

## President's Message

## From the Editor

## Meet the Lab

## Getting to Know You...**Adler**

## Journal Highlights

## APS Mid-Year Meeting

## Newsletter PDF

### President's Message

***Mustafa al'Absi, PhD, LP, APS President***



### Invigorating APS Strategy Towards Greater Scientific and Clinical Impact

Last month, I reported to you that members of APS leadership, including Council members and 11 other key individuals (former leaders and others who are involved in important functions within APS), met in Miami, Florida for a strategic planning meeting. The two-day gathering, which had an excellent facilitator (Mr. Bob Harris), started with an overview of APS's mission, history, recent strategic plans, and ongoing initiatives. Then, the group as a whole (and numerous break-out groups) engaged in multiple discussions focusing on the APS mission, values, and goals. As a result of these discussions, we developed modifications to the APS mission, goals, and values. We also devised strategies to help APS achieve its new goals; and we agreed on performance measures that will allow us to assess progress and success as APS moves forward. Toward the end of the meeting, APS Council convened, discussed the meeting outcomes, and voted unanimously to approve the proposed modifications to APS's mission statement, tagline, values, and goals.

The updated APS mission statement captures our dedication "*to advance and integrate the scientific study of biological, psychological, behavioral and social factors in health and disease.*" We affirm this mission and, for the first time, we embrace our long history within the APS tagline, which now reads "*integrating mind, brain, body and social context in medicine since 1942.*" In addition, we are excited to introduce a list of well-thought-out values that reinforces our dedication to: *Scientific Rigor, Clinical Relevance, Multidisciplinary Collaboration, Membership Diversity, and Nurturing Community.*

At the strategic planning meeting, we dedicated a significant portion of our time to discussing APS goals and specific strategies for achieving these goals over the next three to five years. Aligning well with our mission statement, the first goal of APS is to advance scientific excellence in psychosomatic medicine. APS's second goal is to enhance the clinical relevance of our mission by "increasing clinical and public health relevance of biopsychosocial research." The third goal identified at the strategic planning meeting is for APS to maintain a vibrant and diverse membership that consists of "an engaged membership balanced by disciplines, career stages, national/ethnic backgrounds, clinical vs. basic researchers."

In the time since the strategic planning meeting, APS leadership has started developing specific initiatives to address the rich list of goals and strategies developed during the planning meeting. I expect, over the next few months, accelerated movement towards

implementing these initiatives; and I plan to share with you more information on specific initiatives in future communications. As a way to promote our efforts, we will highlight our modified mission, tagline, values, and goals through APS communications, including the APS website and APS letterheads. In addition, we are going to create some new materials (brochures, business and other handouts) that we will make available during the Annual Meeting and the Mid-Year Meeting.

In addition to the strategic planning meeting, another exciting event that APS had last fall was the third Mid-Year Meeting, which was a highly successful event that attracted scientists and clinicians from multiple disciplines and from around the country. The meeting was held in New York City (September 25, 2015) and focused on brain-gut interactions and the intestinal microenvironment. The meeting was organized in collaboration with the American Gastroenterology Association Institute; and the meeting included important and cutting-edge presentations. Many international experts presented their latest research on the roles of gut bacteria in determining health and disease. The meeting also focused on understanding the effects of gut flora on behavioral disorders, pain, and mood. As a result of this meeting, we expect a white paper and a special issue of our journal, *Psychosomatic Medicine*, to be dedicated to the theme of this meeting. I would like to acknowledge, here, the APS members and colleagues who worked tirelessly to plan this event, including the meeting's Co-Chairs, Douglas A. Drossman, MD and Magnus Simren, MD; our past president, Karen Weihs, MD; and the past leader representative, Matthew Muldoon, MD. I would also like to thank Emeran Mayer, MD, for presenting at the meeting and for agreeing to serve as the Guest Editor for the special issue of *Psychosomatic Medicine*.

Overall, the Mid-Year Meeting series has been effective in bridging the field of *Psychosomatic Medicine* with other areas of cutting-edge science. The meetings have helped foster dissemination of exciting research conducted by our members; they have advanced the training of APS members (especially physicians); and they have facilitated recruitment of new members. Through these meetings, we have maintained our focus on engaging medical subspecialties and we have partnered with major organizations whose interests coincide with the topic chosen by APS for any given year. Building on the successes of the previous three meetings, we are currently preparing for the 2016 Mid-Year meeting, which will focus on the neuroscience of pain, with a focus on the effects of early life adversity, mechanisms, and treatment. I am very pleased to have Tor Wager, PhD, Richard Lane, MD, PhD and Christoph Herrmann-Lingen, MD, helping us organize the 2016 meeting, which is slated to take place in New York City on October 15, 2016.

Looking forward, I am excited about our upcoming 2016 Annual Meeting, which will be held at the Westin Denver Downtown Hotel on March 9-12, 2016. Dr. Lorenzo Cohen and his program committee have been working very hard to prepare an exciting and rich program. This year's meeting theme is "Translating Research into Practice: From Bench to Policy." The program committee has lined-up a number of featured plenary speakers, including Dean Ornish, MD, Clinical Professor of Medicine at the University of California, San Francisco; Lisa Marsch, PhD, Director of both the Center for Technology and Behavioral Health as well as the Dartmouth Psychiatric Research Center; and Kevin Tracey, MD, President and CEO of The Feinstein Institute for Medical Research and Professor of Molecular Medicine & Neurosurgery at Hofstra Northwell School of Medicine.

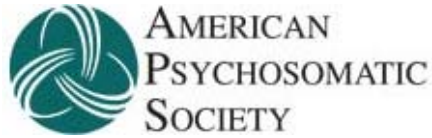
Invited Symposia at the 2016 Annual Meeting will focus on translating research into practice, neuroinflammation, and what is sure to be a heated discussion on cannabis and cannabinoid research (featuring leaders in research and policy issues related to marijuana use). In addition, many other symposia and presentations will address the latest research in psychosomatic medicine. The meeting will also include training workshops focusing on central and peripheral inflammation; clinical trials now and into the future; and eHealth and

mobile technologies. We also expect several other opportunities for networking and enriching experiences, including roundtable discussions, wellness sessions conducted every morning and afternoon, the Clinician's Curated Tour of Poster Sessions, and the Mentor/Mentee Reception.

As you can see, many things are happening, several initiatives have been ongoing, and several initiatives will be taking off in the near future. All of this would not be possible without the dedicated efforts of many people within the APS membership, leadership, and business office staff. I would like to thank you all for your hard work. I would also like to thank the dedicated business staff at Degnon Associates (our management company) for their outstanding work on APS behalf and for their sustained dedication and support for our activities. We are truly fortunate to be working with such an energetic, thoughtful, and creative group of professionals.

As we move forward in our development of initiatives and in implementation of our strategic goals, APS leadership will continue to count on the spirit of volunteering embraced by APS members. This energy and engagement will assure our success in achieving our goals. On behalf of APS, I invite you all to connect with me, with other members of the Council, or with Committee Chairs to volunteer in any initiatives that fit with your interests and experience. We look forward to working with you all towards greater scientific and clinical impact in psychosomatic medicine.

Members Only



# Newsletter

Winter 2016

[Home](#) > [News](#) > Current Newsletter

President's Message

From the Editor

Meet the Lab

Getting to Know  
You...**Adler**

Journal Highlights

APS Mid-Year  
Meeting

Newsletter PDF

From the Editor's Desk

**Aric A. Prather, PhD, APS Newsletter Editor**


Happy New Year!!! As we move into the winter months and cold, blustery weather becomes the norm for much of the country, here I sit (in a warm coffee shop in sunny San Francisco) reflecting on 2015 and what it has meant for our Society. Like many of you, I have come to make APS my professional home, in part because of the cutting edge scientific contributions made by its members but also because of the strong community and collegiality it fosters. Unfortunately, we live in a world where divisiveness is all too common; thus, I am sincerely grateful for the many APS members that I now can call colleagues and friends.

Rapid advances in the scientific landscape, including new developments in biospecimen assessment, innovations in wearable and social networking technology, and an increasing focus on "big data" makes this an exciting time for APS; however, it also poses interesting challenges for our Society. One important question that comes to my mind, and perhaps yours, is how do we ensure a seat at the "table" as these developments gain more and more traction? At the core of our Society is the recognition of the bidirectional links, albeit complex, between the mind and body- the psychological and the biological. The perspective and expertise that APS members should and will bring to these new areas of research will undoubtedly result in critical scientific findings.

A good example of a development where APS can contribute is the recent Precision Medicine Initiative announced by President Obama earlier this year (<https://www.whitehouse.gov/precision-medicine>). The stated mission of this initiative is: "To enable a new era of medicine through research, technology, and policies that empower patients, researchers and providers to work together toward development of individualized treatments". To date, much of the work in Precision Medicine has resided in cancer research with one of the primary aims being to identify unique genomic (or other omic) predictors of cancer risk at the level of the individual to aid in targeted drug development. I have no doubt that this approach will result in many incredible discoveries in cancer and other diseases. However, we know that social, psychological, and behavioral factors play an integrated role in the very biology involved in the pathogenesis of these medical conditions under study yet the effort towards comprehensive assessment of these factors is presently lacking. I think that APS and its membership is well-suited to play a strong leadership role in developing solutions to this and many other challenges.

Over the next several newsletters I plan to invite Society members to provide commentary on the many opportunities and obstacles in psychosomatic medicine, with a focus on how APS and its membership can address these challenges and capitalize on the many areas for growth. If you are interested in contributing, please feel free to contact me

[aric.prather@ucsf.edu](mailto:aric.prather@ucsf.edu)).

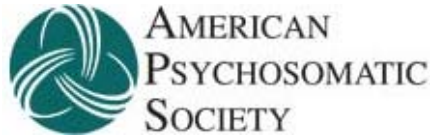
#### IN THE NEWSLETTER

So much has happened over the last year in APS. We had a stimulating annual meeting in Savannah and a gut friendly mid-year meeting in NYC focused on the microbiome. Past-president Karen Weihs, MD provides a synopsis of the mid-year meeting later in this newsletter. Despite all the excitement generated during 2015, this will be eclipsed by all of the activity planned for 2016. The planning for the annual meeting in Denver (March 9th-12th) is well underway and nearly complete. More information will be available in the very near future; however, I can say that several plenary speakers are confirmed, including Dean Ornish, MD and Kevin Tracey, MD. And when in Denver... we will have a Discussion on *Marijuana*. Additionally, we will be treated to a number of APS initiated symposium, including one geared towards *Translating Research into Practice*, and a star-studded symposium on *Neuroinflammation*. Of course, there will also be engaging research topics contributed by our membership.

Our Society is composed of such incredible scholars and we highlight a couple in this newsletter. First, in our "Meet the Lab" section, our travels take us to the state of Indiana (the Hoosier State), where we meet the Cardiovascular Behavioral Medicine Lab at Indiana University-Purdue University Indianapolis (IUPUI) directed by Jesse C. Stewart, Ph.D. Second, our "Getting to Know" section targets in on Nancy E. Adler, Ph.D. at the University of California, San Francisco. A long time colleague and friend to many of our APS members, Dr. Adler has played an important role in developing the field of Health Psychology and it was a privilege to interview her for this newsletter. Finally, we hear from our esteemed journal editor-in-chief, Wijo Kop, Ph.D. with updates on the Journal and highlights of some of the cutting-edge science we have come to expect from Psychosomatic Medicine.

I hope you enjoy the newsletter. Any comments (positive or negative) can be directed to me [aric.prather@ucsf.edu](mailto:aric.prather@ucsf.edu)).

Members Only



# Newsletter

Winter 2016

[Home](#) > [News](#) > Current Newsletter

- President's Message
- From the Editor
- Meet the Lab
- Getting to Know You...**Adler**
- Journal Highlights
- APS Mid-Year Meeting
- Newsletter PDF

## Meet the Lab

It's time again to [Meet the Lab](#)! This installment takes us to the state of Indiana, known as the Hoosier State, home to first gasoline pump, Leslie Knope, and stomping ground for many a prominent psychologist.

### Meet the Cardiovascular Behavioral Medicine (CBM) Lab at IUPUI

Lab Director: Jesse C. Stewart, Ph.D.

APS: Who are you and what do you study in your CBM lab?

JS: I'm an associate professor of psychology at Indiana University-Purdue University Indianapolis, better known as IUPUI. I have a Ph.D. in clinical psychology from Ohio University, and I completed postdoctoral training in cardiovascular behavioral medicine at the University of Pittsburgh. I'm also a self-taught guitar player and a music gear hoarder. This year's big score was a Gretsch Catalina drum kit. My 3-year-old daughter loves it...my wife, not so much. The mission of my CBM lab is to develop new approaches to preventing CVD and the related diseases of diabetes and obesity. Our epidemiologic and mechanistic research seeks to inform intervention research by identifying psychosocial risk factors for cardiometabolic diseases (e.g., depression, anxiety, and insomnia) and their underlying mechanisms. Our intervention research seeks to translate epidemiologic and mechanistic discoveries into clinical interventions designed to prevent cardiometabolic diseases. For instance, we are now conducting the eIMPACT Trial, a Phase II RCT testing whether a modernized collaborative care intervention for depression in primary care improves CVD risk markers and prevents future heart attacks and strokes.



APS: How is the lab structured?

JS: There are five Ph.D. students, two undergraduates, and a depression care manager in my lab, and we all wear too many hats. In my mind, my lab operates in two modes – I'll call them the Obi-Wan Kenobi Mode and the Darth Vader Mode. When in Kenobi mode, I'm in the role of the mentor, and my students are the future Jedi Knights who will carry on the good fight long after I'm gone. This is when I'm my most Rogerian – i.e., empathic, supportive, collaborative, and developmental. I like to think that a fuzzy image of me appears to them in times of trouble to deliver an ostensibly profound, yet ultimately confusing, one-liner. When in Vader mode, I'm in the role of the principal investigator who expects results, and my students are on the front lines doing the dirty work of running our projects. I often think and sometimes say to my students, "Impressive...most impressive." Unfortunately, this line doesn't have the same effect minus James Earl Jones' voice. Kidding aside, they truly are a talented and

dedicated group. The standing meetings in my lab reflect the two modes of operation. There are the weekly individual mentee meetings (Kenobi), bi-monthly lab meetings (Kenobi), weekly RA meetings (Vader), and as-needed training sessions (Vader). This relatively clean division of roles helps to ensure that my mentees' needs are met *and* that we deliver on our commitments.

APS: Are there any unique aspects of this lab?

JS: I can think of three unique aspects. One, although my lab is product-focused, I try to achieve a balance by also prioritizing professional development. For example, a few months ago, we joined with another lab and formed a book club to discuss Sheryl Sandberg's provocative book, *Lean In*. I've also organized scientific writing workshops for my lab, complete with a syllabus and assignments. ("Yay, more work.") Two, the seasons of my lab tend to be synced to APS and NIH deadlines. Fall is project season and is driven by the October APS abstract deadline, while Spring is grant season and is driven by the June NIH application deadline. Three, I currently have two sets of "lab twins," a term coined by my mentees referring to Ph.D. students starting in the lab in the same year. They also have a hashtag (#LabTwinning). Having lab twins has created dynamics that I imagine are similar to having actual twins. For instance, I find myself being careful not to treat them differently, especially during the early (formative) years, and I feel a bit conflicted when a great opportunity presents itself to one lab twin but not the other.

APS: If you had to defect, would you choose Indiana University or Purdue University?

JS: Next question. Oh, I have to answer to keep my APS membership? Okay, like most things in life, it depends...especially on who's reading this. If I must choose, it's IU. Even though I'm in the Purdue School of Science, most of my collaborators are in the IU School of Medicine.

APS: Now let's meet some members of the CBM Lab.

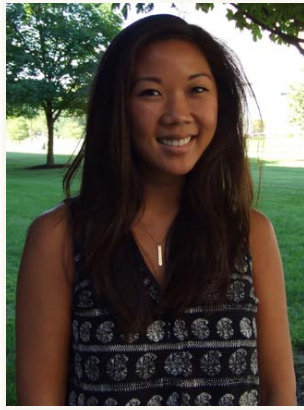
Jessica Berntson (Graduate Student):

I am in my fourth year of IUPUI's Ph.D. program in Clinical Psychology specializing in Health Psychology. I received my M.S. as part of this program. Prior to coming to Indiana, I earned my B.A. in Psychology at Mount Royal University in Calgary, Alberta, which is also my hometown. I love the outdoors and try to soak in nature any time I can by hiking, snowboarding, and, since coming to Indy, climbing. Frolicking outside fuels me to pursue my research, which aims to examine whether and how psychosocial factors (e.g., depression, anxiety, and stressful life events) influence the pathogenesis of cardiometabolic diseases. The ultimate goal of this research is to inform the development of treatments targeting these psychosocial factors in order to prevent disease onset. My most recent project is testing whether depression, anxiety, and stressful life events are stronger predictors of incident CVD during different phases of the adult lifespan in a large sample representative of the U.S. population.



Loretta Hsueh (Graduate Student):

I am a first-year student in the Clinical Psychology Ph.D. program at IUPUI, previously earning my degrees from San Diego State University (M.A.) and UC Santa Barbara (B.A.). My research aims to understand how factors related to immigrant status/immigrant experiences influence health



disparities in cardiovascular disease and related conditions, such as diabetes. Moving forward, I am motivated to examine the interplay between micro-level (patient, physician) and macro-level (health care system) factors in the development and maintenance of chronic illnesses and health disparities.

As the "youngest child" and the only non-twin in the lab, my personal goals are to maintain a healthy sense of self-efficacy and independence to combat the cardiotoxic effects of an inferiority complex (citation needed).

Krysha MacDonald (Depression Care Manager):

Hello! I'm Krysha - a licensed mental health counselor, the depression care manager for the eIMPACT Trial, and the CBM lab morale booster/cheerleader. I graduated from Ball State University with a M.A. in Clinical Psychology and have 14 years of mental health experience, ranging from school-based services to being an integrated behavioral health specialist in primary care settings. When I am not maintaining balance between the lab's light and dark sides, you can find me outdoors participating in something active - most recently completing my first half-marathon (my pic is from that very chilly morning). Truth be told, I'm active mostly to allow for another passion - good, locally sourced food and craft beverages. I'm also an avid animal advocate, rescuer, foster parent, and proud mama of 3 bully fur babies.



Jay Patel (Graduate Student):

I'm a second-year student in the CBM Lab and in the Clinical Psychology Ph.D. program at IUPUI. I earned my B.A. in Psychology from the University of Kansas with a minor in Social and Behavioral Sciences Methodology. I am a huge foodie who also loves to cook. Most of my dishes land on a binary scale – the dish is either horrible or delicious. I usually just feed the bad dishes to “Darth Vader” mentor. My current research seeks to identify the role of cardiovascular risk factors and peripheral physiologic changes in the development of some clusters of depressive symptoms and in the etiology of some subtypes of depressive disorders. I also examine whether these mechanisms vary across racial/ethnic groups. I first attended APS in Miami as a bright-eyed and bushy-tailed undergraduate. Ever since then, I've been sucked into the APS community.

Brittanny Polanka (Graduate Student):

I earned my B.S. from the tiny, little-known College of St. Scholastica in Duluth, MN. While growing up and attending college in Minnesota didn't foster in me a particular liking for snow or the great outdoors, I do enjoy indoor activities, such as yoga, knitting, and eating. Currently, I am a second-year student in the Clinical Psychology Ph.D. program (Health Psychology emphasis area) at IUPUI. Of particular interest to me is how individual health risk factors (poor nutrition,



hypertension, weight gain, smoking) interact with psychosocial risk factors (depression, insomnia, eating disorders) to produce differential health risk (cardiovascular disease, obesity, diabetes) and novel ways in which we can intervene on one to improve the other.



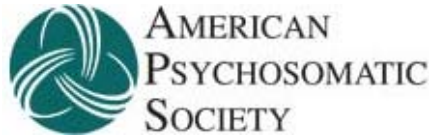
Elizabeth Vransky (Graduate Student):

I am a fourth-year Ph.D. student in the Clinical Psychology program at IUPUI. I earned my B.A. in Psychology from the University of Maryland – College Park in 2009 and my M.S. in Clinical Psychology from IUPUI in 2015. My research focuses on psychosocial risk factors for chronic diseases, such as obesity, diabetes, and CVD. In particular, I am interested in how depression and anxiety influence health behaviors and subsequent physical health. Most recently, I have been examining the association between depressive symptoms and diet composition, focusing race/ethnicity as a moderator of this association. When I'm not working in the CBM Lab, I love going on hikes, playing on the beach, and having a cozy night in with my husband and two dogs.

Want to know more about the CBM Lab? Check out the website:

<http://psych.iupui.edu/people/jesse-c-stewart>

Members Only



# Newsletter

Winter 2016

[Home](#) > [News](#) > Current Newsletter

[President's Message](#)

[From the Editor](#)

[Meet the Lab](#)

[Getting to Know You...\*\*Adler\*\*](#)

[Journal Highlights](#)

[APS Mid-Year Meeting](#)

[Newsletter PDF](#)

## Getting to Know You...**Adler**



Nancy E. Adler, PhD is the Lisa and John Pritzker Professor of Psychology, in the Departments of Psychiatry and Pediatrics at the University of California, San Francisco, where she directs the Center for Health and Community. She directed the MacArthur Foundation Research Network on SES and Health, where she developed a widely used measure of subjective social status. Dr. Adler is a member of the American Academy of Arts and Sciences and the National Academy of Medicine (previously known as the Institute of Medicine (IOM)).

APS: First, thank you so much for taking time out of your schedule to allow our readers to get to know you a bit better. You have had such a storied career both in terms of research and in leadership. Can you tell us a little about your trajectory and how that influenced where you are today?

NA: In my freshman year at Wellesley I imprinted on Ellen Greenberger as a role model and later got hooked on research by Claire Zimmerman who spent hours helping me run subjects for a senior thesis on experimenter expectancy effects. Robert Rosenthal, whose research inspired my experiment, was at Harvard, and I chose the Social Relations doctoral program to work with him. During graduate school I volunteered at an agency started by a Wellesley classmate to counsel women with unwanted pregnancies. In my third year, as a TA for Herb Kelman's class on social influence, I was struck by the relevance of his theory of reactions to discrepant action for understanding the experiences of women choosing to terminate their unwanted pregnancies. The experience brought to life Kurt Lewin's observation that "there is nothing so practical as a good theory". I developed theory-based predictions regarding women's responses following abortion; these were confirmed and the findings have also informed policy decisions regarding reproductive choice. Another faculty member who influenced me was Tom Pettigrew who also used science to understand and ameliorate social problems.

APS: Many of us know your work on subjective social status using the ladder measure you developed. How did measure come into being and why do you think it works so well in predicting health outcomes?

NA: I had the privilege of organizing a MacArthur Foundation research network to identify the mechanisms by which socioeconomic status (SES) gets into the body to affect health. It grew out of a prior network on health behaviors led by Judy Rodin. The new network attempted to account for empirical findings of a graded association between SES and health, with better

health and greater longevity occurring at each step up the social hierarchy. Related findings by Bob Sapolsky and others studying non-human primates showed that higher-ranked animals have better health than those just below them. The nature of hierarchies in humans differs from animal hierarchies, however, in that we don't have a single dominance hierarchy. The SES hierarchy is a function of three related, but not perfectly correlated, domains: education, income, and occupation. The question of whether people have a sense, across the three domains, of where they stand in society had not been explored. To assess whether they did have an overall sense and if it mattered for their health and well-being, I constructed a "social ladder." I liked using a visual depiction that avoided value-laden labels; although it was not conscious, I later came across Cantril's earlier work using a ladder to measure life satisfaction and realized I had probably been influenced by reading his work at some point.

Fortunately, people were willing and able to place themselves on the ladder, and where they place themselves is strongly related to their health even when adjusted for objective SES. It's similar to self-rated health which predicts mortality better than any set of objective health indicators. One reason SSS predicts above and beyond objective SES is that our measures of the latter are crude. SSS may pick up finer nuances. For example, with objective SES all college graduates are coded the same even though some have degrees from high prestige schools that provide expansive life opportunities while others graduate from diploma mills that may leave them primarily with student debt. In indicating their SSS individuals may take these differences into account. Secondly, SSS ratings may reflect associated psychological characteristics like optimism, that lead people to focus on the SES indicator on which they are highest; this would explain the finding that most samples have a higher-than-average mean score. These same characteristics may also foster better health. Finally, the perception of being low-status may itself create adverse emotions and physiological responses that, over time, are health-damaging.

APS: It's now been 20 years since you published your landmark paper in the American Psychologist on SES and health. Thinking about the next 20 years, where are the gaps in our knowledge and where are real areas of opportunity to move the SES and health field forward?

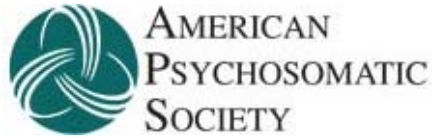
NA: In the last 20 years we have firmly established the power of SES to influence health, and know that it operates through several pathways, including health behaviors and chronic stress. I see two major challenges ahead. One is to understand what aspects of SES are most potent and how these intersect with other bases of social stratification, like gender and race/ethnicity. The other – and, to me, the most compelling – is extending our work to see how we can reduce the gradient and allow all people to achieve the health status enjoyed by those at the top.

APS: Expanding beyond your work on SES and health disparities, what issues or research areas keep you coming into work everyday?

NA: A major challenge is expanding the integration of social and behavioral factors into health care. Advances in genomics have captured public imagination yet social and behavioral factors play a greater role in health. I am working to integrate such data into the design of "precision medicine." One step in achieving this is routine collection of such data in electronic health records and I am working to bring that about. Having co-chaired an Institute of Medicine study on this topic with Bill Stead, a leading figure in health information technology (IT), I'm now working to implement the committee's recommendations. I'm still engaged with work on modifying health-damaging behaviors and also relish learning new areas through working with my wonderful colleagues and fellows.

APS: Finally, what words of wisdom do you have for students/trainees and early faculty who read this newsletter?

NA: You need both roots and wings. Complex problems cannot be solved by any one discipline and, although I am grounded in a social-psychological approach, it's been crucial to journey across disciplines and fields. It helps to welcome challenge. Being in a medical school has sometimes been frustrating, but has kept me from being complacent or too inward looking. It has given me the opportunity to be exposed to very different approaches and forced me both to articulate more explicitly what psychology has to offer and to put it in perspective.



# Newsletter

Winter 2016

[Home](#) > [News](#) > Current Newsletter

President's Message

From the Editor

Meet the Lab

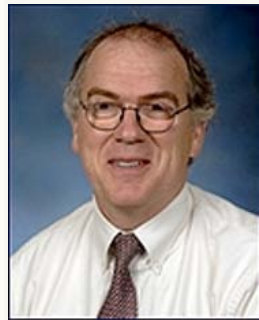
Getting to Know  
You...**Adler**

Journal Highlights

APS Mid-Year  
Meeting

Newsletter PDF

Highlights from *Psychosomatic Medicine*  
**Willem (Wijo) Kop, PhD**  
Editor-in-Chief



*Psychosomatic Medicine* is doing well. This year we will again exceed 600 submissions, which cover a broad range of biobehavioral processes in health and disease. We are looking forward to next year's special issue on: "Mechanisms Linking Early Adversity with Physical Health," guest edited by Katie McLaughlin, Ph.D.; Nicole Bush, Ph.D.; and Richard Lane, M.D., Ph.D. We received an impressive response to our call for abstracts (over 50 applications) and are now in the review process of the papers that were selected for this special issue. In addition, new work is

underway to prepare an issue based on the recent APS one-day meeting in New York City on the relevance of the microbiome to psychosomatic medicine. The special issues help to target new areas relevant to our field and provide a platform for integrating innovative research in a specific field.

Some of our members have asked how they can help move the journal forward. There are a few things that you could do:

- The most important thing to do is to submit your papers with the best possible science to *Psychosomatic Medicine*.
- If the journal asks you to review a paper, please accept the invitation and provide a solid and timely review.
- When preparing reference lists for your articles and grant submissions, consider citing papers from *Psychosomatic Medicine* - of course only if they are directly relevant to the manuscript.
- Once a paper from your group is published in *Psychosomatic Medicine*, you could actively circulate it among your peers and work with your institution's public relations office to prepare a press release.

On the journal end, we also make every effort to promote the journal. These activities include:

- working as efficiently as possible to publish papers submitted to the journal. We now are at an average time to first decision of 30 days
- publishing an open access article summary page at beginning of each issue, with links to the original
- preparing press releases and podcasts on recently published articles
- aiming for scholarly editorials that highlight the implications of articles published in the journal.

Recent articles published in *Psychosomatic Medicine* have again added critical new information to our science. Let me list just a few here:

Toussaint A, Murray AM, Voigt K, Herzog A, Gierk B, Kroenke K, Rief W, Henningsen P, Löwe B.

Development and Validation of the Somatic Symptom Disorder-B Criteria Scale (SSD-12). *Psychosom Med.* 2015 Oct 10 (Epub). DOI: [10.1097/PSY.0000000000000240](https://doi.org/10.1097/PSY.0000000000000240)

Related editorial by Dr. Arthur Barsky DOI: [10.1097/PSY.0000000000000287](https://doi.org/10.1097/PSY.0000000000000287)

Auvergne L, Bortsov AV, Ulirsch JC, Peak DA, Jones JS, Swor RA, Domeier RM, Lee DC, Rathlev NK, Hendry PL, McLean SA.

Association of Epidemiologic Factors and Genetic Variants Influencing Hypothalamic-Pituitary-Adrenocortical Axis Function With Postconcussive Symptoms After Minor Motor Vehicle Collision.

*Psychosom Med.* 2015 Nov 19 (Epub). DOI: [10.1097/PSY.0000000000000253](https://doi.org/10.1097/PSY.0000000000000253)

Cohen S, Janicki-Deverts D, Doyle WJ.

Self-Rated Health in Healthy Adults and Susceptibility to the Common Cold.

*Psychosom Med.* 2015 Nov-Dec;77(9):959-68. DOI: [10.1097/PSY.0000000000000232](https://doi.org/10.1097/PSY.0000000000000232)

Related editorial by Dr. Hyong Jin Cho and Dr. Michael Irwin. DOI:

[10.1097/PSY.0000000000000273](https://doi.org/10.1097/PSY.0000000000000273)

Maldonado JR, Sher Y, Lolak S, Swendsen H, Skibola D, Neri E, David EE, Sullivan C, Standridge K.

The Stanford Integrated Psychosocial Assessment for Transplantation: A Prospective Study of Medical and Psychosocial Outcomes.

*Psychosom Med.* 2015 Nov-Dec;77(9):1018-30. DOI: [10.1097/PSY.0000000000000241](https://doi.org/10.1097/PSY.0000000000000241)

Cardiac Risk Markers and Response to Depression Treatment in Patients With Coronary Heart Disease.

Carney RM, Freedland KE, Steinmeyer B, Rubin EH, Mann DL, Rich MW.

*Psychosom Med.* 2015 Oct 8 (Epub). DOI: [10.1097/PSY.0000000000000245](https://doi.org/10.1097/PSY.0000000000000245)

Verhoeven JE, van Oppen P, Puterman E, Elzinga B, Penninx BW.

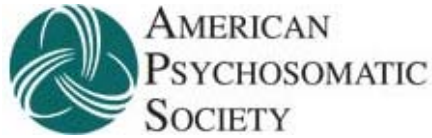
The Association of Early and Recent Psychosocial Life Stress With Leukocyte Telomere Length.

*Psychosom Med.* 2015 Oct;77(8):882-91. DOI: [10.1097/PSY.0000000000000226](https://doi.org/10.1097/PSY.0000000000000226)

These are only a few of the articles that were published to give an impression about the various types of high-quality papers that are published in *Psychosomatic Medicine*. We are looking forward to receiving your new manuscripts.



Members Only



# Newsletter

Winter 2016

[Home](#) > [News](#) > Current Newsletter

## President's Message

### APS Hosts GI Symposium in New York City

**Karen Weihs, MD**

APS Past-President

## From the Editor

The symposium on *Brain-Gut Interactions and the Intestinal Microenvironment* was sponsored by APS in partnership with the American Gastroenterology Association Institute. It was held on September 25, 2015 at the New York Marriot Downtown ~ New York, NY.

## Meet the Lab

The international audience of 100 included clinicians, as well as basic and clinical scientists, ranging from early career to seasoned investigators from multiple disciplines. The symposium featured presentations in basic, animal, translational and clinical aspects of brain-gut communication as it relates to nutrition, the gut microbiome and human emotion and behavior in health and disease. See the program and list of speakers below.

## Getting to Know You...**Adler**

## Journal Highlights

The full day Symposium highlighted presentations from world renowned experts on mechanistic biopsychosocial research relating to Brain-Gut Interactions. A significant portion of the meeting was devoted to discussion and information sharing between the presenters and the audience. Through this interaction, the meeting generated new insights for translation of basic research to clinical applications. These insights were the basis of a half-day discussion by a subgroup of meeting attendees who are developing a white paper to be published in *Psychosomatic Medicine*, as part of an upcoming special issue of the journal on the topic of this meeting.

## APS Mid-Year Meeting

## Newsletter PDF

### Program and Speakers

Welcome and Introduction from Moderators - *Douglas A. Drossman, MD and Magnus Simren, MD*

### Session 1: Gut microbiota: The basics

- Defining the Gut Microbiota - *Erwin Zoetendal, PhD, Wageningen University, The Netherlands*
- The importance of the Gut Microbiome in Health and Disease - *Gary Wu, MD, University of Pennsylvania, USA*
- Methods to determine the composition and function of the gut microbiota - *Erwin Zoetendal, PhD, Wageningen University, The Netherlands*
- Panel discussion

### Session 2: Gut microbiota and neural systems: physiology and pathophysiology

- Interaction between intestinal microbiota, GI immune and barrier function, and the enteric nervous system - *Stephen Collins, MBBS, FRCP(UK), FRCPC, McMaster University, Canada*

The effect of external stressors on gut microbiota composition and function -  
*Michael T. Bailey, PhD, Ohio State University, USA*

- Gut microbes and the brain: paradigm shift in neuroscience - *Emeran Mayer, MD, University of California at Los Angeles, USA*
- Panel discussion

Session 3: The Role of Microbiota in medical and neuropsychiatric diseases

- Understanding the microbiota in neurological diseases - *Lloyd H. Kasper, MD, Dartmouth University, USA*
- Understanding the microbiota in psychiatric diseases - *Timothy G. Dinan, MD, PhD, University College Cork, Ireland*
- Understanding the microbiota in GI disease (IBD, IBS) - *Magnus Simren, MD, University of Gothenburg, Sweden*
- Understanding the microbiota in metabolic conditions (Non-alcoholic fatty liver disease, Cardiovascular disease, Metabolic syndrome) - *Max Nieuwdorp, MD, PhD, University of Amsterdam, The Netherlands*
- Panel discussion

Session 4: Manipulating the gut microbiome as a treatment strategy

- Diet - *Shanti Eswaran, MD, University of Michigan, USA*
- Pre-, pro-, and antibiotics - *Eamonn Quigley, MD, University College Cork, Ireland*
- Fecal microbial transplantation - *Lawrence J. Brandt, MD, Albert Einstein College of Medicine, USA*
- Panel discussion

Reception: Panel discussion with audience

The symposium was chaired by Doug Drossman, M.D. (*UNC Center for Functional GI and Motility Disorders*) and Magnus Simren, M.D. (*University of Gothenburg, Sweden*) representing the AGA, along with Karen Weihs, M.D., Past President of APS. Dr. Weihs described the symposium as representing "the next wave of clinical neuroscience that will transform psychosomatic medicine". She said, "This new paradigm is emerging from studies of the gut-brain interaction, grounded in the complex ecosystem of the microbiome", and quoted Thomas Insel, former Director of the National Institute of Mental Health, who said "our bodies are... a complex ecosystem in which human cells represent a paltry 10% of the population. But beyond the sheer numbers, we now know about the profound diversity of this ecosystem and striking individual differences. How these differences in our microbial world influence the development of brain and behavior will be one of the great frontiers of clinical neuroscience in the next decade."