Spring is a time of growth and rejuvenation for many, and the Health Psychology Section is following suit. In line with the strategic directions of the Section, our board and general member workgroups have been working to address both aspects specific to the Section as well as impact the role of health in counseling psychology.

In regards to Section activities, our Technologies Workgroup have been researching methods of using electronic avenues and social media to enhance current member involvement and considering methods of growing the Section by engaging student and early career individuals through offering potential virtual toolkits related to professional development in Counseling Health Psychology. We also hope to use this forum to showcase the strengths existing within the membership by highlighting current research and other professional projects by our current membership. Weebly is the webpage format of current consideration, and our Workgroup would welcome any input from members. A special thanks to Candice Ackerman, Lisa Ferdinand, and Nicole Keedy for spearheading this work!

In line with growth and change, our Conference Planning Workgroup is investigating methods of increasing section activities with many changes this year at the upcoming annual APA convention in Toronto.

Specifically, the Section will host an exciting presentation on To Board or Not to Board: Preparation and Processes for ABPP. Confirmed speakers include Richard Sieme, Ph.D., ABPP of Mayo Clinic, who is current President of the American Board for Clinical Health Psychology and Sylvia Marotta-Walters, Ph.D., ABPP of George Washington University and current President of the American Board of Counseling Psychology. A special thank you to both of our upcoming presenters as well as Katie Schaefer, Ph.D. for her work in arranging this opportunity.

I am also pleased to announce that the Section will be sponsoring a Roundtable chaired by Christina Lee, Ph.D. with myself as the discussant and is entitled Establishing and Conducting Practice Based Research in Community Primary Care. The Roundtable will include the following presentations by:

Janelle Alabiso on “Patient Satisfaction Surveys in
Community Primary Care”
Christina S. Lee, Ph.D. on “Tracking Utilization Data of Integrated Behavioral Health at a Community Primary Care Clinic”
Elian Roberts on “Rates of PTSD in a Community-Sample of Hispanics” and
Daniel Gittens-Stone on “Using a Population Health Model”.

In addition, as many of you know, Division 17 highly encouraged collaborative proposal this year, with 2-3 Division 17 Sections working together to highlight shared interests. In line with this call, Health Psychology Section members worked hard to align with other Division 17 colleagues to conduct Symposia during APA that highlight both the Section mission and goals of the Division 17 President Michael Mobley. Days and times of the symposiums will be announced later in the year and I look forward to hearing the work of such a talented groups!

The first Symposium is a collaborative proposal with the Sections for University Counseling Centers and Supervision and Training and is chaired by Annette Kluck with Donald Nicholas as the discussant and is titled Integrative Behavioral Health in Counseling Psychology Training.

The Symposium includes the following presentations by:
Eve Adams, Ph.D. on “Enhancing Counseling Psychology Trainees: Self-Efficacy for Culturally-Competent Integrated Care”
Christina Lee, Ph.D. on “Establishing Practice-Based Research in Community Primary Care” and
Lisa Ferdinand, Ph.D. on “Models for Integrated Healthcare Training at University Counseling Centers”

The second is a collaborative Symposium with the Section for Vocational Psychology and is chaired by Saba Rasheed Ali, PhD and Debra Mollen, Ph.D. with Yu-Wei Wang, PhD as the discussant and is titled Women’s Work Issues in International Health, and Economic Contexts. The Symposium includes the following presentations by:
Trisha L Raque-Bogdan, PhD on “Women’s Career Development after an Illness: An Application of SCCT and Career Construction Theory”
Elizabeth Sauber on “Predicting economic self-sufficiency among intimate partner violence Survivors” and
Soad Mahfouz on “Gottfredson’s (1981) Theory of Circumscription and Compromise with Egyptian Undergraduates”

The final symposium is chaired by Nicole Borges and myself with Mary Ann Hoffman as the discussant and is titled The Role of Self-Compassion in Women’s Health Experiences: A Tool for Improving Women’s Lives. The Symposium includes the following presentations by:
Kathryn S Ziemer, PhD on “Self-Compassion Writing Interventions with Women with Chronic Pain”
Trisha Raque-Bogdan, PhD on “Self-Compassion in the Experience of primary and secondary infertility” and
Kayi Hui, PhD and Sarah Piontkowski on “Attachment Styles and Body Appreciation: Exploring the Role of Self-Compassion.”

As always, the Section will also host the annual past Chairs and past Booz Black Award Recipients breakfast, student interest session, and annual executive board business meeting, as well as an open meeting that will honor our Student Research Award winner.
This award is given each year to a student affiliate of Division 17 who has completed a research project on a Counseling Psychology and health topic. Please encourage your students to join the Section as well as submit for this competitive award. The award amount was increased to $200 this year! A special thanks to Mary Ann Hoffman and Merle Keitel for their work on the award.

In addition to the robust APA Convention activities above, we continue to be involved in the Council of Clinical Health Psychology Training Programs (CCHPTP) with Donald Nicholas being on the CCHPTP board. If you are unaware, this group is the APA affiliated training council for all programs offering training in health psychology. CCHPTP is considering a change which would allow individual membership, as opposed to just program membership. We encourage interested members of the Section to investigate this potential new offering and contact Dr. Nicholas at dnichola@bsu.edu for additional information.

In closing, I look forward to continuing work with the Section Executive Board in areas related to new models of healthcare, including integrated health and interdisciplinary team-based care. This strategic direction is in line and adjuncts Division 17 President Michael Mobley’s theme of Integrative Behavioral Health and the role of Counseling Psychologists in regards to education, training, and practice competencies.

For more information about the Health Psychology Section, ongoing activities, or membership, please visit our website at http://www.apa.org/divisions/div17/sections/health/Home.html.

Larra Petersen-Lukenda, Ph.D. Chair, Health Psychology Section VA Nebraska Western Iowa Healthcare System Larra.petersen-lukenda@va.gov

Greetings!

We are currently looking to upgrade the section's website, which has been relatively unchanged for the past 5 years.

As we all know, technology is always evolving, and we noticed our website could use some upgrades.

We would love to make it a website that can serve our members better! To do so, we would love to hear some of your ideas or feedback on how the website can be maximized for member use!

Would you like certain resources added?

Would you like to add a discussion forum?

Would you like us to send you updates through Facebook?

Please send your ideas and suggestions to: Larra.petersen-lukenda@va.gov

Thank you for your help and input!
I recently was invited to share the primary care behavioral health (PCBH) training curriculum that we offer at New Mexico State University (NMSU) with the members of two training councils: the Council of Counseling Psychology Training Programs (CCPTP) and the Council of Clinical Health Psychology Training Programs (CCHPTP). This training curriculum has evolved over the last 11 years, as we have had the good fortune to be the recipient of a Graduate Psychology Education (GPE) grant from the Bureau of Health Workforce of the Health Resources and Services Administration (HRSA) during this time.

I want to emphasize is that we did not have any behavioral health focus in our program prior to getting this grant. What we did have was a tremendous need for such services in our community, and some very willing partners in some important community agencies; in particular the Family Medicine Center (FMC) and La Clinica de Familia (LCDF). NMSU is in Las Cruces, NM, which is located in Dona Ana County. This county is designated as both a Mental Health and a Primary Care “Health Professional Shortage Area” (HPSA). The burden of chronic diseases such as diabetes and depression are extremely high.

The grant curriculum focuses on integrated primary care behavioral health that can more effectively treat such chronic illnesses, as well as more adequately provide access to mental health care. The cultural and linguistic needs for the border community also requires a cultural competent and diverse healthcare workforce. Thus our curriculum is infused with multicultural counseling competencies as it relates to serving the population of Southern NM. The patient population at the practice sites is predominantly Hispanic and uninsured.

The overall goal of the NMSU GPE project is to increase the number of trainees in counseling psychology (CP), mental health counseling (MHC), nursing (DNP), social work (MSW), public health (MPH), family medicine (FM), and pharmacy (PharmD) who have been taught how to engage in interprofessional collaboration, and to provide integrative primary care training opportunities in a medically underserved community.

Collaborative training occurs within four components. The DNP, CP, PharmD & FM trainees (six of each discipline) engage in an interprofessional, one-week (40 hours) “geriatric immersion experience” where they learn how to work as a healthcare team to provide services to elderly patients.

During the fall of our doctoral students’ third year, they take a 3-credit course, “Primary Care Psychology”, which uses a problem-based approach to case study analysis designed to instill a broader appreciation of mind-body health issues and multidisciplinary collaboration. This course is taught by CP faculty, Dr. Daubney Harper who has specialized training in integrated PCBH. This course is also open to MSW, MPH, MHC, and DNP students.

In the next semester the CP students collaborate with the FM residents at the FMC residency clinic which is affiliated with our county hospital as part of a practicum titled, “Behavioral Health Practicum”.

Graduate Psychology Education Program: Integrated Primary Care Behavioral Health Training on the U.S.-Mexico Border

Eve M. Adams, Ph.D., Associate Professor and Director of Training, New Mexico State University
Graduate Psychology Education Program: Integrated Primary Care Behavioral Health Training on the U.S.- Mexico Border (continued)

Students provide services for 12 hours per week at the residency clinic, or at LCDF which is a federally-qualified healthcare center (FQHC) or a school-based health center. These three different settings provide students with different types of integrated primary care settings.

Finally, students may take, as an elective, 3-credit mindfulness course with MSW, MPH, MHC & CP students.

We are currently creating an “Integrated Healthcare Minor” for any of the graduate students who have completed all of these courses.

We are measuring the effectiveness of the training activities by asking trainees’ for their self-reported level of self-efficacy in providing integrated primary care. We also are looking at changes in the internship and post-doctoral placement of our program completers. For example, the number of graduates working in medical settings has doubled (13% to 26%) since implementing the grants.

Equally gratifying, is to hear the director of the residency describe how his residents are asking for “the behavioralist” when they go to other healthcare organizations.

I’m glad I can have a small part in changing the way healthcare is being delivered.

If you’d like more information you can email myself (eadams@nmsu.edu) or Dr. Harper (dharp83@nmsu.edu).

The View from “60000 feet”: Elements for a Successful Career as a Counseling Health Psychologist

Ari Dean Gleckman, Ph.D., HSPP

President, ASA Concierge Psychological Services, LLC; Director, Indiana Polyclinic; Adjunct Assistant Professor: Ball State University, The University of Indianapolis, Indiana University-Purdue University of Indianapolis (IUPUI)

The following is simply one practitioner’s opinion as to how to create a viable, financially successful, and meaningful career as a counseling health psychologist. Let us begin:

Seeking integration, remaining flexible, practicing “willingness” versus “willfulness”, leaning into collaboration, appreciating and respecting the mind-body relationship, cultivating mindfulness, learning about chronic pain and chronic disease, embracing inter-disciplinary consultation, practicing humility, remaining curious, being multi-faceted in your skill set, being novel and creative in your practice of professional psychology, being business-minded and practical about the “practice” of professional psychology, mentoring for the love of it, and exploring the notion of “primary behavioral health care” as first described by Kirk Strosahl some 25 year ago in Seattle, Washington. As I like to say, “dripping” in enthusiasm in everything that you do professionally … these are all important things to keep in mind when trying to establish yourself as a competent and respected counseling health psychologist.

Understand the aetiology, treatment, and management of somatization disorders, addictions, and serious mental
illness, learning “the language” and preferences of your physician and health care colleagues - not expecting your colleagues in the health care system to “come to you.” YOU go to them and explain what we do, how we do it, and why it is important (again, doing so enthusiastically, intelligently, and in their “language”) … these are all important things to keep in mind when trying to establish yourself as a competent and respected counseling health psychologist.

Remember that for many of the physicians and health care providers with whom you seek to work, you may be the first health psychologist that they have ever met. To them (and this happened quite early in my career), you are simply another “counselor”. Being a health psychologist is unique. This career choice, indeed, requires you to be more of a hybrid in terms of your professional identity. You must carry “the mantle” of the professional psychologist and effectively blend it with an identity as a general health care provider. Learning terminology, having an enhanced familiarity with medications of ALL types, becoming increasingly familiar with rare, unusual, and debilitating diseases … these things are requirements, not options for the counseling health psychologist.

Ask questions. Be comfortable “not knowing”. Observe those with different skill sets. “Soak in” the wisdom of your physician and health care colleagues. Establish a reputation in the community of your choice and build a great “team” to support your integrated professional psychological practice. Never apologize for being a psychologist or secretly envy the discipline of medicine. Be grateful that you are surrounded with non-psychologically based health care professionals who can teach you things that you surely never learned in graduate school and to whom you would not likely be exposed in many other areas of professional psychology. Enthusiastically and proudly represent the field of professional psychology and share your “gifts” with your medical colleagues. As a supervisor once told me, be a “salesman” for what it is that we have to offer as practicing health psychologists.

Regardless of where one might be in his/her schooling or career, these are the concepts that I believe one must be familiar with and embrace if they are hoping to aspire to a meaningful and successful career in the behavioral medicine field. I believe that in addition to the critical success factors that are noted above, the successful counseling health psychologist’s professional life should represent this “integrated” framework. Share your wisdom with students of all kinds and recognize that you will learn from them as they learn from you. Do not parcel out clinical from counseling psychology and Psy.D programs from Ph.D programs. See what we have in common, not what makes us different.

Write, present, heal human beings, be willing to share your wisdom with the masses. Be brave, courageous, and be willing to speak out on topics that support human rights, whether popular or not. Respect all theoretical models associated with professional psychology. Eclecticism and being willing to borrow from ALL schools of thought in an effort to diagnose and effectively treat human beings is something to be embraced, this is a sign of strength and not weakness when it comes to being truly integrated. These are all important things to keep in mind when trying to establish yourself as a competent and respected counseling health psychologist.

My own journey to health psychology was both intentional and serendipitous. In retrospect, it has been a perfect fit for my personality and interests. Finding myself surrounded by an integrated team of health care experts is akin to a wonderful violinist finding herself all of a sudden surrounded by a talented orchestra. The music is much richer because of this integration. The violinist is no more important than the harpist, who in turn is no more important than the bassoon-
ist and flutist. THAT is what we do when truly working with an integrated health care team. If I follow and ascribe to many of the aforementioned factors above, my fellow musicians will be grateful for my contribution and together we will be capable of doing things that I could only have imagined when simply working in my practice cubicle at a local music store.

The experience in an integrated medical clinic is no different, and as counseling health psychologists we will often be called on to be the “musical director” because of our training. Because of the dynamics of these systems, this is challenging indeed. We MUST be up to addressing it, for this is one of our responsibilities. The integrated environment MUST be an environment that is generally devoid of a class system. The MD is no more important than the DO and the Ph.D no more important than the masters and bachelors level colleagues. The integrated environment promotes unity, collegiality, dignity, and mutual respect.

Finally, functioning as a counseling health psychologist, you will also quickly take note of the fact that your job is not only to diagnose and treat your “patients,” but to support, protect, and educate your medical colleagues as well. The field of counseling health psychology is an exciting and demanding one indeed. It is truly the “multi-cultural” dynamic of this career that lends itself to both academic and interpersonal challenges that continue to evolve over time. I could not be more thrilled that I have spent the past 10 years trying to enhance my skill set as a counseling health psychologist. I intend to continue this career path for as long as this body and mind allows me to do so.

Response from the Flight Deck:
Adrienne Miscimarra, MA. Clinical Psychology Doctoral Student
The University of Indianapolis School of Psychological Sciences

As a clinician in training, I believe that Dr. Gleckman’s words speak truth. Having chosen to work within integrated health care settings for my past two practicum experiences (somewhat serendipitously as well), I have found the mere thought of private practice to be...well, lonely.

Not just lonely in the sense that one is devoid of co-worker interaction, but more so lonely in that working independently can disallow for the constant stimulation, consultation, accountability, and peer education that is elicited from working within a multidisciplinary team. Health psychology allows for the full, more complete picture of the presenting individual before you. It bridges the gap between two distinct disciplines that both have the best of intentions: to help people. These disciplines just have a vastly different way of helping – they use different language, different methods; they ask different questions.

Health psychology breaks down those differences (while simultaneously appreciating them) and aids both the medical practitioner and psychologist in a mutual venture of patient care. It is my love of working with people, for the betterment of people that makes health psychology an easy personal choice.

The psychological component is merely half of the picture. Axis III existed for a reason. In my life, my physical health went hand in hand with my mental health. If I was struggling with my doctors to diagnose an unknown ailment, you can bet my mental health was affected by it. We continue to learn in our psychological studies the incredible complexity of human beings. Relying on one discipline to address such complexity seems not only foolish, but borders on unethical. I believe more and more psychology training programs are beginning to realize the benefits of partnership as evident in the increase of health psychology concentrations.
Recently, I completed an inpatient health psychology practicum with Dr. Sarah Jenkins at St. Vincent Hospital in Indianapolis. My primary referrals were patients with sickle cell disease (SCD) through the Indiana Hemophilia and Thrombosis Center (IHTC).

SCD is a blood disorder that affects around 1 in 500 African Americans with approximately 1 in 12 African Americans carrying the sickle cell trait (Centers for Disease Control and Prevention [CDC], 2011). This condition affects the blood cells, distorting them into a sickled shape (Harrison et al., 2005) and ultimately results in vaso-occlusive crises where blood flow to organs and tissue is restricted, resulting in pain, damage and reduction in life expectancy (Minniti, Lu, & Groninger, 2013).

Moreover, as one physician reflected to me early in my work with patients with SCD, this disease unfortunately burdens those who are already socioeconomically disadvantaged. Health psychology makes valuable contributions to the treatment of, and advocacy for, patients with SCD given the psychosocial factors concomitant with this illness.

A variety of challenges face African American patients with SCD, as the effects of this illness are far reaching. Booker and colleagues (2006) have noted from their qualitative study of pain management in SCD that isolation is often at the root of maladaptation, fueling negative coping and avoidance of engagement in services. Indeed, SCD often severely limits an individual’s ability to work or to engage others socially due to the unpredictability of vaso-occlusive pain crises and disability resulting from joint and organ damage. I regularly heard such reports of isolation from the patients with whom I met.

Patients with SCD also face real barriers to adequate treatment. While the hematologists with whom I worked were very competent and had a firm understanding of their patient’s pain issues, pain is often undertreated in those with SCD for fear of addiction despite the fact that these patients do not appear to be at greater addition risk compared with others (Minniti et al., 2013). I remember at least one patient telling me of a poor experience at the emergency room of another hospital where she was misunderstood as drug-seeking. I suspect that beyond concerns for addiction potential among those who are prescribed opiates for chronic illness, that unfortunately the race of patients who tend to present with SCD may influence providers’ decisions regarding pain therapies.

It is not surprising then, that patients with SCD sometimes mistrust healthcare workers, particularly when in need of medication to alleviate their pain (Booker et al., 2006). Often my visits were welcome, but sometimes they were met with trepidation. It is understandable that the appearance of a Caucasian psychology practicum student might raise some suspicion that patients were disbeliefed and being assessed for malingering. In my experience, warm hand-offs from the patient’s hematologists were immensely helpful, as they often had a strong rapport with those providers.

I found several considerations helpful while addressing patient’s needs. First, I found that rapport was generally bolstered by empathically responding to reports of pain, acknowledging their...
and generativity outside of the patient’s identity as someone who is “sick.” Finally, it was helpful to encourage positive coping, starting with self-care and relaxation training.

Overall, it was my experience that the addition of health psychology to SCD treatment made a positive impact on the coping abilities of these patients, and the provision of these services was well received by hematology staff. SCD, though a biological disease, has deep socioeconomic implications warranting a comprehensive. As a matter of fact, the Sickle Cell Society has recommended multi-disciplinary teams involved in the treatment of patients with SCD should include health psychology (Caird et al., 2010). I hope that this partnership between St. Vincent Hospital and the IHTC will continue in the future, as I have seen firsthand the benefits of treating the physical complications of this disorder while also addressing the psychosocial factors of patients’ lived experience.

References


ANNOUNCEMENTS

Counseling Health Psychology

The Division 17 Section on Counseling Health Psychology announces its annual Student Research Award to encourage and reward research in areas related to counseling health psychology. This competitive award is given each year to a student affiliate of Division 17 who has completed a research project on any topic related to counseling and health. Only predoctoral research that has not yet been published will be considered for the award. An abbreviated version of the winning paper will be published in the Section Newsletter Counseling for Health. The winner will be honored at the APA convention and will also receive a cash award of $200 and a plaque suitable for framing.

Eligibility

All of the research work must have been completed while the candidate was a full-time student and the student must be the primary (first) author. Research may include work leading to a masters or doctoral degree or may be an independent study. Studies that are initiated by the student or for which the student has primary responsibility from beginning to end may be submitted for consideration for this award. All candidates must be student affiliate members of Division 17. Research can consist of qualitative or quantitative studies although literature reviews alone will not be considered.

Instructions for Submission

The manuscript should be in APA format and no longer than 20 typed, double-spaced pages including tables, figures, and references. Papers exceeding this limit won’t be considered.

2. A letter from the student’s faculty advisor. The letter should describe the degree to which the candidate had responsibility for the project objectives, design, data collection, data analysis, and manuscript preparation.

Submissions will be accepted right away but must be received no later than June 1st, 2015. Faxed copies will not be accepted. The paper and letter from the faculty advisor should be emailed to MKeitel@Fordham.edu.

Submissions will be reviewed anonymously and ranked by members of Div. 17 Section on Counseling Health Psychology. Submissions will be rated on methodological rigor, clarity of writing, and contribution to the literature.

Merle Keitel, Ph.D.
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JOIN the Section!
Membership forms are available on our website
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The next deadline for submissions is June 1, 2015
Send Comments and Submissions to: Trisha.Raque-Bogdan@du.edu
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