt, 2010). Yet, understanding that there may be necessary exceptions to this guideline, psychologists who confront a multiple relationship dilemma may want to consider Younggren and Gottlieb's (2004) questions:

- Is entering into a relationship in addition to the professional one necessary, or should I avoid it?
- Can the dual relationship potentially harm the patient?
- If harm seems unlikely or avoidable, would the additional relationship prove beneficial?
- Is there a risk that the dual relationship could disrupt the therapeutic relationship?
- Can I evaluate this matter objectively?

Many practitioners may not realize that they may be committing a boundary violation by searching for a client on Google without his or her permission. As a result, practitioners may want to develop self-monitoring strategies, such as consulting with colleagues and supervisors (Gabbard, Kassaw

& Perez-Garcia, 2011). Clinton, Silverman and Brendel (2010) offer six questions that practitioners can ask themselves to help determine whether to Google a client/patient:

- Why do I want to conduct this search?
- Would my search advance or compromise the treatment?
- Should I obtain informed consent from the patient?
- Should I share the results of the search with the patient?
- Should I document the findings of the search in the medical record?
- How do I monitor my motivations and the ongoing risk-benefit profile of searching?

It may also be prudent for psychologists to separate their professional and personal profiles online on social networking sites (American Medical Association, 2010; Myers, Endres, Ruddy, & Zelikovsky, 2012), including only professional information on professional social media profiles (Bratt, 2010). Finally, because of the transparent nature of social networking sites, discussions of client case studies online should be done extremely cautiously, if not avoided altogether (Van Allan & Roberts, 2011).

Developing online technological competence

Just as it is necessary for psychologists to understand the cultural context of where they live and work, they must also understand the nature and requisite technology of social networking sites. It is also important for psychologists to understand social media since their clients are likely to use it (Myers et al., 2012).

First, psychologists would be wise to be aware of what information clients can see online. One way to do that is to periodically search for your own name online to determine what clients might find (Taylor et al., 2010; Zur, 2008), or even to set up Google alerts to find out immediately when your name is mentioned in a new online posting (Zur et al., 2009). In addition, Facebook users are now able to download their information to see what information the site holds (Facebook, 2012b). Practitioners who discover inappropriate personal information online may want to contact the person who posted the information and/or the website administrator (Gabbard et al., 2011).

Second, psychologists should proactively set controls that limit who sees their personal information. Several sources recommend that practitioners set security levels on social networking sites as high as possible (American Medical Association, 2010; Lehavot et al., 2010; Myers et al., 2012; Taylor et al., 2010), allowing for friend-only access (Barnett, 2008). It's important to acknowledge that for many people, it's not always easy to adjust privacy settings. For example, on Facebook, adjusting privacy levels may include separate settings for wall posts, photos, applications and social advertisements (Lee, 2009).

Psychologists may also consider using an online pseudonym to make it difficult for clients to locate their personal

information (Barnett, 2008; Taylor et al., 2010). Yet even pseudonyms are not failsafe, since some posts may be traceable to a user's email or IP address.

Practitioners who are uncertain of their technological competence on social media should consult with colleagues who are knowledgeable about the technology (Barnett, 2008; Taylor et al., 2010) and compile resources.

Reducing liability risk online

Although social networking sites are popular ways to form and maintain social relationships, psychologists who use them are at greater risk of causing harm. For example, intentional or inadvertent disclosure of confidential information on social media could pose ethics violations and lead to legal problems under the Health Insurance Portability and Accountability Act, the Health Information Technology for Economic and Clinical Health Act and state law (Wheeler, 2011).

To limit the liability risk of using social media, practitioners may need to take certain precautions. First, they should contact both their professional and personal liability insurance representatives to find out whether their professional and personal liability insurance covers social networking sites. Along these lines, it would be helpful for APA to provide more nuanced guidelines regarding two aspects of social media communication: First, what online activities may or may not be considered part of a client's record (Martin, 2010), and second, what online activities are considered acts of a multiple relationship versus incidental contact (Sonne, 1994).

Second, psychologists should avoid using certain types of speech online, even if they use high privacy restrictions and other protections, such as pseudonyms. These communications might include breaches of client or supervisee confidentiality, speech that is potentially libelous and speech that denigrates the reputation of psychology. For example, practitioners should not post client information, disparaging comments about colleagues or client groups, unprofessional media (including photographs and/or videos that undercut the reputation of psychological practice), and comments about litigation in which one is involved (Gabbard et al., 2011). ■

Daniel G. Lannin is a graduate student in the counseling psychology PhD program at Iowa State University in Ames, Iowa. His research focuses on barriers to seeking psychological help, self-evaluative processes, and professional issues in counseling psychology.

Norman A. Scott, PhD, is associate professor of psychology at Iowa State University. His research focuses on clinical ethical decision-making and ethical considerations in the conduct of research with humans. He teaches in the areas of ethics and abnormal psychology, and is a member of the university IRB.

What kind of issue is it?

BY STEPHEN BEHNKE, PHD

A “four-bin” approach to ethics consultation is helpful in practice settings.



Each day, the APA Ethics Office receives many calls from members asking for consultations on an ethics issues. I emphasize “ethics” because inevitably other kinds of issues arise in a situation challenging enough for an APA member to take time out of a busy schedule and call the Ethics Office. These include legal, clinical and risk-management questions

which then become part of the consultation.

The first step in responding to a request for consultation is therefore to differentiate what kinds of issues the situation raises. A “four-bin” approach can help this process of differentiation. The four bins are: legal, clinical, ethical and risk management. Although the bins are closely related, they are not the same. Clarity regarding what kind of question belongs in which bin can be very helpful in resolving a dilemma, at least enough to allow a psychologist to move forward. The consultation begins, therefore, with identifying what questions arise in each of the bins.

In the *legal* bin are questions that relate to federal laws (including regulations) and the laws and regulations of the particular jurisdiction, whether it is a state, province or territory. In the *clinical* bin are questions that relate to the best treatment or assessment interests of the individual with whom the psychologist is working. In the *ethical* bin are questions that relate to the APA Ethics Code and the right thing to do. In the *risk management* bin are questions that relate to how a particular course of action increases or decreases the psychologist’s exposure to liability. A good analogy for the bins is the four wheels on a car. Each of the wheels must be in good working order for the car to proceed successfully.

Proceeding successfully will depend on the wheels being well coordinated with one another. Thus, following the process of differentiating the four bins — legal, clinical, ethical and risk management — is a process of integrating the bins to form a coherent response to the dilemma. It is important to emphasize that the process of integration depends on a clear and careful differentiation. When questions are not clearly differentiated from one another, it can be difficult to identify what kinds of questions need to be answered to resolve the dilemma.

It is interesting to note how often workshops for psychologists make little distinction among legal, clinical, ethical and risk management issues, as if they are interchangeable. A good resolution to the dilemma often rests upon clearly identifying what different kinds of questions are involved. These distinctions are enormously important, in part because the issues call for different kinds of expertise. Legal questions may require an attorney with expertise in a jurisdiction’s mental health laws. Clinical questions may require expertise from a psychologist in a particular practice or assessment area. Ethical questions may be answered by the APA Ethics Office, and risk management questions are usually best answered by the psychologist’s insurance carrier. For this reason, calls to the APA Ethics Office often involve referring the psychologist to other sources of expertise. Although both the director and deputy director of the APA Ethics Office are attorneys as well as psychologists, no attorney could be familiar with the mental health laws and regulations of every jurisdiction where APA members practice, any more than a psychologist could be familiar with — much less have expertise in — every clinical disorder.

Differentiation and integration are central to the four-bin approach. A comprehensive analysis will entail examining each bin to determine what questions are in the bin, how questions in a particular bin relate to questions in the other three bins, whether the situation requires that a certain bin receive priority over the other bins, how possible tensions among the bins may be resolved, and where the appropriate expertise can be found to answer questions outside the consultant’s expertise.

An example illustrates the four-bin approach. A client tells a psychologist about abuse that occurred in the distant past when the client was a minor. Wondering whether this

information requires a child abuse report, the psychologist contacts the Ethics Office. The consultation begins in the legal bin to determine whether the information triggers a legal duty to report in the jurisdiction; the Ethics Office may refer the psychologist to a mental health law expert to help answer this question. If the answer is yes, Ethical Standard 4.05, disclosures, allows the disclosure because there is a legal mandate to file a report. From the legal and ethical bins, the consultation moves to the clinical bin: the psychologist will consider the most clinically appropriate manner of making the report, for example, whether it is clinically advisable to involve the client in the reporting process even up to having the client make the report. If the legal, ethical and clinical bins have been thoughtfully addressed (and assuming that the informed consent process at the beginning of treatment was handled appropriately), there will be little to consider in the risk management bin. The psychologist's exposure to liability will be minimal.

This issue's "CE Corner" on page 56, "Best practices for an online world" by Daniel Lannin and Norman Scott, PhD, provides another example that illustrates how the four-bin analysis may be helpful in thinking through dilemmas. Lannin and Scott examine psychologists' online activities. Were a psychologist to contact the Ethics Office for a consultation regarding whether a particular use of the Internet was appropriate, the questions Lannin and Scott pose could be framed in terms of the four bins. Their proposed first step, "First, psychologists must consider the risks and rewards that their online activity might have on their clients," represents the clinical bin. By giving this question priority of place, Lannin and Scott set the stage for a clinically driven ethics. Their next step, "the principle of

integrity inspires psychologists to be upfront and honest in therapy about the potential role confusion that could occur with online interactions with clients" moves the consultation to the ethical bin by highlighting the centrality of informed consent. Lannin and Scott include the risk management bin

in their analysis, "To limit the liability risk of using social media, practitioners may need to take certain precautions" such as contacting their liability insurance representatives. Finally, Lannin and Scott assign a role to the legal bin by identifying both federal and state law as important considerations in determining what information may appropriately be disclosed on the Internet. By explicitly identifying all four bins in their article, Lannin and Scott provide a comprehensive approach

A good analogy for the "four-bin" approach is the four wheels on a car. Each of the wheels must be in good working order for the car to proceed successfully.

for psychologists who wish to have an online presence.

It is rare — although it does happen — that a consultation will raise questions in only one of the four bins. Far more often, two or more bins have questions for a psychologist to consider. A disciplined process of going through each bin, first to differentiate the different kinds of questions the consultation raises and then to integrate the bins with one another, represents a thoughtful and comprehensive four-bin analysis. ■

Dr. Steven Behnke, JD, PhD, MDiv, is the director of APA's Ethics Office.

'Ethics Rounds' now available as CE
Previously published "Ethics Rounds" columns have been converted into CE programs. For details visit www.apa.org/ce.



To listen to free podcasts of Dr. Tara Brach's 2013 talks, visit www.tarabrach.com/audioarchives2013.html.

A blend of Buddhism and psychology

Psychologist and Buddhist meditation teacher Tara Brach draws fans from high schools, prisons and even the legislative offices of Capitol Hill.

BY TORI DEANGELIS

When Tara Brach, PhD, speaks, a lot of people listen. Even when she doesn't speak, they listen — or simply join her in silence.

Brach is a popular presenter at spiritual centers across the country, leading about 10 workshops and two or three meditation retreats each year. Followers in more than 150 countries download her talks and guided meditations for free and devour her best-selling CDs and books, including her 2013 book “True Refuge: Finding Peace and Freedom in Your Own Awakened Heart,” which discusses how people can find “their true home” — what Brach calls “a timeless, loving presence” — under even the most challenging conditions.

“What I have found over time is that the more I can recognize what is happening in the present moment and simply open and allow the experience without judgment, the more I come back home.”

Her approach blends Buddhist and psychological teachings in ways that are easy for people to apply in their daily lives, say colleagues.

“Tara has an incredible ability to bring the teachings alive with stories that are personal, that show she is vulnerable, but at the same time, not make them about her, but about others’ development,” says Cheri Maples of the Center for Mindfulness and Justice, a non-sectarian mindfulness training center for criminal justice professionals and others.

Over the last decade, Brach’s teaching and writing have helped to inspire a line of research that has made mindfulness techniques more mainstream, says one such researcher, University of Toronto psychologist Zindel V. Segal, PhD. He was a key founder of mindfulness-based cognitive therapy, an approach that uses mindfulness techniques to prevent depression relapse, first outlined with colleagues J. Mark G. Williams, DPhil, and John D. Teasdale, PhD, in a 2000 article in the *Journal of Consulting and Clinical Psychology*.

“Coming at a time when the field was still grappling with how mindfulness and compassion practices could be integrated into clinical treatment, Tara’s work was profoundly influential,” Segal says.

‘The trance of unworthiness’

Brach came to her path by studying psychology, meditation and yoga, as well as by examining her own life and conflicts, which include a 1991 divorce, a 2003 diagnosis of a genetic disorder that affects the connective tissue and a family that — like her — is “neurotic as hell,” she laughs.

Now 60, Brach experienced an “aha!” moment at age 22 as a psychology and political science student at Clark University. While on a camping trip, a friend told her she was “learning how to be her own best friend.” Hearing this, Brach burst into tears, she remembers. “I realized I was just the opposite.

Everywhere I looked I had another judgment about myself — I was a bad daughter, I was a bad friend, I was too heavy, I couldn't control my eating, I wasn't doing what I could be doing academically, I didn't help the world enough," she says.

That observation led to an ongoing attempt to understand and free herself and others from what Brach has come to call "the trance of unworthiness." It's a particularly strong habit in the West, she thinks, because our competitive, individualistic culture pressures us to feel we're never good enough.

To pursue healing and explore her spirituality, Brach decided to move into an ashram after college. For 10 years, she lived in this spiritual community, teaching at the ashram's yoga center and working in a vegetarian restaurant to stay afloat. She immersed herself in practicing yoga, breath-based meditation and devotional chanting, which quieted some of her mental obsessing and helped her gain more openheartedness and peace. While still living in the ashram, she began graduate school at the Fielding Institute in Santa Barbara, Calif., where she earned her doctorate in clinical psychology in 1991.

Her psychology training and internship practice provided her with two core insights, Brach says. The first is that therapy should create a sufficiently safe and accepting space so that clients can connect with areas of dissociated emotional pain, learn to relate to that pain with sturdier internal resources and start to heal. The second is that recognizing and mirroring the client's strengths is powerful medicine.

"It serves as a key element in clients' ability to release limiting self-narratives, open to unprocessed pain and discover a greater sense of wholeness," says Brach from her quiet, woodsy home in Great Falls, Va. But it was Buddhist meditation that really helped to gel her direction, she says. After attending a number of silent retreats, in 1995 Brach embarked on a three-year teacher training program led by psychologist and Buddhist teacher Jack Kornfield, PhD, at Spirit Rock Meditation Center in Woodacre, Calif.

"Over those years, my spiritual life went much deeper because I came to trust my heart and awareness and who I am beyond these changing moods, thoughts and ways of behaving," she says.

The core Buddhist teachings about how "to awaken to the vastness, mystery and intrinsic goodness of who we really are" became a central focus of her life, therapy work and teaching, she says. These teachings are grounded in practices of mindfulness, and lead to a natural love of and generosity toward the world.

"When we are mindful and awake in the moment, we have the capacity to empathically sense the suffering within and around us, and to respond with compassion," she says.

A dual strategy

In the ensuing years, Brach sought to share her experiences and insights with others, through psychology practice and teaching. As a private practitioner, she worked with clients with anxiety, depression and trauma symptoms who were interested

in spiritual work. She also offered classes and workshops that combined Buddhist teachings, meditation and psychology, such as psychodrama and meditation, for instance, or applying meditation to emotionally challenging situations. She no longer practices individual therapy but teaches both lay practitioners and professionals seeking to integrate mindfulness into psychotherapy.

Her Eastern practices intimately informed her psychology path, and vice versa. She has seen how combining an ongoing meditation practice with psychotherapy can provide a powerful path for healing.

"Therapy helps us to recognize and accept our patterns and imperfections, while meditation gradually opens us to the confidence that we have an inner refuge, a way to hold our lives in our own caring and healing presence," she says.

When people train in these ways, the results can be dramatic, she says. Researchers agree, with studies showing that meditation helps to activate regions of the brain involved in higher functions and offering a behavioral and psychological alternative to the instinctive "fight or flight" response of the reptilian brain. A 2010 study by Britta K. Hölzel, PhD, and colleagues in *Psychiatric Research*, for example, shows that meditation leads to increases in brain density in the cerebral cortex, associated with improved executive functioning, concentration and emotional regulation. Meanwhile, a 2003 study in *Psychosomatic Medicine* by Richard Davidson, PhD, and Jon Kabat-Zinn, PhD, showed that eight weeks of mindfulness-based meditation produced significant increases in left-sided anterior brain activity, which is associated with positive emotional states.

Brain activity aside, "you can think of spiritual practice as a kind of spiritual re-parenting," Brach adds. "You're offering yourself the two qualities that make up good parenting: understanding — seeing yourself for who you truly are — and relating to what you see with unconditional love."

Today, Brach's work extends to many populations. Practitioners whom she has trained teach mindfulness techniques in schools, prisons, corporations, nonprofit organizations and on Capitol Hill. They have offered classes at the World Bank, the Environmental Protection Agency and to superior court justices. A sure sign these ideas are becoming a part of the nation's consciousness: In October, Brach and Rep. Tim Ryan (D-Ohio), another champion of mindfulness and author of the 2012 book "A Mindful Nation," teamed up to launch a mindfulness program at a large public high school in Bethesda, Md.

"To me, bringing mindfulness-based practices to students, teachers and parents is some of the most important work we can be doing," Brach says. "If we can help the next generation become more self-aware, empathetic and emotionally resilient, they will bring their wisdom to healing the earth and creating a more peaceful world." ■

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

Strength in numbers through partnerships

BY DR. KATHERINE C. NORDAL • EXECUTIVE DIRECTOR FOR PROFESSIONAL PRACTICE



Combining forces with other organizations can have a powerful impact. Partnerships can help organizations advance a variety of shared goals such as changing policy, advocating jointly for specific legislation, raising public awareness and educating the public about specific issues. APA partnerships are valuable for professional psychology and for practicing psychologists:

Our collaborative efforts are helping to enhance the public's understanding of the important role psychologists play in health care, promoting the value of psychology to other health professions, and fostering and improving collaborations between psychologists and other health professionals.

APA has recently renewed our agreement with the YMCA of the USA (Y-USA), a partnership that has existed since 2008 to provide families and communities with resources for healthy living. Y-USA encompasses 20 million members across the United States, an audience APA wouldn't be able to reach on its own without significant financial cost. Through national and local collaborations, we are able to combine resources to enhance public understanding of the value of psychology to a much larger target audience. As part of the White House National Dialogue on Mental Health, Y-USA and APA are raising awareness among Y leaders and staff about the warning signs and symptoms of depression, emotional distress and trauma. Our partnership with the Y has also led to networking opportunities for members, such as Amy Walters, PhD, of Idaho, who was asked to serve as an advisory board member to the YMCA Healthy Living Branch Advisory Committee, a position that will enable her to promote the value of psychology.

APA, through its public education campaign on Mind/Body Health, has also just signed a memorandum of understanding (MOU) with the National Parent Teachers Association (National PTA) and is beginning to plan collaborative projects for 2014. This partnership will enable us to pursue mutual public education interests related to health and wellness. APA will provide expertise on mental and behavioral health, and the National PTA will provide us the opportunity to reach four million members across 22,000 local chapters.

APA is also renewing its partnership with the American Red Cross. For more than two decades, APA and the Red Cross have worked together to help communities manage the devastating

effects of disaster. Psychologists train general volunteers in psychological first aid, manage mental health aspects of relief operations and educate the public about longer-term recovery.

Partnerships add value to APA and state, provincial or territorial psychological associations by boosting the organizations' public visibility as well as creating opportunities for psychologists to network. Interdisciplinary and inter-organizational connections can also enhance professional exposure for members of the national, state or local organization and create potential revenue streams. Collaboration can help organizations cast a wider net to strengthen existing relationships and establish new ways for psychologists to showcase their expertise while providing a valuable public service.

At the state level, the Pennsylvania Psychological Association has taken advantage of the benefits of partnership by joining forces with the Pennsylvania Chapter of the American Academy of Pediatrics (www.paaap.org). The organizations are working together to advance joint goals of getting kids screened for mental health issues during pediatric well visits, developing baseline evaluation standards for mental health evaluations when kids screen positive, and establishing collaborative and effective links between psychologists and pediatricians in the state.

Partnerships can take many forms; they may be through a national, state or local organization, or between you as an individual with businesses in the community. The APA Practice Directorate has compiled a series of resources for states and individuals interested in exploring partnership opportunities.

A sample MOU — a written agreement between two organizations that helps establish a basic framework for partnership activities — along with resources for SPTAs interested in forming partnerships with other organizations is available on the APA Practice Organization's Practice Central website at www.apapracticecentral.org/business/collaboration/index.aspx. ■

Asylum tourism

In the 19th century, travelers visited asylums to admire the institutions' architecture and grounds.

BY JENNIFER L. BAZAR, PHD, AND
JEREMY T. BURMAN, MA

Alongside mentions of monuments, churches and historical sites, a 19th-century tourist in New York might have found this recommendation in his or her guidebook: Visit the Bloomingdale Asylum for the Insane, in the Morningside Heights neighborhood of Manhattan (on the grounds of what is now Columbia University).

"The approach to the Asylum from the southern entrance ... is highly pleasing," reads the 1880 guide "Miller's New York As It Is." The author continues, "The sudden opening of the view, the extent of the grounds, the various

voyeuristic than its earlier incarnations. The patients — sometimes including the powerless wives of jealous or bored aristocrats — had often been treated like animals, housed in institutions that were little more than human zoos. (It cost only a shilling to see "the beasts" rave at Bedlam, as the Bethlem Royal Hospital in London, England, was then known.)

Following the rise in the 19th century of "moral treatment," insanity came increasingly to be recognized as a curable disease. It was argued that, because this disease was caused by the draining away of one's mental energy, the "mentally ill" (as "the insane" ultimately came to be called) needed only a few things to recover: rest, meaningful employment,

numbers across the Western world. And with this change also came a change in tourism: a shift from viewing the insane to viewing their asylums.

The attraction of the asylum shifted from witnessing the "bedlam" of a human zoo to admiring the material side effects of this shift toward treatment: beautiful gardens, manicured lawns, interesting architecture and proportions that rivaled most cities' greatest wonders. In short, the change in thinking about insanity made the change in asylum tourism possible.

The timing for this was good. Before the 19th century, long-distance travel was an expensive privilege reserved for the upper class. With the dawn of the 1800s came the railroad, improvements to roadways and the emergence of the steamship industry, making travel faster, cheaper and easier.

These new travelers relied on guidebooks to learn about the history, customs and attractions of their destinations. Guidebooks like "Miller's New York" offered detailed railway itineraries indicating highlights that could be seen from the windows of the train as well as the attractions at each of the stops, such as the Bloomingdale Asylum.

Private institutions such as Bloomingdale did not garner all of the attention. A similar entry in "The Englishman's Illustrated Guide Book to the United States and Canada," also published in 1880, recommended that tourists visit the nearby publicly funded New York Asylum for the Insane: "A visit to this Institution will well repay the

Encouraging tourism became a way to gain the public's confidence. It also discouraged skepticism regarding treatment and helped address the social stigma surrounding insanity.

avenues gracefully winding through so large a lawn. ... The central building ... is always open to visitors, and the view from the top of it being the most extensive and beautiful of any in the vicinity of the city, is well worthy of their attention" (Miller, 1880, p. 46-47).

Recommending a visit to a mental hospital might seem surprising to modern readers, but this was not unusual at the time. In fact, the "asylum tourism" of the late 1800s was less

appropriate amusements, hygienic conditions and kindness. New asylums for *treating* insanity were therefore built for that purpose. Every element of the buildings, both inside and out, was considered an integral part of treatment (see Yanni, 2007).

The shift in treatment

This new philosophy — *cure* rather than *incarcerate* — spread quickly. Throughout the 1800s, institutions opened in large



BLOOMINGDALE ASYLUM FOR THE INSANE—
WHITE PLAINS.

Ludy T. Benjamin Jr. Papers, Archives of the History of American Psychology,
The Center for the History of Psychology, The University of Akron.

tourist or philanthropist. The scenery in the vicinity is very beautiful,” assured the guide (Anonymous, 1880, p. 27; see similarly Staveley, 1849, p. 11).

This change in tourism received mixed support from asylum superintendents. They didn’t all encourage it — some found that the tourists distracted staff from the patients in their care. Yet others did include visiting hours in their annual reports, which in turn were often printed in the local newspaper. And still others posted their hours on signs.

Janet Miron, author of the 2011 book “Prisons, Asylums and the

Public,” has argued that, for asylum administrators, encouraging tourism became a way to gain the public’s confidence. It also discouraged skepticism regarding treatment and helped address the social stigma surrounding insanity. Current anti-stigma campaigns do something similar, although with “mental health” rather than “mental illness.”

Like the 19th-century asylums made more accessible by technological change, leading present-day mental health centers are becoming increasingly integrated with their neighboring communities. Two such

examples are the the newly opened Worcester Recovery Center and Hospital in Worcester, Mass., and the renovations in progress at the Centre for Addiction and Mental Health in Toronto. Such facilities are returning to the idea that beautiful buildings and manicured grounds present a welcoming, healthful face (see Sachs, 1999). But a move toward openness, on its own, is not sufficient. Some mental health centers have adopted the “moral treatment” philosophy of meaningful work, and some now even make it possible for patients to display and sell their artwork or handicrafts. Most,

TIME Capsule

though, have also forgotten that this was once itself an integral form of treatment. And it was associated with a shift worth preserving: patients visited, not viewed. ■

Jennifer L. Bazar recently earned her PhD from York University, Toronto. Jeremy T. Burman is a graduate student in the history and theory of psychology program at York University, Toronto. Katharine S. Milar, PhD, Earlham College, is the historical editor for *Time Capsule*.

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APA board and committee election results

Congratulations to the new members of APA's boards and committees.

And the winners of last fall's election are:

Committee on Structure and Function of Council: Martha E. Banks, PhD, and Joseph J. Coyne, PhD.

Finance Committee: Rosie Phillips Bingham, PhD, and Beth N. Rom-Rymer, PhD.

Ethics Committee: Mary A. Connell, EdD (family conflicts and child custody and protection); Christina Harms, JD (public member); and Linda K. Knauss, PhD (testing and assessment/neuropsychology).

Membership Board: Rachel Casas, PhD (early career psychologist); Stephanie A. Shields, PhD (STEM); and Jeannette L. Johnson, PhD (practice/state, provincial and territorial psychological associations).

Policy and Planning Board: Ali M. Mattu, PhD (early career psychologist); Douglas C. Haldeman, PhD; and Melba J. T. Vasquez, PhD.

Publications and Communications Board: Annette M. La Greca, PhD.

Committee on International Relations in Psychology: Melissa L. Morgan Consoli, PhD (humanitarian/social justice research); Rehman Y. Abdulrehman, PhD (global health); and Arpana G. Inman, PhD (psychology training/international).

Board of Educational Affairs: Erica H. Wise, PhD (graduate, postdoctoral, continuing education and lifelong education and training); Susan Krauss Whitbourne, PhD (precollege and undergraduate education); Tammy L. Hughes, PhD (application of psychology to educational processes and the role of psychology in school systems); and David Lubinski, PhD (Board of Scientific Affairs).

Board of Professional Affairs: Linda A. Reddy, PhD (school psychology); Celiane M. Rey-Casserly, PhD (psychological testing and assessment); and Antonette M. Zeiss, PhD (institutional/public sector practice).

Committee for the Advancement of Professional Practice: Elena J. Eisman, EdD (health care/expanded practice); Judith E. Patterson, PhD (large group practice management/administrative experience); and Lindsey R. Buckman, PsyD (early career practitioner).

Board of Scientific Affairs: Robert W. Proctor, PhD (applied experimental psychology/human factors/methodology/statistics); Linda P. Spear, PhD (behavioral/developmental neuroscience/comparative psychology); and Bonnie J. Spring, PhD (health psychology/public health).

Board for the Advancement of Psychology in the Public Interest: Gary W. Harper, PhD (lesbian, gay, bisexual or transgender); Gayle Morse, PhD (Native American/American Indian); and Elizabeth M. Vera, PhD (Latina/o).

Commission for the Recognition of Specialties and Proficiencies in Professional Psychology: Steven M. Tovian, PhD (Board of Educational Affairs); Jeffery S. Mio, PhD (Board for the Advancement of Psychology in the Public Interest); and Roberta L. Nutt, PhD (Board of Professional Affairs/Committee for the Advancement of Professional Practice).

Committee on Rural Health: Jameson K. Hirsch, PhD (suicide prevention and intervention); Iva GreyWolf, PhD (cultural, ethnic and linguistic minorities), and Teri L. Strong, PhD (primary-care setting and/or prescriptive authority). ■

Don't miss psychology's regional meetings

Here are the key speakers,
dates and locations for each
of psychology's regional meetings.



SeanPavonePhoto

Southeastern Psychological Association

March 5–8, Nashville, Tenn.

www.sepaonline.com/annualmeeting-info.htm

This year's invited speakers include:

- **John Bohannon, III, PhD**, Butler University, on “Sex, Kisses and Car Crashes: Evidence of Adaptive Memory.”
- **Jared W. Keeley, PhD**, Mississippi State University, on “DSM-5 and ICD-11: Why You Should Care About Psychiatric Classification.”
- **Everett Worthington Jr., PhD**, Virginia Commonwealth University, on “What's Left to Do in Basic and Applied Research on Forgiveness.”
- **Matthew T. Feldner, PhD**, University of Arkansas and the Laureate Institute for Brain Research, will deliver the American Psychological Association G. Stanley Hall Lecture on “Comorbidity in Psychology: Moving from a Footnote to the Foreground.”

In addition, Psi Chi's student programming features:

- **Tara Collins, PhD**, Winthrop University, will present "Graduate School Talk: Long-term Preparation Strategies."
- **Steven Berman, PhD**, University of Central Florida–Daytona Campus, will present "Graduate School Talk II: 'I Am Applying This Semester.'"
- **Amanda Nickerson, PhD**, University of Buffalo, will present the Psi Chi Distinguished Lecture on "Bullying: Preventing, Spotting and Stopping It."
- **Christy Wright**, Dave Ramsey Leadership Institute, will present the Psi Chi Leadership Session about the importance of prioritizing and achieving balance for leaders.

In addition, Psi Chi, Psi Beta, and CEPO are collaborating on a session about undergraduate research and publishing. And **Darren Ritzer, PhD**, Winthrop University, will host the second annual diversity quiz bowl.

Eastern Psychological Association

March 13–16, Boston

www.easternpsychological.org

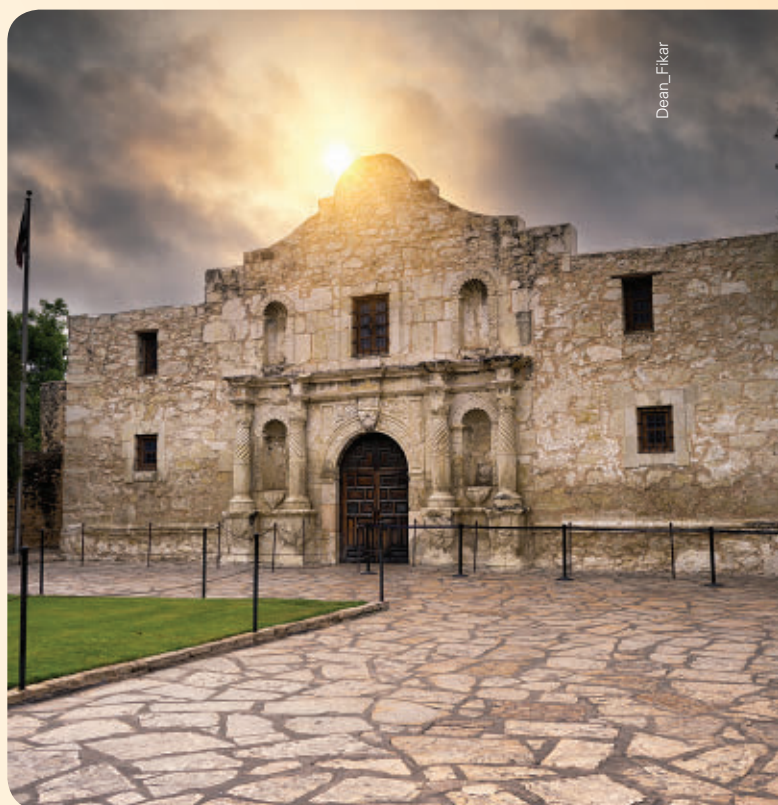
Among the highlights of this year's conference is the invited symposium "The Human Capacity for Language — Design, Regeneration and Evolution," with **Iris Berent, PhD**, Northeastern University, **Susan Goldin-Meadow, PhD**, University of Chicago, and **Steven Pinker, PhD**, Harvard University.

Other programs include:

- **Steven Pinker, PhD**, on "The Sense of Style: Why Academic Writing is so Bad, and How to Make It Better."
- The APA Distinguished Scientist Address by **Daniel J. Simons, PhD**, University of Illinois at Urbana-Champaign, on "Missing What's Missing."
- The Keller Award Distinguished Lecture by **Edward A. Wasserman, PhD**, University of Iowa, on "From Keller and Schoenfeld to Concepts and Categories."
- A Presidential Integrative Symposium on "Categorization — Insights from Cognitive Science, Neuroscience, Developmental Psychology, and Comparative Psychology," featuring **Earl K. Miller, PhD**, MIT, **Aude Oliva, PhD**, MIT, **Paul C. Quinn, PhD**, University of Delaware, and **Edward A. Wasserman, PhD**, University of Iowa.
- **Elaine Walker, PhD**, Emory University, on "Adolescent Neurodevelopment and the Bio-behavioral Expression of Vulnerability for Psychosis."
- **John Bargh, PhD**, Yale University, on "Embodied Social Cognition via Conceptual Scaffolding."
- A Presidential Symposium: "Closing the 'Gap': Advances in Animal Cognition," with **Irene M. Pepperberg, PhD**, Harvard University, **Diana Reiss, PhD**, Hunter College, City University of New York, **Robert Cook, PhD**, Tufts University, and **Alexandra G. Rosati, PhD**, Yale University.
- **B.J. Casey, PhD**, Weill Cornell Medical College, on "Development of Fear: Evidence from Mouse to Human."

- The Psi Chi/EPA Invited Keynote Address by **Anthony Greenwald, PhD**, University of Washington, on "How 'Hidden Biases of Good People' Produce Discrimination."

- A Psi Chi special symposium on crowdsourcing research with a particular emphasis on the Psi Chi and Psi Beta sponsored research projects.
- Psi Chi workshops on "Getting Into Graduate School," "What Can You Do with a Bachelor's Degree in Psychology?" and an orientation for students new to conferences, "Psychology Conferences 101: Getting the Most Out of Your Conference Attendance."



Dean_Fikar

Southwestern Psychological Association

April 3–5, San Antonio

www.swpsych.org

The theme for this year's conference is "Consciousness, the Final Frontier." Keynote speakers include:

- **Russell Hurlburt, PhD**, University of Nevada–Las Vegas, on "Randomly Sampling Inner Experience: fMRI Validation, Clinical Results and Developmental Speculations."
- **Michelle Montague, PhD**, University of Texas at Austin, on "Awareness of Awareness."
- **Galen Strawson, PhD**, University of Texas at Austin, on "Consciousness in the 20th Century."
- **Michael Tye, PhD**, University of Texas at Austin, on "Do Fish Have Feelings?"

• **Elizabeth Loftus, PhD**, University of California, Irvine, on “False Memories In and Out of Court.”

• **Rachel Herz, PhD**, Brown University, an internationally known expert on olfaction and emotion, who is the Psi Chi Distinguished Lecturer.



Rocky Mountain Psychological Association

April 24–26, Salt Lake City

www.rockymountainpsych.org/

Among this year's highlights are:

• **The Portenier–Wertheimer Teaching Conference**, held on Thursday, April 24.

• **Dana Dunn, PhD**, Moravian College, will serve as the Teaching Conference Keynote Speaker.

• **Daniel Schacter, PhD**, Harvard professor and National Academy of Sciences member, is the meeting's kickoff speaker.

• **Brad Bushman, PhD**, the Margaret Hall and Robert Randal Rinehart Chair of Mass Communication Professor at The Ohio State University, will deliver the RMPA alumni address.

• **David Matsumoto, PhD**, San Francisco State University, is the invited diversity speaker.

• **Robert Bjork, PhD**, University of California, Los Angeles, will deliver the Ellis-Battig Lecture.

• **Barney Beins, PhD**, Ithaca College, will present the APA Harry Kirke Wolfe Lecture.

• RMPA and the Utah Psychological Association are co-sponsoring a six-hour continuing-education program on April 24 from 9 a.m. to 4 p.m.

• **Lisa Diamond, PhD**, University of Utah, will conduct a workshop related to her research interests in affectional bonds and human sexuality.

• Psi Chi has arranged student-oriented workshops and leadership seminars to run concurrently with the teaching preconference.

• **Skip Beck, PhD**, Appalachian State University, will deliver the Psi Chi Distinguished Speaker address on the real story of Little Albert of the John Watson experiments.

Western Psychological Association

April 24–27, Portland, Ore.

www.westernpsych.org

The Western Psychological Association (WPA) meeting features more than 30 distinguished speakers and invited symposia in addition to the Terman Teaching Conference on April 23, statistics workshops and the WPA Film Festival. Among the highlights are:

• WPA presidential address by **Victoria M. Follette, PhD**, University of Nevada, Reno.

• The APA G. Stanley Hall Address by **Lisa Diamond, PhD**, University of Utah, co-sponsored by the Society for the Teaching of Psychology.

• The Psi Chi Distinguished Speaker will be **Morton Ann Gernsbacher, PhD**, University of Wisconsin–Madison.

Special keynote addresses will be delivered by:

• **Philip G. Zimbardo, PhD**, the Heroic Imagination Project.

• **Stanley Coren, PhD**, University of British Columbia.

WPA award addresses will be delivered by:

• **Stanley Sue, PhD**, Palo Alto University (Life Achievement).

• **Melinda Blackman, PhD**, California State University,

Fullerton (Teaching).

• **Bettina J. Casad, PhD**, of the University of Missouri–St. Louis (Early Career Research).

• **Anthony Biglan, PhD**, of the Oregon Research Institute (Social Responsibility).

Other distinguished speakers include: **John Boyd, PhD**, of Google; **Scott C. Bates, PhD**, Utah State University; **Delia Saenz, PhD**, of Arizona State University; **Jessica Henderson Daniel, PhD**, Boston Children's Hospital; **Dare Baldwin, PhD**, University of Oregon; **Frank Bernieri, PhD**, Oregon State University; **Robert Biswas-Diener, PhD**, Portland State University; **Mark Costanzo, PhD**, Claremont McKenna College; **William Crano, PhD**, Claremont Graduate University; **Stewart I. Donaldson, PhD**, Claremont Graduate University; **Kurt A. Freeman, PhD**, Oregon Health and Science University; **Jennifer J. Freyd, PhD**, University of Oregon; **Shelly Gable, PhD**, University of California, Santa Barbara; **Glenn Geher, PhD**, State University of New York at New Paltz; **Gordon Hall, PhD**, University of Oregon; **Diane Halpern, PhD**, Claremont McKenna College; **Leslie Hammer, PhD**, Portland State University; **Steven C. Hayes, PhD**, University of Nevada, Reno; **Ira E. Hyman, Jr., PhD**, Western Washington University; **R. Eric Landrum, PhD**, Boise State University; **Sonja Lyubomirsky, PhD**, University of California, Riverside; **Azim Shariff, PhD**, University of Oregon; **Michael Steger, PhD**, Colorado State University; **Sue Frantz**, Highline Community College; **Eric Stice, PhD**, Oregon Research Institute; **Phil Watkins, PhD**, Eastern Washington University; and **Michael Webster, PhD**, University of Nevada, Reno.

The statistics workshops will feature:

• **Andrew Ainsworth, PhD**, California State University at

Northridge, on “Introduction to Item Response Theory.”

• **Kathleen Preston, PhD**, California State University at Fullerton, “Advanced Topics in IRT: Evaluating the Effectiveness of Each Response Option with the Nominal Response Model.”

• **Sanjay Srivastava, PhD**, University of Oregon, on “Growth Curve Modeling with Latent Variables.”

• **Chris Aberson, PhD**, Humboldt State University, on “Multiple Regression: Assumptions, Analyses, and Presentation.”

Midwestern Psychological Association

May 1–3, Chicago

<http://midwesternpsych.org/>

The Midwestern Psychological Association Meeting will feature papers, posters, workshops and discussion sessions from researchers across the Midwest and around the world. Submissions to the 2014 meeting reached a record number. This year’s invited speakers include:

- **John Bargh, PhD**, Yale University.
- **Aaron Benjamin, PhD**, University of Illinois.
- **Edward Diener, PhD**, University of Illinois.
- **Sandra Graham, PhD**, University of California, Los Angeles.
- **Janet Hyde, PhD**, University of Wisconsin.
- **Margo Monteith, PhD**, Purdue University.
- **Sandra Murray, PhD**, University at Buffalo.

MPA will also offer the following research methods and statistics workshops:

• **Andrew Hayes, PhD**, Ohio State University, on “Mediation and Moderation Analysis.”

• **Michelle Hebl, PhD**, Rice University, on “Thinking Outside the Subject Pool.”

• **Rick Hoyle, PhD**, Duke University, on “Structural Equation Modeling.”

New England Psychological Association

Oct. 17–18, Lewiston, Maine

<http://nepa.cloverpad.org>

This year’s New England Psychological Association (NEPA) Meeting will be held Oct. 17–18, at Bates College in Lewiston, Maine. Planning for the 2014 NEPA program has just begun.

Lynn Hasher, PhD, has been invited to present the APA Distinguished Scientist Lecture.

As in prior years, the Northeast Conference on the Teaching of Psychology will meet the day before NEPA at the same location.

The deadline for submission of papers and symposia for NEPA is June 8. Poster submissions will be reviewed through September on a space-available basis. ■

APA/ABA CONFERENCE

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



CONFRONTING FAMILY AND COMMUNITY VIOLENCE The Intersection of Law and Psychology

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

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

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

E-mail: dbeavers@apa.org or SAPAABAViolenceConf@apa.org

<http://www.apa.org/about/offices/ogc/apa-aba/conference.aspx>



Confronting Family and Community Violence
The Intersection of Law and Psychology



Join the Div. 17 early career committee

Div. 17 (Society of Counseling Psychology) invites applications for its Early Career Professionals Committee. The committee hosts networking social hours at APA's Annual Convention and organizes programs on critical ECP issues, such as mentoring, becoming a supervisor, finding grants and getting the salary you deserve. The committee has also developed a guide for students who are transitioning into early career roles. For information on how to apply, contact Committee Chair Dom Scalise at dscalise@umd.edu or visit www.div17.org/ecps/ecp-committee.

Register now for Div. 22 conference in San Antonio

Div. 22 (Rehabilitation) will host its 16th annual conference, "Translating Research into Practice" Feb. 27–March 1 in San Antonio. The meeting is co-sponsored by the American Board of Rehabilitation Psychology and includes pre-conference workshops on addressing the needs of service members and veterans and critical care settings and a full-day track on mindfulness-based research and practice. Register at www.abpp.org/i4a/pages/index.cfm?pageid=3574. For more information, contact Lanette Melville at lanette@abpp.org.

Attend the Div. 24 midwinter meeting

Div. 24 (Society for Theoretical and Philosophical Psychology) will host its annual meeting March 6–8 in Atlanta. For more information, email Joseph Ostenson, PhD, at jostenso@utm.edu, or visit www.theoreticalpsychology.org/news1.html.

Explore New York City's psychoanalytic education opportunities

Div. 39 (Psychoanalysis) is co-sponsoring a "psychoanalytic fair" at Columbia Teachers College in New York City on Feb. 8. Every psychoanalytic training program in the greater New York area has been invited to participate. For more information, Aurelie Athan, PhD, at athan@exchange.tc.columbia.edu.

Write for the Div. 40 blog

Div. 40 (Society for Clinical Neuropsychology) seeks authors for its "SCN Neuroblog" at scndiv40.blogspot.com. The blog enables researchers to discuss important areas within clinical neuropsychology. The first installment will focus on positive applied neuropsychology. The society also welcomes contributions from members on such topics as current practice, training or research issues. Send your sample post or blog idea for consideration to Michael Cole, PhD, at michaelcole@berkeley.edu.

Be a Div. 43 fellow

Div. 43 (Society for Family Psychology) encourages its members to apply for fellow status. Fellows must have been working in family psychology for at least three years postdoctorate, have been a member in the society for at least one year and be able to demonstrate how his or her contributions to family psychology have made a national impact. Newly elected fellows present at the APA Annual Convention each year. To apply, contact Linda Berg-Cross, PhD, at lindabergcross@gmail.com.

Need funding? Apply for a Div. 29 grant

Div. 29 (Psychotherapy) seeks nominations for three research grants:

- The \$10,000 Norine Johnson, PhD, Psychotherapy Research Grant, for an early career psychologist researching psychotherapist qualities that may affect treatment effectiveness and outcomes.
- The \$5,000 Charles J. Gelso, PhD, Psychotherapy Research Grants, offered to graduate students, predoctoral interns, postdoctoral fellows and early career psychologists for research on psychotherapy process or psychotherapy outcomes.
- The \$2,000 Diversity Research Grant, for dissertations on ways to promote diversity within Div. 29 or the psychotherapy profession.

The deadline for all three is April 1. For more information and to apply, contact Div. 29 Administrator Tracey Martin at assnmgmt1@cox.net. ■

APF honors Dean Keith Simonton with Joseph B. Gittler Award

APF awarded Dean Keith Simonton, PhD, the \$10,000 APF Joseph B. Gittler Award, given each year for the most scholarly contribution to the philosophical foundations of psychological knowledge.

Simonton, a professor of psychology at the University of California, Davis, has



Simonton

more than 460 publications concerning genius, creativity, leadership, talent, and aesthetics. Past recipients of the Gittler award include Barbara S. Held, PhD, of Bowdoin College; Daniel N. Robinson, PhD, of Oxford University; Louis Sass, PhD, of Rutgers University; Daniel Kahneman, PhD, of Princeton University; and Jerome S. Bruner, PhD, of New York University.

Since 1953, APF has been supporting innovative research and programs that launch careers and seed the knowledge base on critical issues around the globe. For more information, please visit the APF Web pages at www.apa.org/apf.

APF award supporting Asian and Asian-American children's social and emotional development

APF and the Asian-American Psychological Association have given **Joey Fung, PhD**, its 2013 AAPA-APF Okura Mental Health Leadership Foundation Fellowship.

Fung, a psychology professor at the Graduate School of Psychology at Fuller Theological Seminary, studies cultural and familial influences on children's social and emotional development, with an emphasis on Asian and Asian-American families. She is interested in how cultural beliefs about parental

Grantee Spotlight:

Understanding the consequences of being overweight

The stigma many overweight people experience has been shown to lead to depression and poor body image, yet has been little studied by psychology. In 2008, **Lenny Vartanian, PhD**, and **Sarah Novak, PhD**, received an APF Visionary Fund Grant to study whether people's internalized societal attitudes about weight moderated how they were affected by others' judgments of their weights.

Their project examined the relationship between weight stigma experiences and motivation to exercise and explored individual-difference factors that could influence that association. Vartanian and Novak found that people who felt stigmatized because of their weight were more likely to have body dissatisfaction, a desire for thinness, bulimic symptoms and poorer self-esteem.

Intriguingly, overweight people in the study who had greater "anti-fat" attitudes and higher internalized societal standards of attractiveness were more motivated to avoid exercise if they also experienced a high degree of weight

stigma. Overweight people who had low anti-fat attitudes and lower internalization were relatively unaffected.

Vartanian and Novak also found that avoidance of exercise was negatively correlated with self-reported strenuous exercise, suggesting that weight stigma can negatively influence people's motivation to exercise.

Vartanian says the APF grant helped to shift the understanding of people who are obese or overweight.

"Past research had identified the negative psychological impact of weight stigma experiences," he says. "However, some people — including certain public health officials — believe that these negative psychological and emotional impacts might be necessary to motivate obese people to lose weight. Our research challenged the notion that these stigma experiences are motivating, and has contributed to a now growing body of literature highlighting the negative impact of obesity stigma."

control shape parenting practices and in turn impact child adjustment. Her research includes work on patterns of risk and resilience in Beijing migrant children; the dissemination of school-based mindfulness interventions for adolescents; and enhancing interventions for ethnic-minority children and adolescents with anxiety.



Fung

The AAPA-APF Okura Mental Health Leadership Foundation Fellowship provides \$20,000 annually to support psychology's efforts to benefit the Asian-American and Pacific Islander community through research, training, and service/practice. For more information on the award, visit www.apa.org/apf/funding/okura-fellow.aspx.

Investing in the next generation of women leaders in psychology

Pamela Reid, PhD, president of The University of Saint Joseph, has spent her career mentoring and encouraging underserved students, particularly students of color. With a \$15,000 gift to the **APF Dorothy W. Cantor Leadership Institute for Women in Psychology (LIWP) Fund**, she will broaden her mentorship role by ensuring that women psychologists receive the support they need to excel in the field. The APF LIWP Fund will help midcareer female psychologists develop leadership skills to advance in academics, clinical positions and other professional settings.

Reid is supporting the Dorothy W. Cantor LIWP Fund as a way to "pay it forward" to the next generation

of female psychologists. "I wanted to recognize the support that I have received over the years from my colleagues in Div. 35, the Society for Women in Psychology," she says. "Additionally, I wanted to give back by investing in the program that is designed to support young women today and into the future."

As a first-generation college student, Reid knows the difference that support and encouragement from mentors can provide. Ensuring that young female

psychologists receive the same kind of guidance she was fortunate to receive was an integral reason she chose to generously donate to APF, and she encourages others to do the same. "Consider the mentors, scholarships and fellowships that launched your career or the words of encouragement that you experienced," she says. "This gift will ensure that similar encouragement continues. It is an opportunity to create a small legacy in the discipline." ■

Upcoming deadlines

March

Wayne F. Placek Grant: March 1

Esther Katz Rosen Grants:

March 1

F.J. McGuigan Early Career

Research Investigator Prize:

March 1

April

Div. 17 Counseling Psychology

Grants: April 1

Ungerleider-Zimbardo Student Travel Scholarships: April 1

Visionary Grants: April 1

David H. and Beverly A. Barlow Grant: April 1

Drs. Rosalee G. and Raymond A. Weiss Research and Program

Innovation Grant: April 1

Paul E. Henkin Travel Grant: April 15

May

Violet and Cyril Franks Scholarship: May 15

John and Polly Sparks Foundation Grant: May 15

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



Personalities

■ Rosemary Blieszner, PhD,

is the new president of the Gerontological Society of America. Blieszner is professor of adult development and aging and associate director of the Center for



Blieszner

Gerontology at Virginia Tech. Her research focuses on older adults' well-being and relationships with family and friends. She served on APA's Committee on Aging from 2005 through 2007 and as its chair in 2007. Blieszner served as editor of the *Journal of Gerontology: Psychological Sciences*, from 2008 to 2011. She is a fellow of Div. 20 (Adult Development and Aging).

■ The University of Illinois at Urbana-Champaign has appointed

Dorothy Espelage, PhD, as its Edward William and Jane Marr Gutsgell endowed professor in the School of Education. Espelage



Espelage

teaches child development in the educational psychology department and is a fellow of APA Div. 17 (Society of Counseling Psychology). Her research

investigates bullying, homophobic teasing, dating violence and sexual harassment.

■ The Margaret Clark Morgan Foundation awarded **Fred Frese, PhD**, one of its fourth annual Morgan Impact Awards for his work as an advocate and public voice for people with schizophrenia and other mental illnesses. Frese is a psychologist

and clinical assistant professor at Case Western Reserve University, where he specializes in schizophrenia treatment. He was also diagnosed with schizophrenia himself at age 25 and has for decades spoken publicly about his experiences. The Margaret Clark Morgan Foundation was established in 2001 in Hudson, Ohio, as a private grant-making foundation.

Damasio wins \$100,000 Grawemeyer prize

Neuroscientist **Antonio Damasio, MD, PhD**, is the 2014 winner of the University of Louisville Grawemeyer Award for Psychology. The \$100,000 prize honors Damasio's somatic marker hypothesis, which proposed that emotions influence people's decision-making ability.

Damasio posited the theory in 1996 after years of gathering evidence that people with certain brain injuries had trouble making personal and social decisions even when their overall intelligence remained intact. His research in the area has influenced how scientists study drug addiction, social communication and neuroeconomics.

Damasio is the Devid Dornsife Professor of Neuroscience at the University of Southern California and director of the university's Brain and Creativity Institute. He is also an adjunct professor at the Salk Institute and author of "Self Comes to Mind: Constructing the Conscious Brain," which was adapted into a musical composition performed by Yo-Yo Ma at the American Museum of Natural History in 2009.



Damasio



To watch Dr. Damasio's TEDTalk on the quest to understand consciousness, go to www.ted.com/talks/antonio_damasio_the_quest_to_understand_consciousness.html.

Personalities

■ The Agnes Irwin School, a girls' college preparatory academy in Rosemont, Pa., has named **Wendy Hill, PhD**, as head of the school. Hill, who will assume the position on July 1, is currently provost and dean of the faculty at Lafayette College in Easton, Pa., where she studies the physiological mechanisms that mediate animal behavior, such as the actions of neurotransmitters.



Hill

■ Marietta College gave **Christopher Klein, PhD**, its 2014 McCoy Professorship Award, a four-year designation recognizing teaching excellence. The cognitive psychologist and assistant professor of psychology studies the automatic and neurological processes of learning and attention, particularly how they function in people with an autism spectrum disorder, and teaches courses in statistics, research methods and cognitive psychology.



Klein

■ The American Association for the Advancement of Science has named its 2013 fellows. Seven psychologists were among those honored: **Toni Claudette Antonucci, PhD**, of the University of Michigan; **Eugene Borgida, PhD**, of the University of Minnesota Twin Cities; **John P. Capitanio, PhD**, of the University of California, Davis/California National Primate Research Center; **Leonard H. Epstein, PhD**, of the University at Buffalo School of Medicine and Biomedical Sciences; **Mark Stuart Goldman, PhD**, of the University of South Florida; **Eileen Kowler, PhD**, of Rutgers University; and **Helen S. Mayberg, PhD**, of the Emory University School of Medicine.

■ The University of Indianapolis presented **Jacqueline Remondet Wall, PhD**, with a Faculty Achievement Award that recognizes exceptional performance in scholarship, service, administration and teaching. Wall's achievements include her service as president of APA's Div. 18 (Psychologists in Public Service) in 2012 and her work designing a new undergraduate curriculum. Wall is director of undergraduate programs in psychology and an associate professor in the School of Psychological Sciences. ■



Wall

Three psychologists recognized by adult development center

The Center for Optimal Adult Development named psychologists **James E. Birren, PhD**, **Laura Carstensen, PhD**, and **John R. Nesselroade, PhD**, Honorary Lifetime Associates in November. Based in Austin, Texas, the center focuses on providing a knowledge repository for information about adult development.

Birren, who served as chief of the section on aging of the National Institute of Mental Health, was founding dean of the University of Southern California Leonard Davis School of Gerontology and founding director of the Ethel Percy Andrus Gerontology Center.

Carstensen, a psychology professor at Stanford, is founding director of the university's Center on Longevity.

Nesselroade, an emeritus professor of psychology at the University of Virginia, is founder and director of the university's Center for Developmental and Health Research Methodology.

Monitor

A PUBLICATION OF THE AMERICAN PSYCHOLOGICAL ASSOCIATION
ON PSYCHOLOGY

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

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

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

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

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

Advertisements should be written to convey the following information:

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

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

Placement of an advertisement implies that:

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

Responding to an advertisement implies that:

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

Equal Employment Opportunity

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

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

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

Policy concerning advertisements appearing in APA publications:

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

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

"The publications of the APA are published for and on behalf of the membership to advance psychology as a science, as a profession, and as a means of promoting human welfare. The Association, therefore, reserves the right to unilaterally REJECT, OMIT, OR 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 Rate/Payment Terms

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

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

Deadlines:

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

Closing dates are as follows:

March	January 27
April	February 24
May	March 27
June	April 28

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

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

Updated advertisements are released on PsycCareers approximately the first of the month of issue. Early online postings are now available for \$10.00 per day up to publication date. Select this option when submitting a line ad at www.PsycCareers.com, 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 recruitments and classified advertising, contact:

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

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

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

ALABAMA

PSYCHOLOGIST II POSITION:

Bryce Hospital and Taylor Hardin Secure Medical Facility in Tuscaloosa, AL have openings for Psychologist II doctoral positions (salary range \$55,327–\$84,276). Bryce is a state psychiatric facility serving adult male and female patients committed through the civil and criminal courts. Taylor Hardin is a 115-bed, all-male forensic state psychiatric facility well-known for its extremely low seclusion and restraint rates and its very good ratings from accrediting bodies. Bryce will soon be moving to a brand new 268-bed, state of the art facility several miles from the University of Alabama campus. *Duties of the Bryce positions include:* direct patient care, as well as supervision of master's-level staff (including graduate students in clinical psychology). Training in neuropsychology is very desirable as is interest in forensic psychology issues for Bryce Hospital applicants. Taylor Hardin psychologists are routinely involved in conducting pre-trial and post-NGI evaluations for the criminal courts, so experience in forensic psychology is highly desirable. Students from the University of Alabama psychology doctoral programs often have placements at these facilities. Candidates for the positions must be licensed or license-eligible in the state of Alabama. Both hospitals are part of the Alabama Department of Mental Health and have excellent benefits including retirement, insurance, and leave time. Tuscaloosa is a beautiful college town within easy driving distance of large urban areas (Birmingham and Atlanta), the Smokey Mountains, and the gulf coast. For more information contact: Lee H. Mallory, Ph.D., Bryce Director of Psychology, (205) 759-0595, lee.mallory@bryce.mh.alabama.gov or John D. Toppins, Ph.D., THSMF Director of Psychology, (205) 556-7060, john.toppins@hardin.mh.alabama.gov.

ALASKA

ASSISTANT PROFESSOR OF PSYCHOLOGY UNIVERSITY OF ALASKA SOUTHEAST KETCHIKAN:

Nine-month tenure-track position covered by a collective bargaining agreement. Required Ph.D. or Psy.D. in psychology or ABD with Ph.D. by August 2014. Background in clinical psychology, counseling psychology, developmental psychology, and health-related psychology subfields will be considered. Experience with online and classroom delivered instruction. Salary minimum \$55,000 DOE, with an excellent benefit package. **The first review of applications began January 20, 2014, no other notice will be given. This position will be open until filled.** For job description and application requirements, go to: www.uakjobs.com posting #0067862. Required assistance contact: Human Resources at gritchardson@uas.alaska.edu. UAS is an Affirma-

tive Action/Equal Opportunity Employer and Educational Institution.

CALIFORNIA

CLINICAL PSYCHOLOGIST, DEPARTMENT OF STATE HOSPITALS—ATASCADERO (DSH-A):

Psychologist positions are available in the California Department of State Hospitals—Atascadero which is located on California's Central Coast, midway between San Francisco and Los Angeles. DSH-A is a maximum security, Joint Commission accredited forensic facility designed for the care and treatment of mentally ill men either charged with crimes or previously convicted of crimes. Atascadero employs over 1,800 people and has 1,250-beds. Clinical psychologists at the hospital provide the following duties: Psychological assessment, psychological treatment, treatment planning, forensic reviews and evaluations, and behavioral interventions. Clinical psychologists are part of a multidisciplinary treatment team, including psychiatry, social work, rehabilitation therapists, dietitians, pharmacists, registered nurses, and psychiatric technicians. Salaries for licensed psychologists range from \$96,000–\$107,160 per year, and for unlicensed psychologists salaries range from \$81,324–\$88,416 per year. Our benefit package is valued at an additional 35%, which includes retirement plans (including safety retirement), health plans, professional liability coverage, paid holidays, educational leave, and generous annual leave. In addition, there are options for life insurance, retirement, investment options, and a free 24-hour employee fitness center. Requirements for licensed or unlicensed applicants include an American Psychological Association (APA)-accredited doctoral program, an American Psychological Association (APA)-accredited internship or an Association of Psychology Postdoctoral and Internship Centers (APPIC) listed internship and at least six months working with the severely mentally ill. If hired, you must obtain California licensure as a psychologist within three years. To begin the application process or if you have questions regarding the hiring process, submit your questions and/or curriculum vitae to: Robin Hallett, rhallett@ash.dsh.ca.gov; it will be forwarded to the Credentials Committee for review. If you have questions regarding the position, contact Diane Imrem, Psy.D., Chief of Psychology, at (805) 468-2854.

POSTDOCTORAL PSYCHOLOGY FELLOWSHIP—CAMPUS BASED:

We are pleased to offer a two-year postdoctoral psychology fellowship beginning in September 2014. The fellowship will provide advanced training in child and adolescent clinical psychology with emphasis on community mental health and practice of evidence based treatments. *Training opportunities include:*

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

POSTDOCTORAL RESIDENCY—CHILD ABUSE AND TRAUMA:

The Child & Family Guidance Center is seeking motivated, qualified applicants for our postdoctoral residency program. The postdoctoral residency is a full year (September 1, 2014 to August 31, 2015) 40-hour week program. The Center provides comprehensive training and supervision on interventions with an ethnically diverse population of children and families who have experienced sexual/physical abuse, neglect and/or domestic violence. *Opportunities include:* indiv/family/group psychotherapy, psychodiagnostic assessments, sexual abuse evaluations, community outreach, crisis intervention, school-based therapy, family therapy, early intervention, and parent/child interaction therapy. Fellows receive training on evidenced based treatment and participate in several weekly seminars including: advanced psychodiagnostic assessments, countertransference and the therapeutic process, and assessment of sexual knowledge. Bilingual (English/Spanish) speaking applicants are strongly encouraged to apply. Postdoctoral stipends are available with additional benefits. Send letter of interest, curriculum vitae, a copy of a recent child psychodiagnostic assessment evaluation and three letters of references to: Jennifer Vargas Carmona, Ph.D., Director of Training, Child & Family Guidance

Center, 8550 Balboa Blvd., Suite 150, Northridge, CA 91325. Additional information can be obtained at our website: www.childguidance.org.

COLORADO

TWO CORE FACULTY MEMBERS (INTERNATIONAL DISASTER PSYCHOLOGY):

The Graduate School of Professional Psychology (GSPP) at the University of Denver is seeking two core faculty members specializing in disaster trauma work with transnational populations. The first position is an open-rank tenure-track faculty position and the second position is a half-time clinical appointment. Salary and rank will depend on academic and clinical or field experience. There are numerous practice opportunities in Denver. *Duties include:* teaching in the master's Program in International Disaster Psychology, advising, supervising local and/or overseas practica, administrative duties and participating as a core member of the GSPP. The applicant should have sufficient academic background and field experience in disaster and trauma psychology to be able to teach a variety of courses in the program. Preference will be given to license or license-eligible applicants. A doctorate in psychology is preferable. Inquiries may be addressed to: Dr. Judith Fox, Director, Master's Program in International Disaster Psychology, at jufox@du.edu. Subject to budget availability, preferred starting date is September 2014. To submit an application, visit www.dujobs.org. To be eligible, applicants must apply online. The University of Denver is committed to enhancing the diversity of its faculty and staff and encourages applications from women, minorities, people with disabilities and veterans. DU is an Equal Opportunity/Affirmative Action Employer.

DISTRICT OF COLUMBIA

POST-INTERNSHIP TRAINING PROGRAM (IN CLINICAL OR COUNSELING PSYCHOLOGY):

Counseling and Psychiatric Service of Georgetown University is offering two positions for post-internship training for the academic year starting September 2014 through June 2015. The program provides training in psychodynamic evaluation and psychotherapy, mental health consultation in multi-disciplinary University setting. Time is allotted for completion of the dissertation or personal research. All candidates must have completed an internship and all requirements for a doctorate in Clinical or Counseling Psychology, except dissertation. Postdoctoral candidates are also encouraged to apply. Stipend: \$31,269 for 10 months. Health insurance provided. **Deadline is March 7, 2014.**

Contact: Susan Gordon, Ph.D., Director of Psychology Training, Counseling and Psychiatric Service, Georgetown University, One Darnall Hall-Box 571105, 37th & O Streets, NW, Washington, DC 20057-1105. An Equal Opportunity Employer.

FLORIDA

PSYCHOLOGIST: Small group practice in St. Petersburg is looking for Florida licensed/eligible psychologist interested in full-time private practice. Comfortable offices in converted home on tree-lined mixed-professional road. Easy accessibility and ample parking. Forward letter/resume to: Gulf Coast Psychotherapy. Fax: (727) 322-6143. E-mail: gulfcoastpsych@tampabay.rr.com.

GEORGIA

LICENSED PSYCHOLOGIST POSITIONS FOR PRIVATE PRACTICE: Focus Forward Counseling and Consulting, Inc. is seeking a licensed psychologist or postdoc who will be licensed soon to join rapidly growing group practice in north Metro Atlanta. Successful applicants will have experience providing psychological evaluations and counseling with wide range of clients. Go to: www.focusforwardcc.com/about/career-opportunities-at-ffcc/ for further information.

ILLINOIS

THREE TENURE-TRACK FACULTY POSITIONS (JUNIOR-MID-CAREER) AT NORTHWESTERN UNIVERSITY: The Department of Medical Social Sciences (MSS) in the Feinberg School of Medicine at Northwestern University invites applications for three tenure-track faculty positions at the assistant to associate professor level. MSS provides a unique scientific home for applied researchers who integrate biomedical and social science approaches to improve health, with strong emphasis on measurement science, health-related quality of life, patient-reported outcomes, psychosocial interventions, community health and developmental origins of disease. Because an interdisciplinary, collaborative orientation is a defining element of the department it provides an ideal home for scholars whose work cuts across traditional content areas (www.mss.northwestern.edu). Position in **Biobehavioral Oncology Research:** This faculty position will be based in the MSS Biobehavioral Mechanisms and Health Outcomes program and the Cancer Control and Survivorship program (CCS) of the Robert H. Lurie Comprehensive Cancer Center, directed by Frank Penedo, Ph.D. These programs, along with the newly established Cancer

Survivorship Institute (www.cancer.northwestern.edu/survivorship) provide a rich platform for translational research including a diverse and broad scientific portfolio of cancer-related studies, biostatistical and health informatics cores, expertise in multi-level assessment methods and technology implementation and collaborative relationships across Northwestern's biomedical and life sciences campuses. The CCS program includes research themes that focus on behavioral and population science research, outcomes measurement, disparities research, quality of care, biobehavioral mechanisms, symptom management and behavioral interventions across the lifespan with exceptional opportunities for community-based and translational research. We are particularly interested in candidates who wish to be part of a transformative research program and have research interests and expertise in biobehavioral approaches in cancer survivorship, including underlying biological mechanisms of psychosocial and sociocultural influences on cancer biology, qual-

ity of life, psychosocial adjustment and health outcomes, and biobehavioral mechanisms of comorbidities and symptom burden associated with cancer and cancer treatment. These methods may be applied in one or more research areas including health disparities, psychosocial interventions, symptom management, sleep, and cancer caregiving. Search Chair: Brian Mustanski, Ph.D. Position #22444. Position in **LGBT Health Research:** Assistant or Associate Professor. This faculty position will be based in the MSS IMPACT LGBT Health and Development Program. The MSS IMPACT Program, led by Dr. Brian Mustanski, has a mission to conduct translational research that improves the health of the LGBT community (www.impactprogram.org). IMPACT offers a rich environment to house LGBT health research, including interdisciplinary and highly collaborative faculty and postdocs; resources and expertise in advanced methods of data collection, management, and analyses; and strong connections to community and public health or-

ganizations throughout Chicago. IMPACT is a resident partner of the Center on Halsted—the Midwest's largest LGBT community organization—thereby offering space for recruitment and biobehavioral data collection within the community. A collaborative orientation and skill at interdisciplinary and team science are desirable. We are seeking candidates who have a track record of translational research focused on lesbian, gay, bisexual, and/or transgender (LGBT) health. We are particularly interested in candidates whose focus is in one of the following priority areas: HIV/AIDS care and/or secondary HIV prevention; innovative use of technology for measurement or intervention; transgender health; women's health; geriatric and aging research. Qualified applicants may come from any social science or health discipline. Search Chair: Frank Penedo, Ph.D. Position #22445. Position in **Early Childhood Psychopathology Research:** This faculty position will be based in the MSS Developmental Mechanisms program, directed by Lauren Wakschlag, Ph.D. The de-

POSITION ANNOUNCEMENT

APA Executive Director for Education

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

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

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

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



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

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

developmental mechanisms program houses multiple NIH-funded studies focused on phenomenology and mechanisms of early childhood psychopathology (<http://www.mss.northwestern.edu/research/developmental.html>). We are seeking candidates with a program of research that will complement this focus and lead to novel applications of the program's scientific portfolio on preschool psychopathology at the interface of developmental science and clinical research. A cornerstone of this translational research program is creating and validating novel developmentally-sensitive measurement tools for accurate identification of disruptive behavior in preschool children. We are particularly interested in translational scientists whose research will advance the application of these tools to early identification, prevention and treatment, including linkage to underlying mechanisms. The program is also a partner in the Northwestern University Interdisciplinary Innovation in Developmental Education And Science (NUIDEAS) initiative, a cross-campus integrative network designed to serve as an umbrella for the more than 100 interdisciplinary researchers at NU whose scientific activities are fo-

cused on early development and its implications for lifespan health and well-being. Together MSS and NUIDEAS provide a rich platform for developmental psychopathology research including a diverse and broad scientific portfolio of basic and applied developmentally-oriented studies, expertise in multi-level assessment methods ranging from neuroscience to psychometrics, and collaborative relationships across Northwestern's biomedical and life sciences campuses. Qualified applicants may come from any social science or health discipline but must have expertise in early childhood. Search Chair, Lauren Wakschlag, Ph.D. Position #22446. For all positions, candidates should have an outstanding record of scholarly publications and a history of extramural funding or exceptional promise commensurate with their career trajectory. MSS has a highly collaborative culture in which multiple investigators have opportunities to work in tandem on large-scale team science research. Salary and rank will be commensurate with experience and credentials. These are full-time, continuing positions. Start date is flexible. **Applications will be considered until the position is filled.** Send

a statement of interest, curriculum vitae, representative reprints and names of three references to the respective Search Chair, c/o of Robbin Morrissey at mss@northwestern.edu. Reference the search number and title in the subject line of the e-mail. Northwestern University is an Affirmative Action, Equal Opportunity Employer. Women and minorities are encouraged to apply. Hiring is contingent upon eligibility to work in the United States.

SELECTIVE MUTISM PROJECT, TRAINING PROVIDED: www.selectivemutismtreatment.net. Recruiting therapists of all levels/ various disciplines to participate in renowned Adventure Camp (August 4-8, 2014) for children with selective mutism (SM). Must commit to two-day training (June), 2-5 supervised sessions to practice program intervention, and camp. Excellent training and live supervision by SM Specialist Carmen Lynas, Ph.D. Previous experience with SM not required. Ideal for those seeking a time-limited summer project, additional practicum/ field work, and/or potential for employment. Therapists of all levels (incl grad students), teachers, school SW, psychologists, SLPs, OTs, psychiatrists, and others who may encounter a child with SM in their work and interested in gaining more knowledge/experience can benefit. Potential for research projects.


Apply early, competitive placement for limited slots, rolling admissions until slots filled. **Deadline April 1, 2014.** E-mail cover letter, curriculum vitae, and two recommendation letters to: [Counselor Training@AdvancedTherapeuticSolutions.org](mailto:CounselorTraining@AdvancedTherapeuticSolutions.org). Incomplete applications will not be considered.

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

CLINICAL NEURO-PSYCHOLOGIST: Located in the Chicago-land area, we are seeking a clinical neuro-psychologist to provide assessment, psychotherapy and testing. Competitive salary and excellent benefits. Send curriculum vitae to: Barbara Sokolowski, fax (847) 241-1006 or e-mail bsokolowski@rehabdocs.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 disor-

**4 Hospitals.
44 Outpatient Clinics.**



HAWAI'I PACIFIC HEALTH

Kapi'olani • Pali Momi • Straub • Wilcox

POST DOCTORAL FELLOWSHIP IN CHILD CLINICAL PSYCHOLOGY (CHILD MALTREATMENT)
Kapi'olani Child Protection Center an affiliate of Hawai'i Pacific Health

Helping to make Hawai'i a healthy place to live, work and play.

This APPLIC-Listed Fellowship is a one year, full time fellowship in the assessment and treatment of children and families within the specialty area of child maltreatment. The Kapi'olani Child Protection Center provides direct services to diverse, multi-ethnic and cultural groups of Hawai'i and offers opportunities to work with a multidisciplinary professional team and community agencies. You will need to have completed all requirements of the doctoral degree in clinical or counseling psychology. We prefer experience with children, adolescents, adults and family. Stipend and benefits provided. **Selection process will begin immediately and continue until all positions are filled.**

Find Post Doctoral Psychology Fellowship opportunities at Kapi'olani Child Protection Center, an affiliate of Hawai'i Pacific Health.

Apply online by clicking on Careers at: www.hawaiipacifichealth.org. Job ID 1095

For more information, contact Jean Adair-Leland, Ph.D., Clinical Psychologist, at: jaleland@kapiolani.org.

From its inception, Kapi'olani has played a vital role in the health of Hawai'i's women and children. Today, as the states only specialty hospital, Kapi'olani is well recognized as Hawai'i's leader in the care of women and children.

Hawai'i Pacific Health is Hawai'i's largest health care system including a network of four affiliate hospitals, 22 outpatient centers and dedicated physicians on three islands. We are 5,200 caring employees strongly committed to quality health care. Our affiliates include: Kapi'olani Medical Center for Women and Children, Kapi'olani Medical Center at Pali Momi, Straub Clinic and Hospital and Wilcox Memorial Hospital on the island of Kauai.

KAPI'OLANI
MEDICAL CENTER
FOR WOMEN & CHILDREN

PALI MOMI
MEDICAL CENTER

STRAUB
CLINIC & HOSPITAL

WILCOX HEALTH

HAWAI'I PACIFIC HEALTH

Equal Opportunity Employer/Affirmative Action

There Is Only One Hospital In All Of Chicago

...that is solely dedicated to caring for children with chronic illness and disabilities as well as those suffering from abuse/trauma. That hospital is La Rabida. Right now our progressive facility, beautifully situated on Lake Michigan just minutes from downtown, is actively seeking candidates with child clinical training experience for participation in the following full-time, one year fellowships commencing September 1, 2014:

POSTDOCTORAL FELLOWSHIPS

Pediatric Psychology • Childhood Trauma

Providing evaluation and treatment for children with medical conditions, traumatic experience, sexual/physical abuse, etc., will require PhD/PsyD with completion of APA-accredited internship and APA-approved graduate program. Impressive assessment, consultation, public speaking/teaching skills with previous inpatient experience required.

La Rabida's fellowship program offers stipend plus benefits! For immediate consideration, please send letter of interest (indicating position) with curriculum vitae and 3 letters of recommendation to: **Cathy M. Mavrolas, Ph.D., Director of Training in Psychology, La Rabida Children's Hospital, 6501 S. Promontory Dr., Chicago, IL 60649.** Or email to: cmavrolas@larabida.org



LA RABIDA

Children's Hospital

www.larabida.jobs

EOE m/f/d/v

ders. **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 CLINICAL PSYCHOLOGIST: First Senior Care, a forward-thinking and highly professional organization, has full-time and part-time positions for licensed clinical psychologists providing evaluation, treatment and consultation services to seniors in residential care facilities. Positions are available in the suburban Chicago, Joliet, and Rockford areas. Flexible scheduling. Generous compensation. Fax letter of interest and curriculum vitae to: Dr. Mark Frazier, (847) 259-8935.

IDAHO

PSYCHOLOGIST: Innercept, LLC, Coeur d'Alene, ID, is seeking a full-time psychologist who is licensed or license-eligible in the State of Idaho. Innercept is a residential treatment center which uses principles of integral psychology and integrative mental health. Innercept is a clinically intensive, team oriented provider of residential services to adolescents and young adults from the United States and abroad. Interested psychologists should contact Tina Laguna at tlaguna@innercept.net. Innercept, LLC provides a full-continuum of residential treatment for adolescents and young adults. Our residents experience opportunities to improve functioning through the development of their own life practice. Interested psychologists should contact: Tina Laguna at tlaguna@innercept.net

INDIANA

CLINICAL PSYCHOLOGIST/ASSISTANT PROFESSOR, INDIANA UNIVERSITY SCHOOL OF MEDICINE: The Department of Psychiatry at Indiana University School of Medicine is seeking to fill an immediate opening for a full-time clinical-track assistant professor position in the area of Adult Medical Psychology Consultation and Liaison. Candidates should possess a Ph.D. or Psy.D. in clinical psychology and be eligible for licensure and independent practice as a Health Service Provider in psychology in the State of Indiana. *Responsibilities will consist of inpatient consultation-liaison assessment and intervention with adults who are hospitalized in a large, tertiary-care medical hospital affiliated with Indiana University School of Medi-*

cine. Other responsibilities will include: collaboration with medical treatment teams, participation on department committees, and supervision/teaching of residents, interns, and medical students. Experience and/or training in consultation-liaison and multidisciplinary collaboration in a hospital setting are required. The Department of Psychiatry has a broad research, clinical, and teaching mission and maintains both a clinical psychology internship and psychiatry residency program, in addition to training rotations for medical and graduate students. The department and the university place a high priority on creating a diverse learning environment and on supporting the professional development of ethnic minorities, women, and people with disabilities. Applications are encouraged from professionals of all ethnic backgrounds. Located in Indianapolis, Indiana University School of Medicine is the second largest medical school in the United States, with a student body that includes over 50% women and 24% ethnic minorities. Indianapolis is the 12 largest city in the United States and has a culturally diverse population. In addition to having active sports, cultural, arts, and educational events and programs, Indianapolis is located centrally near several other major cities including Chicago, Louisville, Cincinnati, and Columbus. **Applications will be accepted until the position is filled.** Interested applicants should send their curriculum vitae, three letters of reference, and statement of clinical, teaching, and research interests to: William Kronenberger, Ph.D. (Attn: Margie Martinez), Department of Psychiatry, Indiana University School of Medicine, IU Health Neuroscience Center, 355 W. 16th Street, Room 4250, Indianapolis, IN 46202-7176. The departmental website is located at <http://www.iupui.edu/~psych/> Indiana University School of Medicine.

KANSAS

CLINICAL PSYCHOLOGIST: Assistant professor position in our APA-accredited, community-oriented, clinical Ph.D. program, beginning August 2014. Applicants must have a psychology Ph.D. from an APA-accredited clinical program, have completed an APA- or APPIC-accredited internship, and have credentials to be licensed in Kansas. We are seeking a productive clinical researcher who is able to attract external funding, is collegial, and committed to clinical practice and teaching. Salary is competitive, negotiable, and commensurate with qualifications. **Application review is ongoing and will continue until the position is filled.** Employment offers are contingent upon satisfactory criminal background check required by the Board of Regents. Apply at <https://jobs.wichita.edu>. Three letters of recommendation

should be e-mailed to: Dr. Alex Chaparro (alex.chaparro@wichita.edu). WSU is an Affirmative Action/Equal Opportunity Employer and is committed to excellence through diversity.

MASSACHUSETTS

ASSISTANT DIRECTOR FOR A PEDIATRIC NEUROPSYCHOLOGICAL PROGRAM AT MASSACHUSETTS GENERAL HOSPITAL, HARVARD MEDICAL SCHOOL: The Massachusetts General Hospital Department of Psychiatry is committed to excellence in clinical care, teaching, and research. The department is comprised of a staff of approximately 600 professional appointees who work in a variety of settings including consultation/liaison; emergency psychiatry; medical-psychiatric inpatient service; and outpatient services of approximately 100,000 visits annually with specialty programs that focus on a wide range of psychiatric conditions. The Department of Psychiatry is recruiting to fill a full-time 40-hour per-week position for a Ph.D.-level licensed psychologist with 10 years experience (preferred) in pediatric psychological and neuropsychological assessments. The assistant director position is at MGH Learning and Emotional Assessment Program (LEAP), a program that provides psychological and neuropsychological assessments for individuals from ages 2–22 years of age. LEAP's clinical population includes children with learning disabilities, autism spectrum disorders, ADHD, mood disorders and anxiety. LEAP evaluates over 1,200 children a year. In addition to experience in pediatric assessment, the successful candidate should have current or prior involvement in leadership or management within a practice including program development, supervision and management. The assistant director would act as the director of LEAP during the director's absence and have considerable autonomy and flexibility in managing the responsibilities of the position. Current clinical staff includes six clinical staff psychologists, six postdoctoral fellows (who are recruited yearly from top graduate programs) and two psychology interns. Position is 60% clinical time conducting evaluations of children with learning, attention, and emotional disorders (approximately six to seven evaluations per month) and 40% administrative, supervision and teaching. In addition, the assistant director would supervise clinical psychology interns and postdoctoral fellows as they con-

duct assessments; teach seminars in their area of interest; and mentor and supervise junior faculty. *Administrative responsibilities would include:* assisting in coordination of postdoctoral training program, which currently includes six full-time one- and 2-year postdoctoral fellowships in pediatric assessment, and working with insurance companies to coordinate patient care. This position reports to the Director of the Learning and Emotional Assessment Program. Applicants must be eligible for licensure in the Commonwealth of Massachusetts. Competitive salary and excellent benefits will be provided. The ideal candidate will hold a junior faculty-level appointment at Harvard Medical School commensurate with qualifications. A letter of interest and curriculum vitae should be addressed to: Dr. Ellen Braaten, Director, Learning and Emotional Assessment Program, no later than **March 15, 2014**; 151 Merrimac Street, Boston, MA 02114. For questions or additional information, e-mail leap@partners.org. Additional information about the MGH Department of Psychiatry and the Learning and Emotional Assessment Program is available at: <http://www.massgeneral.org/psychiatry/> and http://www.massgeneral.org/psychiatry/services/leap_home.aspx. The Massachusetts General Hospital is an Affirmative Action/Equal Opportunity Employer. Minorities and women are strongly encouraged to apply.

MISSOURI

ASSISTANT PROFESSOR (TENURE-TRACK)—DEPARTMENT OF PSYCHOLOGY, COLLEGE OF LIBERAL ARTS AT SOUTHEAST MISSOURI STATE UNIVERSITY: *Primary responsibilities include:* teaching four undergraduate courses per semester in psychology, must be qualified and willing to teach a variety of courses in the psychology major, primarily courses in clinical and health areas, advise students and maintain a schedule of office hours, and attend meetings and engage in service as needed. *Required qualifications include:* Ph.D. or ABD (with Ph.D. by August 2014) in clinical psychology or applied psychology area. (Degree must be from a regionally accredited or internationally accredited/government certified university; APA-accredited for clinical psychology degrees), demonstrated ability to teach assigned courses, including abnormal psychology, health psychology, and legal aspects of psychology, willingness and dem-

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onstrated ability to teach both face-to-face and online courses, demonstrated active research agenda and associated peer-reviewed professional productivity, demonstrated strong communication skills, demonstrated commitment to collegiality when interacting with others within the university community, and demonstrated commitment to working with multicultural populations and awareness of issues affecting women and minorities. To view complete job announcement and how to apply visit: <http://agency.governmentjobs.com/semoedu/default.cfm?promotionaljobs=1>. An Equal Opportunity/Affirmative Action Employer.

POSTDOCTORAL FELLOWSHIPS IN AGING:

Two postdoctoral fellowships in aging at Washington University in St. Louis, Psychology Department, will be available to begin during 2014. Fellowships, sponsored by the National Institute on Aging, are for 1 to 3 years and are designed to train psychologists for academic and research careers in the psychology of aging. Fellows carry out their own research under the supervision of a faculty preceptor. Current faculty interests related to aging include cognition, memory, attention, visual perception, hearing, social/personality, clinical psychology, neuropsychology, neuroimaging, and Alzheimer's disease. Prior training in aging is not required. Fellows must be citizens, noncitizen nationals, or permanent residents of the United States. **Initial review will begin immediately.** Send curriculum vitae and three letters of reference to: David A. Balota, Ph.D., Department of Psychology (Box 1125), Washington University, One Brookings Drive, St. Louis, MO 63130 or to: dbalota@artsci.wustl.edu, via e-mail. Fax: (314) 935-7588. Washington University is an Equal Opportunity/Affirmative Action Employer. Employment eligibility verification required on hire.

MONTANA

PSYCHIATRIST (CHILD AND ADOLESCENT): Yellowstone Boys and Girls Ranch is seeking a child and adolescent staff psychiatrist to provide residential treatment services for youth in our care in a beautiful campus setting near Billings, MT. Will be involved in evaluations, assessments, diagnosing of youth, being involved in master treatment planning and prescribing and managing medications for youth. M.D. or D.O. degree from an accredited medical school required; board certified in child and adolescent psychiatry; unrestricted license to practice medicine and prescribe medications in the state of Montana; current DEA registration for the prescription of controlled substances. Will participate in a rotating on-call system. Competitive benefits package available. For more information, contact: Human Resources at (406)

651-2872, employment@ybgr.org or visit our website at www.ybgr.org for an application.

SENIOR STAFF PSYCHOLOGIST—MONTANA STATE UNIVERSITY BOZEMAN COUNSELING AND PSYCHOLOGICAL SERVICES:

Starting August 2014. **Duties include:** provision of multi-culturally informed psychotherapy, crisis intervention, outreach and consultation to the campus community; supervision to master's 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 Montana licensure examination no later than 2016–2017 academic year; 3) demonstrated clinical experience providing psychotherapy with adults. MSU-Bozeman offers over 120 undergraduate and 76 graduate degree programs to an enrollment of 15,290. Beautiful Rocky Mountain location with abundant recreational activities. **Screening begins February 3, 2014, until filled.** Before submitting any materials, see complete application instructions at <http://www.montana.edu/jobs/>. Questions contact: Mercy Boys, Search Secretary, Counseling & Psychological Services, Montana State University—Bozeman, Bozeman, MT 59717-3180. Tel: (406) 994-4531. mercy.boys@montana.edu. An Affirmative Action/Equal Opportunity/ADA/Veteran Preference Employer.

NEW HAMPSHIRE

POSTDOCTORAL FELLOW: Seeking postdoctoral fellow interested in child/adolescent and adult neuropsychology for a two-year position that could evolve into a full-time staff position within the department. The position is geared towards a generalist training model and follows Houston Guidelines. Strong writing skills required. This position is full-time (Tuesdays, Wednesdays, Fridays, and Saturdays). Send curriculum vitae, three letters of recommendation, three decontextualized reports, and a statement of goals and interests, including a list of tests completed and the number of comprehensive reports written about different populations. Prior training in clinical neuropsychology, particularly ASD and ADOS training preferred. **Review of applications is on going.** Contact: Catherine Monaco, Ph.D. at: cmonaco@counselingcenter.com or U.S. mail to The Counseling Center of Nashua, 1 Main Street, Nashua, NH 03064.

NEW YORK

PSYCHOLOGY-VISITING FACULTY: The Psychology Program at Bard College invites applications for a two-year visiting position in psychology (open area) to begin fall 2014.

Applicants should have a demonstrated commitment to quality, innovative undergraduate liberal arts teaching. **Responsibilities will include:** teaching introductory courses, statistics and/or research methods and intermediate and advanced courses in the candidate's area of specialization as well as the supervision of undergraduate senior projects. Preference will be given to applicants who can engage students across psychology's subfields and/or with other disciplines in the social or natural sciences. For more information on the psychology department, visit <http://psychology.bard.edu>. **Deadline for applications is March 1, 2014.** To apply, send a letter of application, curriculum vitae, teaching and research statements, and evidence of teaching excellence, reprints/preprints to Interfolio: <http://apply.interfolio.com/24062>. In addition, the applicant should have three letters of recommendation sent to Interfolio. Bard College is an Equal Opportunity Employer and welcomes applications from individuals who contribute to its diversity.

NEUROPSYCHOLOGIST: Neuropsychologist needed to replace retiring partner from Affiliated Psychological Consultants, PC, a well-established mixed group practice in Ithaca and Elmira, NY. Strong referrals from physicians and colleges for testing and therapy. E-mail: rwmaxw@gmail.com.

LICENSED, SUBURBAN LONG ISLAND PRIVATE PRACTICE:

1099 status. Supervision could be provided. 40% children. CBT/BEH Interventions. 15–40 sessions per week. Dr. Baumgarten: ail5an2ab9@aol.com; (631) 669-3735.

ASSISTANT PROFESSOR IN CLINICAL PSYCHOLOGY:

The Department of Psychology at Queens College of the City University of New York (CUNY) announces a tenure-track position at the level of Assistant Professor beginning in the fall 2014. Candidates must have a doctoral degree specializing in clinical psychology from an APA-accredited program, expertise in translational neuroscience, and a track record of empirical research productivity. For more information and how to apply, go to: www.cuny.edu/HR/Pages/JobListings.aspx and select Job ID 9149.

RESEARCH SCIENTIST—TOBACCO/NICOTINE USE:

The University at Buffalo (UB) Research Institute on Addictions (RIA), a national leader in addictions research, is recruiting for a State of New York Research Scientist position. We are specifically seeking applicants with research expertise in tobacco/nicotine use, broadly defined. Experience as principal investigator on externally-funded research projects or prior grant funding is highly desirable. The successful candidate is expected to obtain funding for re-

search that addresses important scientific questions regarding tobacco/nicotine use. This is a permanent research-focused position with minimal teaching and administrative responsibilities. The position is subject to New York State Civil Service regulations. Salary and fringe benefits are competitive. RIA is a research center within UB, and faculty and/or joint appointments with UB departments are available. Applications from minority candidates are particularly welcome. Established in 1970, RIA has a staff of over 120 persons working on over 35 separate research projects spanning multiple disciplines and approaches. RIA occupies a five-story building, and offers outstanding resources in support of its research endeavors. Visit the RIA website at <http://www.buffalo.edu/ria.html>. Inquiries can be made to either Kenneth E. Leonard (leonard@ria.buffalo.edu), RIA Director, or Gerard J. Connors (connors@ria.buffalo.edu), Search Committee Chair. To apply, visit <https://www.ubjobs.buffalo.edu>, and search for position posting identification number 1300827. Attach a cover letter, curriculum vitae, and research statement to the digital application. Three letters of recommendation are also required and may be submitted as outlined in the online position posting. **Applications will be reviewed as they are received.** The University at Buffalo is an Affirmative Action/Equal Opportunity Employer.

POSTDOCTORAL SUPERVISION IN PEDIATRIC AND ADULT FORENSIC PSYCHOLOGY:

Osika and Scarano Psychological Services, P.C., offers two full-time positions at two offices in northern New York, which are practicum sites for SUNY Albany doctoral students in clinical psychology. One office has a superior HRSA score and will apply for the HRSA loan repayment program in April 2014. Training will focus on providing services to underserved adults and children, many of whom are involved in legal proceedings for disability benefits, family court, OMRDD, and Veterans benefits. Contact: dr.osika@gmail.com.

OHIO

STAFF PSYCHOLOGISTS, DIVISION OF DEVELOPMENTAL AND BEHAVIORAL PEDIATRICS:

The Division of Developmental and Behavioral Pediatrics at Cincinnati Children's Hospital Medical Center is seeking full-time staff psychologists with formal training and/or experience with individuals with developmental disabilities including autism spectrum disorders. We have openings in two specialized programs. Our staff psychologists work in multidisciplinary teams of professionals in the comprehensive evaluation and treatment planning of children from infancy to young

Clinical Health Psychologist

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

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

About the Position:

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

Job Requirements:

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

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

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

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adulthood with a range of disabilities and behavioral challenges. *Additional opportunities include:* supervision of graduate trainees and postdoctoral fellows and involvement in on-going research projects. In our main division, we are seeking full-time staff psychologists with expertise and experience in the diagnosis and treatment of individuals with developmental disabilities in an outpatient center. In collaboration with the Division of Psychiatry we are seeking full-time staff psychologists with expertise and formal training in applied behavioral analysis to provide behavioral assessment and treatment of children dually diagnosed with developmental disabilities and severe behavior disorders and their families in an acute care stabilization program, in step-down outpatient services and when admitted for medical care. Cincinnati Children's Hospital Medical Center is a leading medical research and teaching hospital consistently ranking among the top three pediatric hospitals in the nation, according to the *U.S. News & World Report 2013-2014* edition of America's Best Children's Hospitals. As an organization committed to supporting faculty, it makes this a great place to launch and/or develop your career and change the outcome for children. We also offer a top tier compensation and benefits package. Interested candidates should send letter of interest along with curriculum vitae to: Ni-

cole Bing, Psy.D., DDBP Psychology Lead, Division of Developmental and Behavioral Pediatrics (DDBP). E-mail: Nicole.Bing@cchmc.org.

SOUTH CAROLINA

LICENSED OR LICENSE-ELIGIBLE PSYCHOLOGIST: Lowdergroup is seeking a full-time licensed or license-eligible psychologist to join our expanding group. We are a well-established private practice located in beautiful Greenville, SC; recently named as one of the top cities in which to live, work, and play. The ideal candidate must have experience in conducting psycho-educational testing and assessments with strong analytical and report writing skills. Candidates must be able to demonstrate clinical expertise in working with children, adolescents, and adults who present with a full spectrum of clinical disorders. Candidates should also be well informed with current research and possess great energy, as well as being detail oriented, conscientious, and dependable. This is an excellent opportunity for someone who can demonstrate the initiative to work independently and desires to be a valuable member of our team. E-mail curriculum vitae and cover letter to: psychologycandidates@lowdergroup.com.

TEXAS

CLINICAL NEUROPSYCHOLOGIST—UTMB—THE UNIVERSITY OF TEXAS MEDICAL BRANCH (UTMB): in Galveston, TX is expanding services within the Neurology Department and is recruiting for a full-time clinical neuropsychologist on its faculty. Academic position and title will be based on qualifications and experience. The clinical neuropsychologist will join the neurology department providing services at UTMB in Galveston, TX, as well as UTMB clinics in the

League City and Friendswood, TX areas with a variety of opportunities for growth in clinical care expertise, education and training, and research. The clinical neuropsychologist would be an active member of the inpatient and outpatient team providing assessment, intervention, and consultative services as part of an interdisciplinary team for a variety of neurological patient populations. Experience with a wide range of adult disorders such as epilepsy, dementia, stroke, and multiple sclerosis is desirable. Particular exper-

Child Psychologist Opportunity

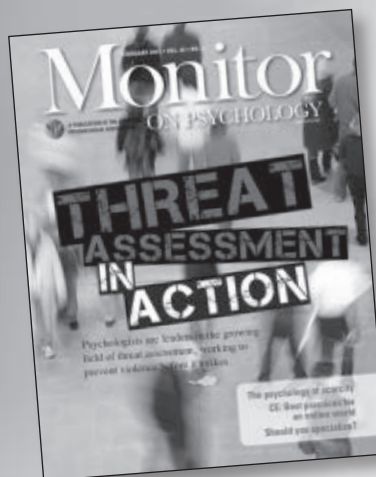
Geisinger Health System is seeking a Pediatric/Clinical Child Psychologist to work in an established integrated primary care setting.

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

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

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tise in evaluating epilepsy patients, including WADA testing, would be helpful. The ideal candidate will be involved in the instruction of residents and medical students and participate in clinical research studies. Candidates should have a doctoral degree in clinical psychology or clinical neuropsychology with relevant experience in neurological settings. Candidates must have completed postdoctoral fellowship training in clinical neuropsychology and meet other criteria for Board eligibility. Candidates must be licensed to practice psychology from the Texas Board of Examiners of Psychology at the time of employment. Interested candidates should submit their curriculum vitae to: Anish Bhardwaj, M.D., M.B.A., C.P.E., FAHA, FCCM, FAAN, FANA, John Sealy Chairman and Professor, Department of Neurology, Assistant Dean for Faculty Affairs, University of Texas Medical Branch (UTMB), 9.128 John Sealy Annex, Route 0539, 301 University Blvd, Galveston, TX 77555. E-mail: anbhardw@utmb.edu. The University of Texas Medical Branch at Galveston is an Equal Opportunity/Affirmative Action Institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

POSTDOCTORAL FELLOWSHIPS IN CLINICAL PSYCHOLOGY: Announcing two postdoctoral fellowships in clinical psychology at Scott & White Healthcare, Temple, TX for 2014–2015. **Track 1:** with emphasis on End-of-Life Care, Grief and Bereavement; **Track 2:** with emphasis on health psychology. Starts August 25, 2014. Practitioner-scholar model with research opportunities. Requires doctorate from APA- or CPA-accredited graduate program, APA- or CPA-accredited internship, or its substantial equivalent. \$40,000 with fringes. **Application deadline February 28, 2014.** Submit curriculum vitae, statement of goals, three letters of recommendation, graduate program attestation, official transcript, and two sample reports (one assessment, one therapy) to: Program Coordinator, Tina Miller (254) 742-3874, timiller@sw.org.

POSTDOCTORAL FELLOWSHIP IN NEUROPSYCHOLOGY AND REHABILITATION: The position is available immediately and the start date is as soon as possible. **We are accepting applications until the position is filled.** Interviews may be arranged at the facility in Fort Worth, TX. Interested applicants should send curriculum vitae, two letters of recommendation, and other supportive material by e-mail to Jarrod Rogers, CEO at JarrodR@S1rehab.com. Additional information regarding the facility may be obtained at <http://www.s1rehab.com>. We are delighted to announce an opening for a postdoctoral fellowship with a focus on behavioral medicine/rehabilitation and clinical neuro-

psychology. Supervision by a board certified clinical neuropsychologist is available. Source1 Rehabilitation sees a broad array of referral conditions within a multidisciplinary complex incorporating the services of clinical psychologists, occupational and physical therapists, rehabilitation physicians, neuropsychology, pain management, etc. Interaction with other postdoctoral fellows is encouraged and available. The fellow should have completed a doctoral degree in rehabilitation, clinical, or counseling psychology with neuro-psychology specialty training at the graduate school level and internship level preferred. The position is ideally suited for psychologists pursuing a career in rehabilitation and/or clinical neuropsychology.

VIRGINIA

CLINICAL PSYCHOLOGIST: The Cognitive Behavior Therapy Center seeks clinical psychologist, licensed in Virginia. Experienced with children, couples, or behavioral medicine. Retirement plan and partnership opportunity. Contact: wlmulligan@cox.net.

LICENSED CLINICAL PSYCHOLOGIST: MindWell Psychology, a private fee for service psychology practice, is looking for a licensed, highly trained, personable individual to provide therapy for children at our Chantilly location. We are seeking a therapist who specializes in working with children ages 10 and under, many with ADHD, anxiety and depression. Must be skilled in CBT approaches, parental coaching, behavioral plans and family therapy. Send curriculum vitae to: Drguadagnoli@mindwell.us.

MENTAL HEALTH PROFESSIONAL-LICENSED IN VIRGINIA: Mental Health Agency located in Northern Virginia has a part-time/full-time position available!! This position requires a master's degree in clinical social worker, clinical psychology or other mental health related field. A current Virginia Licensed is required (Psy.D., LCSW, LPC...). Qualified professionals must have experience conducting biopsychosocial assessments, have strong clinical writing and verbal communications skills, experience working with children and adolescents within diverse populations, must have valid driver's license and insured vehicle. Spanish or other language is a plus. Excellent hourly compensation. E-mail resume with cover letter to Walking With You..., LLC at: wwy2010@aol.com.

CANADA

MCGILL UNIVERSITY—DEPARTMENT OF PSYCHIATRY: The Department of Psychiatry at McGill University and the Douglas Mental Health University Institute invite

applications for a position at the assistant professor level in Social Epidemiology. McGill is Canada's leading research-intensive university with students from over 140 countries. The university is located in Montreal, a cosmopolitan city with great cultural and linguistic diversity. We are interested in applicants studying how social and economic determinants of health influence the development and prevalence of mental health disorders. We are particularly interested in the array of individual, neighborhood and macro/distal factors, including gene-environment interactions. Expertise in epidemiology, advanced statistics, mental health and/or knowledge translation is desirable. The Douglas Institute has been developing an epidemiological catchment area around its hospital for several years and therefore has excellent facilities for epidemiologic research as well as interdisciplinary research with its psychosocial, clinical and neuroscience divisions. Candidates must have a Ph.D. in social epidemiology, or a closely related field at the time of appointment. The desired candi-

date will have exceptionally strong evidence of research productivity, with a demonstrated potential to attract highly competitive funding and a potential to influence social policies. He/she would be expected to carry out an independently funded research program, including teaching of undergraduate and graduate students. Salary is commensurate with qualifications and experience. Interested individuals should send a cover letter including a statement of research and teaching interests, curriculum vitae as well as up to three selected reprints/preprints of publications, along with the names, addresses and contact numbers of three references to the attention of: Alain Brunet, Ph.D., Director of the Psychosocial Research Division, Research Center, Douglas Mental Health University Institute 6875 LaSalle Blvd, H4H1R3, Montreal (Qc), Canada. E-mail: alain.brunet@mcgill.ca. All qualified applicants are encouraged to apply; however, in accordance with Canadian immigration requirements, Canadians and permanent residents will be given priority.

New Zealand!



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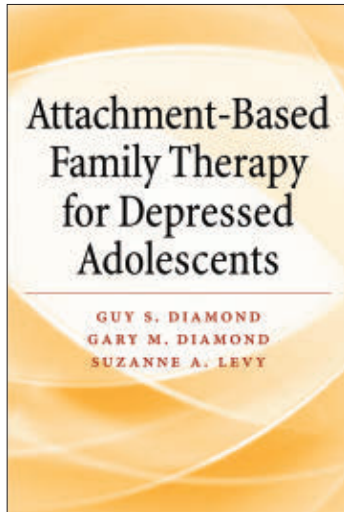
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Guy S. Diamond, Gary M. Diamond, and Suzanne A. Levy



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at (919) 522-1029 or clsilber@gmail.com. You can learn more about the practice at: www.Silberpsych.com.

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BOCA RATON: Full-time and part-time offices at Relationship Center of South Florida, busy practice near Town Center (95 & Glades). Beautiful window offices large enough for groups. Furnished or unfurnished. Internet, fax/copier, kitchenette. Referrals possible – collegial environment. Contact: Janet, (561) 955-6090, Janet@RCOSF.com.

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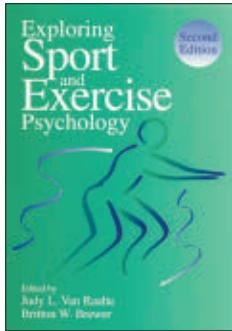
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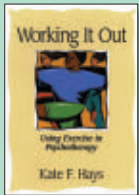
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