

Welcome to the Society for Occupational Health Psychology Newsletter!



Society for Occupational Health Psychology

Volume 4, October 2008
Editor's Welcome



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Note from the Editor

This, the fourth issue of the SOHP newsletter reflects both continuity with the past and a break with the past. With regard to continuity, in the third issue I initiated a series devoted to graduate programs in occupational health psychology. The third issue included a piece devoted to the OHP program at the University of South Florida. In this issue, readers will find a piece written by Sarah DeArmond, Paige Gardner, Julie Maertens, and Julie Sampson on the OHP program at Colorado State University. This issue also continues the *Across-the-Pond* feature begun in the previous issue. Stavroula Leka, Jonathan Houdmont, and Carrie Bulger wrote about joint European and North American efforts to define a core OHP curriculum. In addition, Lisa Kath wrote about a new, networking member benefit developed by the SOHP's Education and Training Committee. After reading the article, I was inspired and joined the network described in the article. Joe Mazzola, Chair of the Graduate Student Issues Committee, described other member benefits, including job postings at the SOHP web site and a student-focused session at the upcoming Work, Stress, & Health 2009 Conference in San Juan, Puerto Rico.

In this issue, two articles represent a break with the newsletter's past. In one article, Craig Katz described clinical efforts to help first responders to the World Trade Center disaster as well as research related findings. In another, Jeffrey Thomas reported on Mental Health Advisory Teams in the military. The newsletter has never before included articles on first responders or OHP in the military. These articles represent a new look at the connection between research and practice. They also highlight the breadth of OHP.

I extend a special thank-you to Alan Jeffrey who, at a moment's notice, volunteered to write an article about the recent ICOH-WOPS conference. The original writer became ill just before the conference began, and could not attend.

I thank Joe Hurrell who, after the publication of the third newsletter, stepped down from his position as associate editor. Jennifer Bunk of West Chester State University has replaced Joe on the editorial team. I also thank Alfred Rosenblatt and Paul Landsbergs who volunteered to help me on a couple of editorial tasks.

Finally, I encourage readers of this newsletter to consider writing an article for future issues. If you are interested, please email a proposal to me at ischonfeld@ccny.cuny.edu.

Thank you!

Irvin Sam Schonfeld, Editor
City College of the City University of New York

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Guidelines Regarding the Submission of Articles

If you would like to submit an article to the *Newsletter of the Society for Occupational Health Psychology*, please consider these guidelines. We welcome variety in the articles we publish. Articles you submit can bear on practice or research. If you are a newcomer to the field of occupational health psychology, a student, or a veteran researcher or practitioner, we encourage you to submit an article. Our aim is to publish two newsletters per year.

Please email your proposals and submissions to: The Editor, Irvin Sam Schonfeld, ischonfeld@ccny.cuny.edu

Short reports	Reports about education and organizations	Other reports
You can submit a short report (1300 words or fewer) on research findings, practice, or policy issues. You can also submit a brief literature review. When you write a report for the newsletter, please consider that our readership is diverse, and ensure that the report will be accessible to readers outside your specialty area.	The newsletter staff welcomes articles about teaching OHP at the undergraduate or graduate level. We also welcome articles about your organization's OHP-related activities. If you are engaged in an OHP-related activity as part of a solo practice, and you think the newsletter's readership would be interested, consider writing an article about the activity.	The newsletter also publishes other types of reporting including conference announcements, continuing education announcements in OHP or related areas (e.g., epidemiology, statistics, etc.), or reports on national or international news that pertain to OHP.

Mental Health of 9/11 Responders

Craig Katz

Department of Psychiatry

Mount Sinai School of Medicine, New York, NY

Following the 9/11 terrorist attacks in New York City, as many as 75,000 people are estimated to have worked or volunteered in the rescue and recovery efforts at Ground Zero. Their activities spanned removing debris and human remains in the "bucket brigade," to cutting steel, restoring essential infrastructure services, and providing security. The responders were diverse and included technical and utility workers, law enforcement officers, construction workers, firefighters, asbestos cleaners, and volunteers with disaster relief agencies.

In July 2002, after recovery efforts at the World Trade Center (WTC) site officially ended, occupational physicians who ran the Irving J. Selikoff Center for Occupational and Environmental Health at the Mount Sinai Medical Center in New York City together with representatives of organized labor in New York State, recognized the need for a mental health component to be incorporated into the medical screening program and collaborated with the Mount Sinai Department of Psychiatry to develop a mental health examination. Funded by the National Institute of Occupational Safety and Health (NIOSH), the WTC Worker and Volunteer Medical Screening Program was launched. The program is concerned with detecting health problems related to assisting in the rescue and recovery efforts at Ground Zero.

The Mount Sinai Department of Psychiatry and its collaborator, Disaster Psychiatry Outreach, obtained additional funding to not only assist with the development of self-administered mental health questionnaires, but also introduce the opportunity for an in-person psychological screening as part of the WTC Worker and Volunteer Medical Screening Program. Once the program was under way, arriving Ground-Zero responders completed self-administered mental health questionnaires, a medical screening, and, depending upon their answers or the clinical opinion of occupational medicine physicians, a same-day evaluation conducted by a psychiatrist or social worker. The evaluation would determine if a referral for continuing mental health services was needed.

The mental health component of the WTC program was initially planned to be carried out for one year, but has continued to grow in tandem with the medical program, becoming fully underwritten by NIOSH in July 2007. Central components of what is now called the WTC Medical Monitoring and Treatment Program include mental health screenings, follow-up exams, and on-site treatment services. By May 31, 2008, 16,782 patients had undergone screenings at Mount Sinai and 7,342 more had been screened at collaborating sites.

Funded as a clinical program, the WTC mental health program has gradually begun to analyze the copious data it has collected in the process of evaluating and treating the Ground Zero responders. A major paper was recently published examining over 10,000 patients who were screened from the start of the program in July 2002 through October 2006 (Stellman et al., Enduring mental health morbidity and social function impairment in World Trade Center rescue, recovery and cleanup workers: the psychological dimension of an environmental health disaster. *Environmental Health Perspectives* doi:10.1289/ehp.11164, 2008).

The study included WTC responders who were seen at Mount Sinai and collaborating sites¹. Data were collected from mental health surveys examining post-traumatic stress disorder (PTSD), major depression, panic disorder, and alcohol problems. The surveys also provided data pertaining to the impact of these mental health problems on the responders' lives and the lives of their children. Because the diagnoses were based on questionnaires, they are considered probable.

The most conservative estimate of the prevalence of probable PTSD was 11%, comparable to rates found in returning Afghanistan war veterans. By contrast, the 12-month prevalence of PTSD in a community sample in the United States is 3-4%. Forty-five percent of the responders met criteria for a "substantial stress reaction," reflecting at least one moderate to severe symptom from among five PTSD symptoms without meeting full criteria. This finding was comparable to rates found in the general population within days of the 9/11 attacks.

The 5% rate of panic disorder was higher than the 12-month prevalence of 2% seen in a community sample. The prevalence of major depression was 9%, lower than rates in community samples (usually 10-20%). The rate of probable alcohol problems was 17%, compared to 12-month prevalence of almost 10% seen in the general population. Forty-seven percent of the subjects reported drinking alcohol more while at Ground Zero, with one-third reporting still drinking more in the month prior to the examination. In summary, the findings bearing on PTSD, panic, and alcohol use underline the excess risk found WTC responders.

Loss of a family member and, to a lesser extent, loss of friends was among the factors that may have mediated the development of psychiatric conditions, such as PTSD. Being divorced, separated, or widowed was associated with higher rates of PTSD, major depression, and panic disorder. More formal education was associated with fewer problems, as was being a union member. Not surprisingly, having spent more time at Ground Zero or being present on 9/11 and 9/12 was each associated with having a psychiatric disorder.

Having a psychiatric disorder was associated with a greater likelihood of having an alcohol problem (up to three times more likely) or problems functioning at home, work, or in one's social life (by as much as a factor of 20). PTSD plus either major depression or panic disorder increased the chance of disruption in one's functioning by nearly 40 times. Having all three conditions increased the chance of disruption of functioning by over 85 times. Finally, responders with PTSD when they were still working at Ground Zero were as much as 6 times more likely to report problems in their children (e.g., clinging, fearfulness), and these problems remained high even in the month prior to their examination.

The study confirms a number of observations that have been clinically apparent. First, and as previously seen following disasters such as the 1996 Oklahoma City bombing, mental health problems associated with a disaster like 9/11 can endure for years. Mental health services need to be planned accordingly. Second, as reflected in the high prevalence of "substantial stress reaction," responders can suffer emotionally without necessarily experiencing full criteria for a disorder according to diagnostic systems such as the American Psychiatric Association's *DSM-IV*. Third, consideration



Craig Katz

Department of Psychiatry
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Medicine

"The program is concerned with detecting health problems related to assisting in the rescue and recovery efforts at Ground Zero."



Mental Health of 9/11 Responders (cont'd)

should be given to how much ... (Continued on page 3) exposure to a disaster can be detrimental to the mental well-being of responders. This is of great importance given that length of exposure to Ground Zero was correlated with likelihood of disorder.

Finally, beyond the issues of psychiatric symptoms and diagnoses lies the impact of these problems. The study of the first 10,000 patients highlights the burden of disaster-related mental illness. The likelihood of disruption in the responder's family, social, or work life was very high and became staggeringly higher when co-morbid disorders were present. This study did not even account for the high rates of 9/11-related medical conditions in this group, which would only add to the morbidity of the responders. Furthermore, the children of the responders also appear to be suffering, reflecting the psychological ripple effect of the impact of

exposure to Ground Zero.

Today, the WTC mental health program finds itself treating an increasingly impaired population, saddled with multiple mental, social, and medical problems, making it difficult for responders to return to their pre-9/11 levels of functioning. Multiple treatment modalities are being offered in order to mend the wounds of 9/11, including medical treatment, individual psychotherapy, psychopharmacology, group therapy, case management, and a recently developed family intervention program. Future studies will better help us understand the interaction of the physical and mental problems in our patients as well as to ascertain what interventions can best help them. As patients appear to be becoming sicker and more chronic, it behooves the program to identify the best ways to help them, both for their sake and on behalf of future of disaster responders.

"...mental health problems associated with a disaster like 9/11 can endure for years."

¹The collaborating sites include the Bellevue/New York University Occupational and Environmental Medicine Clinic, the State University of New York Stony Brook/Long Island Occupational and Environmental Health Center, the Center for the Biology of Natural Systems at Queens College in New York, and the Clinical Center of the Environmental & Occupational Health Sciences Institute at UMDNJ-Robert Wood Johnson Medical School in New Jersey.

Education and Training Committee

Lisa Kath
San Diego State University

As a member of SOHP's Education and Training Committee, I wanted to provide the readers an update on a membership benefit that was recently added. With the help of Mo Wang, the Membership Committee chair, I have established a social networking group on LinkedIn.com. Sixty SOHP members have already joined.

For those of you who don't know about LinkedIn, it is a popular social networking tool along the same lines as MySpace and Facebook. Currently, the network has over 25 million members located around the world. (If you're over 35 and the notion of that kind of self-disclosure makes you slightly squeamish, please be strong and keep reading!) The difference is that LinkedIn is designed for professionals, and the focus is entirely on your work activities.

LinkedIn allows members to reconnect with colleagues, search job opportunities, and obtain information from industry experts. Joining is free and simple to do, and you can create a profile with as much or as little information as you like (seriously, you could include your name and "OHP Professional" as your job title and leave it at that). Once you join LinkedIn, you can start inviting someone you know to be one of your connections, and you can join groups like ours.

How can this benefit you?

The idea for this group stemmed from some of the goals of the Education and Training Committee. Carrie Bulger, the E&T Committee chair, indicated that one of her goals was to learn about and address training needs of SOHP members. More specifically, she wanted us to learn more about what OHP professionals do (e.g., job titles, responsibilities, competencies) and to help graduate students set up collaborations with OHP professionals.

You could use your membership in the Occupational Health Psychology LinkedIn group to browse what other OHP professionals are doing out there in the world. More specifically, you can learn more about what OHP professionals do (e.g., job titles, responsibilities, competencies) and help graduate students set up collaborations with OHP professionals. Our field is young and growing, so it is particularly interesting to see where like-minded people work.

Membership in this group will allow you to connect with others in the SOHP. For example, let's say you have always wanted to ask SOHP member Tahira Probst a question about her research on worker safety, but you don't know her personally and are reluctant to just e-mail her out of the blue. LinkedIn can show you who, among your connections, is connected to Tahira. Observing that SOHP President-Elect Janet Barnes-Farrell is connected to her would allow you to easily ask Janet to please introduce you to Tahira. It is also fun to see who knows whom - try it!

Will I receive a bunch of junk mail or otherwise be sorry I joined?

Like you, I receive too much e-mail every day. I, therefore, would not have recommended LinkedIn if I thought it was going to swamp SOHP members with e-mail. Please note that:

- Your contact information is ONLY shared with those with whom you have established a direct connection.
- Membership is controlled by a volunteer group manager (currently me), so only those whose membership records are current (i.e., paid 2008 membership dues) can join.

Other concerns about privacy and LinkedIn can be explored at:

http://www.linkedin.com/static?key=customer_service_privacy

More information about LinkedIn member groups can be found at:

http://www.linkedin.com/static?key=groups_faq

Come on in - the water's warm!

This social network will only be as good as the people who join; please do take the time to join if you are at all inclined. If you are interested in joining the group, please use the following link:

<http://www.linkedin.com/e/gis/78908/63613A01DBOA>.

And if you have any questions about this, don't hesitate to contact me: LKath@sciences.sdsu.edu.

Lisa Kath, SOHP Education and Training Committee Member



Lisa Kath
San Diego State University

OHP Research and Practice in the US Army: Mental Health Advisory Teams

MAJ Jeffrey L. Thomas, Ph.D.

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Department of
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Material has been reviewed by the Walter Reed Army Institute of Research. There is no objection to its presentation and/or publication. The opinions or assertions contained herein are the private views of the author, and are not to be construed as official, or as reflecting true views of the Department of the Army or the Department of Defense.

Occupational Health Psychology: So that's what we do?!

About six years ago, I was describing our program of research to Bob Sinclair, the current SOHP president, who was collaborating with us on a number of projects. At the conclusion of my presentation, I was searching for a pithy way to summarize our Army research program. What was the best description of our approach? Was it "multi-disciplinary," "clinical/organizational," or "applied health psychology?" While these program descriptions made some sense, I still wasn't convinced I had summed up our approach as best as I could. Bob took all this in and said, "Jeff, it is easy for me to see what you guys are doing. It is occupational health psychology." Bob went on to explain to me that OHP was a relatively new and emerging field of research dedicated to the prevention of injury and illness in the workplace with special attention paid to stress processes and the role of organizations. Indeed, OHP really is what we are all about. This point was further driven home last April when Bob again highlighted our program as a model for OHP research and practice at the Work, Stress, and Health Conference in Washington, DC, in which he was a discussant in our symposium on the positive effects of combat experience.

Of course, I was honored to have our program highlighted as an exemplar of occupational health psychology. We have a very active program the focus of which is the identification of mental health problems that soldiers may face throughout the deployment cycle and predictors of soldiers' mental health problems. We are also concerned with potential individual and unit-level moderators that lessen mental health symptoms. We have conducted randomized trials in order to develop evidence-based interventions such as Battlemind training (<https://www.battlemind.army.mil/>). Our research and our putting into the field in Iraq and Afghanistan the Army's Mental Health Advisory Teams (MHATs) have gone a long way toward affecting Army and Department of Defense (DOD) policy on mental health.

Occupational Health Psychology in the Combat Zone: Mental Health Advisory Teams

The MHATs, in particular, are a good illustration of occupational health psychology in its most applied form: applications carried out in a war zone! Since 2003, the Army has annually deployed teams of research psychologists and mental health providers in order to: (1) assess the prevalence of soldiers' mental health problems in both Iraq and Afghanistan, (2) examine the delivery of mental health care in the combat zone, and (3) provide recommendations for support and improvement to Army and DOD leadership. The annual MHAT reports are seen by the Army, DOD, Congress, and the media as a snapshot of the Iraq and Afghanistan wars' effects on soldiers' mental health and well-being.

Practical and Scientific Considerations of MHAT

Fielding an MHAT requires a great deal of coordination within the Army for both practical and scientific reasons. Practically, there is a great deal of logistical support and coordination that is needed to sample soldiers across the battlefields of Iraq and Afghanistan as well as field a team of researchers to undertake the mission. Scientifically, MHATs operate under research protocols approved by the Army's institutional review board. The protocols require oversight by the Army's scientific community. Given that much of the survey data collected can be viewed as sensitive, the surveys do not ask respondents for personal identifiers and ask only for limited demographic information in order to protect each respondent's identity.

Conceptually, MHATs organize the data collected using a research model similar to the University of Michigan's Institute of Social Research (ISR) stress model. For instance, the 2007 MHAT classified variables as outcomes, risk-factors (predictors), and protective factors. The key outcomes of interest assessed in 2007 were: acute stress disorder (the term for post-traumatic stress disorder when assessed during the deployment), depression, anxiety, morale, stress, work performance, suicidal ideation, impaired social relationships, concussion or mild traumatic brain injury, alcohol or substance abuse, and unethical behaviors. Among the risk factors that were assessed were the level of combat exposure, chronic deployment concerns, length of deployment, multiple deployment history, and sleep deprivation. Protective factors included unit climate, stigma and organizational-barrier attitudes towards receiving mental healthcare, rest and rehabilitation, marital functioning, family support at home, and confidence in behavioral health training. The 2007 MHATs collected surveys from nearly 3,000 soldiers, 300 primary care providers, 250 behavioral health providers, and 200 unit ministry personnel in both Iraq and Afghanistan. These data were scanned, cleaned, put through quality control, and analyzed in the combat zone.

Visibility of MHAT data in the Army, DOD, Congress, and in the Media

If there is one wish that all OHP researchers and practitioners want granted, it is for their organization to take OHP data seriously. That is, we all want our leadership to be not only receptive to learning how OHP affects the bottom line but also to be willing to take action as a result of the data we present. I can not overstate how impressed I have been with the seriousness with which senior leaders in the Army and in the DOD regard MHAT data. We have been fortunate to brief senior leaders at the highest level in Iraq and Afghanistan. Every operational leader we briefed in Iraq and Afghanistan was engaged and took our recommendations seriously and in many cases asked their staff to make sure our recommendations were enacted immediately in the theater of operations.

(Continued on page 5)



MAJ Jeffrey L. Thomas

Walter Reed Army
Institute of Research

"We have a very active program the focus of which is the identification of mental health problems that soldiers may face throughout the deployment cycle and predictors of soldiers' mental health problems."



OHP Research and Practice in the US Army: Mental Health Advisory Teams (cont'd)

MHAT members have also briefed senior leaders in the Pentagon and on Capitol Hill regarding results bearing on soldiers. The senior leadership takes the MHAT data seriously and many of our recommendations have led to policy reviews and changes in mental health support for soldiers. Because MHAT data bear on deployed soldiers, the data also attract a good deal of attention in the popular press. Articles about the data have been published in many media outlets. The bottom line is that MHATs have served as means to affect Army and DOD policy or order to best care for soldiers (and their families) with mental health problems.

Answering the "So What" Question

I often joke with colleagues within the military and academia that if you want to know where your organization falls on the continuum of basic research to applied practice, track how often you get asked the "so what" question. "So, Dr. X, you've done all this great research. Tell me why I should care. So what." In the Army, leaders and policy-makers are almost comically blunt in asking this only a few slides into our presentation. As OHP professionals within the Army, the data we have collected have never been taken more seriously. Not only are we answering the "so what" question. We are affecting policy and mental healthcare. Recent combat operations have thrust soldier mental health into the spotlight. As a uniform-wearing occupational health psychologist, it is extremely gratifying to see that our work is followed through on with interventions and policy that help our soldiers.

If you are interested in more detail about the US Army Mental Health Advisory Team reports from 2007 or previous reports, go to: <http://www.armymedicine.army.mil/reports/reports.html>

"Recent combat operations have thrust soldier mental health into the spotlight."

Occupational Health Psychology Program at Colorado State University

Sarah DeArmond
University of Wisconsin Oshkosh

Paige Gardner, Julie Maertens, and Julie Sampson
Colorado State University

The order of authorship is alphabetical, with each author contributing about equally.

Colorado State University (CSU) offers an occupational health psychology (OHP) training program for graduate students pursuing a doctoral degree in psychology. The program was created collaboratively in 2001 by Drs. Peter Chen, an industrial-organizational psychologist, and Lorann Stallones, an occupational epidemiologist, who received funding for the program's development from the American Psychological Association and the National Institute for Occupational Safety and Health (NIOSH). Drs. Chen and Stallones continue to direct the program, along with Dr. John Rosecrance (an ergonomist). They also collaborate with other faculty from the Departments of Psychology, Environmental and Radiological Health Sciences, Construction Management, Human Development and Family Studies, and Journalism and Technical Communication.

The first OHP seminars at CSU were offered in the 2002-2003 academic year. From the beginning, these courses were interdisciplinary in nature, both with regard to course content and student enrollment. The first courses to be offered were the epidemiology of occupational injuries and illnesses and occupational health psychology, which were taken by students from both the Department of Psychology and the Department of Environmental Health. Current OHP students are required to complete these courses as well as courses in ergonomics and those required by their main discipline (e.g., Industrial-Organizational Psychology, Applied Social Psychology).

There are several components to the mission of the OHP

training program at CSU, including a philosophy of inclusion, integration, and innovation. Students and faculty at CSU view occupational safety and health not only as the absence of disease or injuries, but also as a state of physical, cognitive, behavioral, and psychological well-being at work. In order to build a healthy workplace and to promote safer and healthier families and communities, OHP training at CSU embraces a multidisciplinary approach, and takes advantages of diverse perspectives, strategies, and theories.

Another prominent part of the program's mission is participation in research. In the early years, students and faculty associated with the program completed research projects on a variety of topics including depression among farmers, workplace sleepiness, safety training transfer climate, workplace aggression, and occupational safety. These projects were typically completed by interdisciplinary teams consisting of individuals from industrial-organizational psychology, physiological psychology, counseling psychology, epidemiology, and ergonomics.

Many current research initiatives similarly reflect the program's holistic perspective of health in the workplace. Our team members are conducting projects that seek to: determine best practices in safety communication and leadership training in the construction industry, evaluate the usefulness of ergonomically designed hand tools, improve the work environment of migrant farm workers by exploring their views of work safety and injury prevention, and assess the adjustment of early-career nurses using longitudinal methods. Furthermore, program members have undertaken a number of projects designed to assess the efficacy of suicide prevention initiatives. These include a meta-analysis of the suicide prevention program evaluation literature, site visits to and evaluation of suicide intervention training projects in Colorado, the assessment of barriers to transferring the skills taught in those training projects, and identification of stakeholders' definitions of successful suicide intervention training. (Continued on page 6)



"From the beginning, these courses were interdisciplinary in nature, both with regard to course content and student enrollment."

Occupational Health Psychology Program at Colorado State University (cont'd)

In 2007, NIOSH approved funding for the Mountains and Plains Education and Research Center (MAPERC). The center has been extremely helpful in supporting the goals of CSU's OHP program. The MAPERC is one of 17 such centers throughout the country (see page 3 of our second volume, <http://sohp.psy.uconn.edu/SOHPNewsletterV2January2008.pdf>), and involves an inter-institutional collaboration between CSU, the University of Colorado-Denver, National Jewish Health, Denver Health, and University of New Mexico Health Sciences Center. The center supports training programs in occupational medicine, industrial hygiene, ergonomics, health physics, as well as the OHP training program hosted by the Psychology Department at CSU.

Since the program's inception, five individuals have graduated. Some have pursued academic careers while others have chosen to take applied positions. Graduates include Dr. Konstantin Cigularov (Illinois Institute of Technology), Dr. Sarah DeArmond (University of Wisconsin Oshkosh), Dr. Autumn Krauss (Kronos, Inc.), Dr. Monica Rosales (City of Hope National Medical Center), and Dr. Lori A. Snyder (University of Oklahoma). Current OHP trainees are Erica Ermann, Paige Gardner, Julie Maertens, Taylor Moore, Julie Sampson, Annette Shtivelband, and April Smith. Trainees are fortunate to receive opportunities and guidance from our External Advisory Board members:

- Howard Arnold, Business Representative in Pipefitters Local Union No. 208
- Yvonne Boudreau, M.D., MSPH, Hazard Evaluations and Technical Assistance Branch (HETAB) of NIOSH
- John Durant, Project Manager and Safety Director of Braconier Plumbing and Heating Company
- Janie Gittleman, Ph.D., Associate Director for Safety and Health Research at the Center to Protect Workers' Rights
- Joseph Hurrell, Ph.D., Consultant and Adjunct Professor of Centre for Occupational Health and Safety at St. Mary's University in Halifax, Canada
- Gordon Smith, M.D., Professor, University of Maryland School of Medicine

OHP students participate in a myriad of activities designed to enhance their skills. Many have attended short courses and workshops in advanced research methods and statistics, and several are in the process of developing a training course for undergraduates in the Construction Management program, which will provide the skills necessary to become effective managers. In order for the trainees to get practical experience working with other OHP professionals, the students will soon be involved in the Safety and Health Assessments conducted by NIOSH.

As part of an effort to facilitate outreach, students are encouraged to attend and present at conferences both within and outside the field of psychology, including the National Occupational Injury Research Symposium, NORA, Young Investigators, and the American Association of Suicidology conference. Earlier this year, several students gave lectures to occupational safety and health professionals, as well as attended Work, Stress, and Health 2008 held in Washington D.C. where they participated in symposia and poster sessions. Additionally, they met with OHP trainees from the University of South Florida to discuss opportunities for collaboration. Last fall, the students began holding monthly brown bag meetings on a variety of interdisciplinary topics such as dissemination of research and interdisciplinary collaboration. These brown bags are attended not only by psychology students and faculty but also by members of the MAPERC. This year's brown bag series concluded with a visit from Dr. Lois Tetrick, our first speaker in the Munsterberg Lectureship in OHP.

OHP students at Colorado State University continue to have exciting opportunities to develop professionally. As trainees, we appreciate the faculty, advisors, trainee alumni, and the ERC for all that they do to support the development of our mission to improve occupational and environmental health and safety through education, research, and community partnerships. We look forward to strengthening our skills and developing into competent occupational safety and health professionals who will positively influence the health, safety, and well-being of workers.



"There are several components to the mission of the OHP training program at CSU, including a philosophy of inclusion, integration, and innovation."

The Graduate Student Issues Committee

Joe Mazzola
University of South Florida

The Graduate Issues Committee would like to thank everyone who attended the SOHP Social at SIOP in San Francisco! We would also like to thank Lindsay Sears for organizing the event and finding a great location on very short notice. The social was a huge success as over 100 people attended. Compare the latest attendance figure to an average of 30 attendees over the previous two years, and this shows how quickly OHP is growing. We look forward to organizing similar events at future SIOP meetings and, with continued growth, other conferences as well.

The number of job postings on the SOHP website is also growing, and you are encouraged to check these postings if you are looking for a job related to occupational health psychology. There are currently jobs posted for academic and non-academic positions. Fellowships and internships will be posted as soon as openings become available. We would also like to encourage anyone who is recruiting for a position in OHP to send postings to jobs@sohp-online.org. The web site is a helpful resource for employers as more members, especially students, check the site for job openings.

Finally, the committee is already developing student-focused sessions for

the Work, Stress, & Health 2009 conference in San Juan, Puerto Rico. These sessions will cover topics including OHP-related jobs, organizational support, funding for research, and social networking. I hope you make plans to join us for what will be a great conference in a beautiful location!

The committee continues to be committed to serving graduate students in OHP and those who work with them. If you have any comments or concerns, or if you have questions about membership, please contact me at: jmazzola@mail.usf.edu



Joe Mazzola
University of South
Florida



Conference Report

ICOH-WOPS International Conference, "Psychosocial Factors at Work: From Knowledge to Action"

Alan Jeffrey

AJ Research Associates
Kitchener, Ontario

With members from 93 countries, the International Commission on Occupational Health (ICOH) is the world's leading international scientific society in the field. ICOH has a close working relationship with the World Health Organization. It is not surprising that the Third ICOH-WOPS International Conference "Psychosocial Factors at Work: From Knowledge to Action," which was held in Quebec City from September 1 to 4, brought together more than 500 researchers from the four corners of the globe, some from as far away as Australia and China. (WOPS stands for Work Organization and Psychosocial Factors.)

In addition to the presenters, attendees included professionals from academe, government, business, industry, insurance companies, union members, and labor. The variety of areas they come from indicates a continued growth in the number of stakeholders concerned with issues related to work organization, psychosocial factors, and health.

The program included four renowned keynote speakers, 280 oral presentations, and 85 poster presentations. Participants discussed recent research on psychosocial factors at work and mental health issues in the workplace. According to co-chairs Renée Bourbonnais, an epidemiologist, and Michel Vézina, an expert in preventive medi-

cine, both at the Institut National de Santé Publique du Québec and the Faculty of Medicine at Université Laval, musculoskeletal disorders, psychological disorders, and cardiovascular diseases are among the most frequently encountered, most costly, and most debilitating conditions affecting the working-age population. Work organization and psychosocial factors can contribute to all of these conditions.

The conference program had four major themes: preventive interventions; disability management and return to work; psychological harassment at work; and public policies on mental health at work (see <http://www.ichowops2008.com/program.aspx>). According to Laetitia Pujat, one of the conference organizers, the presentations will be on the web site two weeks after the end of the conference; they should be available by the time you receive this newsletter.

An important part of the conference title was "Knowledge to Action." The *action* part is key, although a small number of presentations concerned research methods and statistical procedures. A large part of the conference was devoted to interventions for dealing with adverse psychosocial aspects of the workplace.

A sizable number of presenters were from the Netherlands and Scandinavian countries. Several brought to light national differences in the way in which workplace injuries are treated. In the Netherlands, for example,

workers on disability are obliged to see an occupational physician, and disabled workers can receive wages for two years. Modified duties upon return to work bear little or no stigma and unions back such modification of duties. In Finland, illness severity depends heavily on the workers' own reports. An employer is entitled to lay off an employee who has not worked for some time. At that point, social insurance covers the employee's wage for up to two years. There is also an income-tested universal disability pension.

Each conference session was scheduled for hour or an hour and a half. Presenters tended to be experienced researchers. The first session I attended was "Longitudinal Relations between Psychosocial Factors at Work and Mental Health: New Results and Challenges." The session chair, Jan Fekke Ybema of the Netherlands, discussed "Organizational Justice and Work Outcomes: A Longitudinal Perspective." Using a large Dutch sample, Ybema found that burnout and dissatisfaction with work can be both a result and a cause of problematic organizational justice. Irene Houtman presented for her team, which included Annet de Lange who, owing to the recent birth of a child, could not attend. Houtman used a multi-wave study to show that the correlations between effort and reward factors, on one hand, and job satisfaction, on the other, can vary even when the correlations reflect similar time lags (e.g., the correlations ... (Continued on page 8)



Alan Jeffrey
AJ Research Associates

"The variety of areas [the speakers] come from indicates a continued growth in the number of stakeholders concerned with issues related to work organization, psychosocial factors, and health."



The Hotel Frontenac with the St. Lawrence River in the background (Quebec City)

Photograph by Irvin Schonfeld



Conference Report

ICOH-WOPS International Conference, "Psychosocial Factors at Work: From Knowledge to Action" (cont'd)

can vary over different three-month lags such as the lag between the first and second waves of data collection and the lag between the fifth and sixth waves). Irvin Schonfeld's "Three Ways to Look at Daily Process Data" evaluated the impact of teachers' daily experience with violence and other problems. He showed that in etiological research, more rigorous methods tend to show weaker effects. Tage Kristiansen, a keynote speaker, reported that in intervention research more rigorous studies tend to show weaker effects.

Although there are many from which to choose, I turn now to two key areas of research that crosscut several presentations: lack of role clarity and bullying at work. Lack of role clarity, a major stressor, was mentioned in several sessions. Successful interventions aimed at achieving role clarity include clarifying communications such that employees know exactly what is expected of them; making certain managers are clear about what they themselves are responsible for, rather than relying on upper management to list a set of tasks; clarifying boundaries; and having those responsible for

a job spend time discussing outcomes with their team.

Bullying at work was another major stressor. Presenters provided specific examples of bullying that most people, except bullies, recognize. Bullies seldom know they are bullying and instead think that what they are doing reflects "leadership." Regrettably, bullying is often left out of research on leadership. The social pain involved in workplace bullying often equates with physical pain. The importance and interest in this topic was evident during the question period. It was more like a confession. A number of people said that the reason they got into this particular line of research was that they had been bullied at work. At the end, people asking questions and sharing their own experience thronged the presenters.

Finally, I mention Ståle Einarsen's keynote address. It was an overview of empirical research on the antecedents and consequences of bullying and harassment in the workplace. The terms "bullying" and "harassment" refer to all situations where an employee feels subjected to repeated negative behavior from others at work over a period

of time, and cannot defend himself or herself. Typically, a victim may be constantly teased, badgered, or insulted and perceives that he or she has little recourse but to retaliate. Exposure to systematic bullying causes a host of negative health effects, including post-traumatic stress in the target as well as in bystanders. An overview of the main findings in this respect was presented, together with results from a rehabilitation study among targets of severe and long-lasting bullying. A host of studies show bullying may be explained only to a limited degree by the personality or other characteristics of those involved.

The conference was excellent. I learned a great deal, and look forward to the next one.

This year's conference "brought together more than 500 researchers from the four corners of the globe, some from as far away as Australia and China."



From left to right, some of the participants in the ICOH-WOPS conferences in Québec

Jan Fekka Ybema (the Netherlands), Irene Houtman (the Netherlands), Herman Burr (Denmark), Reiner Rugulies (Denmark), Maureen Dollard (Australia), and Paul Landsbergis (the United States).

Photo by Irvin Schonfeld

Across the Pond: The Definition of Curriculum Areas in Occupational Health Psychology

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The bodies that represent Occupational Health Psychology (OHP) the European Academy of Occupational Health Psychology (EA-OHP), the Society for Occupational Health Psychology (SOHP) and the International Coordinating Group for Occupational Health Psychology (ICG-OHP), have recently witnessed growth in requests from institutions of higher education for assistance with the design and implementation of OHP programs. However, at present, none of these bodies is equipped to offer formal program accreditation or to provide regulatory guidance. These gaps need to be closed because program accreditation is an important indicator of quality. Program accreditation would therefore be helpful to academics, prospective students, and employers.

In order to close the abovementioned gaps, a clear definition of the key components of an OHP curriculum is required. Three concerns underline this need: (1) variability in graduate level OHP curricula, (2) the role of the discipline's representative bodies in supporting, directing and regulating educational requirements and, (3) pan-European structural changes in the delivery of graduate education in psychology.

In recognition of the need to standardize an OHP core curriculum, the EA-OHP Education Forum and the SOHP Education and Training Committee jointly designed and administered a study with the following goals:

1. To identify the topic areas perceived by OHP professionals to be important elements of a core graduate-level curriculum.
2. To assess whether differences exist between North American and European OHP professionals in respect to the topics perceived to be important parts of the core of the discipline.

The sample we studied comprised participants at the Work, Stress and Health 2008 conference in Washington, DC. Data were collected by means of a questionnaire that was included in the information pack issued to each participant. Participants were asked to return completed surveys to a box at the conference registration desk or, alternatively, to mail completed surveys to the EA-OHP. Twenty-eight usable surveys were returned. Respondents were drawn from ten countries. The United Kingdom and the United States of America were the most strongly represented countries, in numeric terms. Respondents had an average of 14 years OHP-related experience.

The questionnaire presented a list of 68 OHP-related topic areas. The topics were selected by the authors on the basis of a review of issues addressed in the two leading international OHP journals: *Work and Stress* and the *Journal of Occupational Health Psychology* between 1997 and 2007. Respondents were asked to indicate the importance of each topic to an OHP curriculum on a five-point scale that ranged from [1] 'not important' to [5] 'extremely important.' Space was provided for respondents to add topics not covered in the list. Data were also collected on respondents' job type, job title, years of experience in OHP, and country of residence. An additional set of questions focused on competencies required for professional practice in OHP. More detailed results will be reported in separate, forthcoming publication.

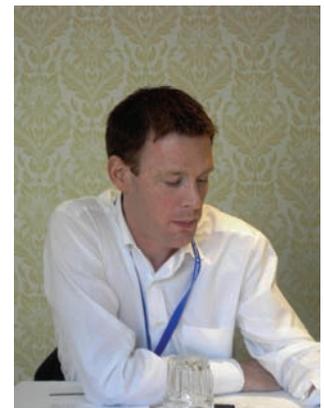
The study revealed that it was possible to identify a broad consensus in a restricted sample of OHP professionals on the topic areas that might be addressed within a curriculum. North American participants identified 23 topic areas as important to a curriculum while European academics identified 31 topics. Agreement between the two groups could be found on 16 topic areas. Among these, five were held by both groups to be part of the core of a curriculum: (1) interventions to promote health, (2) organizational research methods, (3) psychosocial work environment, (4) stress theory, and (5) stress interventions. In addition to these five areas, North American professionals identified work-design and health as additional core topics. European professionals identified an additional three core topics: (1) absence, (2) combating psychosocial risks, and (3) design of the work environment. Considerable overlap between these areas can be discerned.

It is important to appreciate that the objective of the study was to identify those areas that an international sample of OHP professionals would consider central to a graduate level curriculum. It was also acknowledged that the range of topics taught around this core will be determined by a variety of factors including, *inter alia*, the needs of the local labor force and faculty members' research expertise.

The current study represents the beginning of an era of collaborative research involving the EA-OHP and SOHP. More information on this study may be found in the forthcoming third volume of the EA-OHP book series *Occupational Health Psychology: European Perspectives on Research, Education and Practice*. We will readminister the survey at the EA-OHP November 2008 conference in Valencia, Spain.



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European Academy of Occupational Health Psychology
8th Conference
University of Valencia, Spain
12-14 November 2008
www.ea-ohp.org





**WORK, STRESS, AND HEALTH 2009:
GLOBAL CONCERNS AND APPROACHES**



November 5-8, 2009

Please plan to join us in San Juan, Puerto Rico for the eighth international conference on occupational stress & health.

Caribe Hilton, San Juan, Puerto Rico

Rates: \$165 for a single room; \$185 for a double room, in addition to 9% room tax, \$5 municipality tax per person per night, and 12% resort charge per room per night (taxes and resort charge subject to change). Reservation details coming soon.

Conference Fees:

Early (through 10/10/09): \$330
Early Student (through 10/10/09): \$100
Late/On-Site (after 10/10/09): \$375
Late/On-Site Student (after 10/10/09): \$150

SOCIETY FOR OCCUPATIONAL HEALTH PSYCHOLOGY (SOHP) DISCOUNT RATES:

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2010 NEW / RENEWING MEMBER LATE/ON-SITE RATE (after 10/10/09): \$395

**Call for Proposals details coming soon!
Submission deadline: March 16, 2009**

Additional details and information about the conference and San Juan, Puerto Rico can be found at:

<http://www.apa.org/pi/work/wsh.html>

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Thank you for reading this issue of the Society for Occupational Health Psychology Newsletter!

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ABOUT SOHP

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The Society for Occupational Health Psychology is a non-profit organization with the purpose of engaging in activities to instruct the public on subjects useful to the individual and beneficial to the community. These efforts are achieved (1) by obtaining, and disseminating to the public factual data regarding occupational health psychology through the promotion and encouragement of psychological research on significant theoretical and practical questions relating to occupational health and (2) by promoting and encouraging the application of the findings of such psychological research to the problems of the workplace.

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