

Welcome to the Society for Occupational Health Psychology Newsletter!



Society for Occupational Health Psychology

Volume 6, May 2009
Editor's Welcome



Irvin Sam Schonfeld, Editor
The City College of the City University
of New York
ischonfeld@ccny.cuny.edu

Note from the Editor

Welcome to the sixth issue of the *Newsletter of the Society for Occupational Health Psychology*. Some of my ideas for articles come from reading newspapers. In December 2008, *The New York Times* published an article about how one metropolitan area in South Carolina represents a microcosm of the US economy. With the *Times* article in mind, I asked Lindsay Sears, a Clemson graduate student who had co-authored a *Newsletter* piece in our last issue about the nationwide economic downturn, to write an article about the impact of the downturn in South Carolina. She co-authored the article with Kalifa Oliver and Hannah Peach.

In February 2009, *The Wall Street Journal* published an AP story about a spike in the number of suicides in the US Army. I had commissioned an article about the Army's Mental Health Advisory Teams that was published in volume 4 of the *Newsletter*, and thought it would be important to cover the problem of suicide in the military in this issue. Margo Genderson, Mark Kaplan, Michael Lyons, and

I collaborated to write the article on the problem of suicide in the military.

The series devoted to graduate programs in occupational health psychology continues in this issue with an article by Leslie Golay and Alyssa McGonagle on the OHP program at the University of Connecticut. Previous issues covered OHP programs at Portland State University (volume 5), the University of South Florida (volume 4), and Colorado State University (volume 3; past *Newsletters* can be obtained at <http://sohp.psy.uconn.edu/SOHPNewsletter.htm>). As I mentioned in my welcoming remarks in the last issue, I would like to feature articles on every OHP program in North America and elsewhere in the world. In view of the *Newsletter's* concern with graduate study and with the economic downturn, I asked Annette Shtivelband to write about the impact of the downturn on OHP graduate students.

Our *Across-the-Pond* feature, which commenced in our fourth issue, continues with Tom Cox, Toon Taxis, and Mary Tisserand's report on the journal *Work & Stress*, which is published by our sister organization, the European Academy of Occupational Health Psychology. We previously published an article about the *Journal of Occupational Health Psychology*. Since these periodicals are the two most important OHP outlets, I wanted to publish a piece on *Work & Stress* in the *Newsletter*.

In September 2008, I attended the International Commission on Occupational Health-Work Organization and Psychosocial Factors (ICOH-WOPS) in Québec, and commissioned Alan Jeffrey to write about the conference for our fourth issue. One of the themes underlined at the conference was bullying at the workplace. Alan wrote that "a number of people said that the reason they got into [research on bullying] was that they had been bullied at work. At the end, people asking questions and sharing their own experience thronged the presenters." After the conference, I read some of the French-language papers on workplace harassment written by Chantal Leclerc, whom I met at the ICOH-WOPS conference. I asked her to write an article on harassment in the workplace, which Karen Muir and I translated into English. Chantal chose to write about harassment at universities. Because many of the readers of the *Newsletter* are or will be professors, I thought the article would be of interest to that segment of our readership.

In the last issue, the *Newsletter* published the first half of a piece SOHP President Bob Sinclair organized. The piece concerns the future of occupational health psychology. He developed eight important questions that bear on OHP's future, and posed them to five leading OHP contributors. The first four questions and the responses to them were presented in our fifth issue. In this issue, the remaining questions and answers appear.

The *Newsletter* continues its series on resources for our readers. Paul Spector wrote about institutional review boards and research employing anonymous surveys. Joe Mazzola reported on the SOHP social event at the recent SIOP meeting. Carrie Bulger reported on developments at the Education and Training Committee. Lori Snyder reported on SOHP's efforts to engage practitioners.

A new member benefit initiated in our last issue is our offer to publish announcements of books written or edited by members of the Society. Pam Perrewé, who previously wrote our first book announcement, wrote our second for this issue. I encourage other SOHP members to send book announcements to the editor.

(Continued on page 2)

Editor:
Irvin Sam Schonfeld

Associate Editors:
Alfred Rosenblatt
Kizzy Parks
Jennifer Bunk

Production Editors:
Janet Barnes-Farrell
Leslie Golay

Inside this issue:

Survey of Publication Outlets in OHP Maria Karanika-Murray, Irvin Schonfeld, & Leigh Schmitt	2
Global Changes, Local Outcomes Lindsay Sears, Kalifa Oliver, & Hannah Peach	3-4
Suicide Associated with Military Service Margo Genderson, Irvin Schonfeld, Mark Kaplan, & Michael Lyons	5-7
Book Announcement Pamela Perrewé	7
OHP at the University of Connecticut Leslie Golay & Alyssa McGonagle	8-9
Being an OHP Trainee during the Economic Downturn Annette Shtivelband	10
Harassment Among University Professors and Academic Staff Chantal Leclerc, Cécile Sabourin, & Micheline Bonneau	11-13
The Future of OHP: The Experts Speak Robert Sinclair	14-16
Across the Pond: The Journal <i>Work and Stress</i> Tom Cox, Toon Taxis, & Mary Tisserand	17-18
The SOHP Social at SIOP Joseph Mazzola	18
SOHP Survey of Practitioner Activities and Competencies Lori Anderson Snyder	19
Resources for Readership Paul Spector	20
The Education and Training Committee Carrie Bulger	20



Editor's Welcome (cont'd.)

(Continued from page 1)

And don't forget our survey. Maria Karanika-Murray, Leigh Schmitt, and I have written a brief note asking readers to complete a survey of the publication outlets you use in OHP. Readers will find a link to the survey in this issue. If you haven't already completed the survey, please use the link to pass through to the survey, and complete it. We will publish the results in future SOHP and EA-OHP newsletters.

Finally, I encourage readers to consider writing an article for a future issue. If you're interested, please start by emailing a proposal to me at ischonfeld@ccny.cuny.edu.

Thank you!

Irvin Sam Schonfeld, Editor

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, research, policy, or teaching. 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

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.

Reports about education and organizations

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.

Other reports

The newsletter also publishes 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.

Survey of Publication Outlets in Occupational Health Psychology

Maria Karanika-Murray
University of Nottingham, UK
maria.karanika-murray@ntu.ac.uk

Irvin Sam Schonfeld
The City College of the City University of New York,
USA
ischonfeld@ccny.cuny.edu

Leigh Schmitt
Austin Peay State University, USA
schmittl@apsu.edu

As mentioned in the last *Newsletter*, a discussion took place on the Occupational Health Psychology (OHP) listserv (the OHP online discussion list). A junior faculty member sought guidance concerning existing journal rankings of publications that are open to OHP research. The responses to the question revealed a need to establish a standard for such journals. In view of that need, we decided to have a closer look at the publication outlets in OHP in order to facilitate this pre-submission background work, and align our OHP research with available journal outlets.

We are conducting a survey on the topic. The survey explores a number of journals in terms of their contribution to OHP, rigor, and relevance to practice. We believe that our findings will help authors make informed decisions regarding their selection of the most appropriate journal for their research.

For our efforts to be useful, it is important to ensure that everyone's voice is heard. Therefore, your participation in this project will be greatly appreciated. All data will remain confidential and the outcomes will appear in aggregated form on the European Academy of Occupational Health Psychology and Society for Occupational Health Psychology (SOHP) newsletters and websites.

To complete the survey please follow the link below.

[http://www.surveymonkey.com/s.aspx?
sm=r1oY8_2b6HCNskgXzYM6Ut_2bQ_3d_3d](http://www.surveymonkey.com/s.aspx?sm=r1oY8_2b6HCNskgXzYM6Ut_2bQ_3d_3d)

This is a small but important contribution to the OHP community.

Global Changes, Local Outcomes: Economic Effects in South Carolina

Lindsey E. Sears, Kalifa Oliver,
and Hannah Peach
Clemson University

Along with the workload of constantly searching and applying for work, unemployed individuals also face the psychological problems that often accompany unemployment.

"I was laid off last June and was unemployed for four months," lamented an office assistant working in upstate South Carolina. "It's stressful, so I tried to stay busy. I temped, I substituted, and I stayed on the computer constantly looking for openings. Being unemployed is really hard." Clearly, these problems have negative effects on individuals' psychological health.

Underemployment: Finding Any Job

In the face of the economic downturn, floods of people have found themselves accepting positions they never thought they would willingly take. When situations become desperate, individuals must settle for contingent or part-time work for which they are often overqualified and underpaid.

In a recent *New York Times* article highlighting the economic situation in South Carolina, an employment office worker described seeing a recent "heightened sense of desperation. People are just grasping for anything."

"There are some jobs out there," explained one man running a working homeless shelter. "They just aren't jobs that you want. If you're looking for a particular job, you aren't going to find it. It proves that when people come in here and are sincere about getting work, they can find a job. It helps pay the rent."

The same is true for labor force entrants as well. "I've continued working at my serving job," said a recent college graduate, "But it's at a lower [skill and pay level] than what my education prepared me for."

One college career counselor advises graduating job-seekers to "be prepared for fewer interviews, more rejections, and perhaps being forced to take a job in which you're underemployed."

Underemployment is not, however, an infallible strategy for

landing a job, another counselor warns. "Many industries do not seek higher level degrees for entry level jobs because they'd have to pay you more, so you could sell yourself out of the market." Clearly, underemployment is not optimal, but may be the only alternative.

Security: Retaining your Job and Financial Well-being

News of layoffs in the media and rumors of change within organizations generate worry about the survivability of one's organization, and thus, the security of one's job and the income that accompanies it.

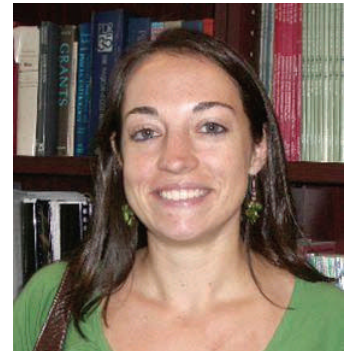
"[The economic situation] adds another level of stress and anxiety," explained one woman, "I have to make sure my performance is excellent to please my employer due to fear of losing my job. There is a line of people ready to replace me."

Career counselors echo this strategy and recommend doing the best possible job, even if you are overqualified or the position is temporary. "By establishing a good reputation, you'll be in a good position when things start to move forward." While ensuring stable employment is a high priority for individuals, the stress brought on by job insecurity is rooted in the threat of lost income.

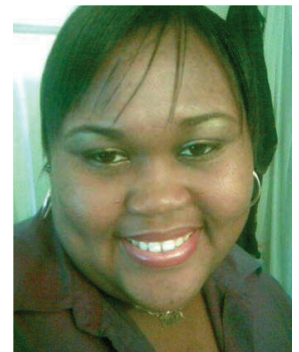
South Carolinians have already experienced substantial losses of investments and savings, which were compounded by an already-weakened state economy. Even before the economic downturn, South Carolina's poverty rate was above the national average for individuals and families. In 2008, 11.2% of families and 15% of individuals in South Carolina were below the poverty level, while nationally, 9.2% of families and 12.4% of individuals fall below the poverty level. Since income allows people the means to survive, provide for loved ones, and accomplish other life goals, those who have lost money or fear losing income face heightened levels of stress and related outcomes.

In the same *New York Times* article, a man was quoted, "It kills me, it eats me up inside," in reference to his recently lost job, as he was relying on his fiancée to pay the bills. "It really bothers me I can't do the things I'd like for her. Sometimes you get where you feel less than a man." Economic problems can be devastating to one's sense of self-worth at the deepest, most personal level.

(Continued on page 4)



Lindsey E. Sears
Clemson University



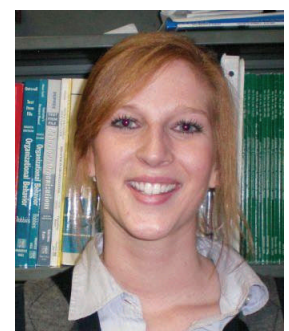
Kalifa Oliver
Clemson University



Photo By Kalifa Oliver



Photo By Kalifa Oliver



Hannah Peach
Clemson University



Global Changes, Local Outcomes: Economic Effects in South Carolina

Surviving and Thriving

Despite the difficulties faced by South Carolinians, not all individuals have it as bad as we see on the news; people still manage to survive and look optimistically toward the future. In the face of economic challenges, not all businesses are shutting down, and people have not given up. They are able to preserve hope and find outlets for optimism. So the question is: How do people in South Carolina manage to stay afloat in these difficult times?

"I am not affected by the economic downturn. People chose the things they want to spend on, and I refuse to let the crisis affect me, so I just don't worry about it. Everything will work out," said one hairdresser in upstate South Carolina. "You just have to keep on working, keep on smiling and adjust, that's all you can do."

A gym owner from Clemson, South Carolina stated, "It gets hard sometimes, but that's the nature of business and the

risk you take. I had to increase my prices a little, but I explain why to clients and usually it's okay."

A personal trainer chimed in, "You have to plan just a little more, and financially prepare a little more, but you keep working...and hoping because somehow you just know everything will eventually work out." These kinds of sentiments are not as rare as one may think; others have expressed hope in what may seem like a hopeless situation.

At points throughout late 2008 and early 2009, you couldn't have opened a newspaper or turned on a news program without seeing the detrimental effects of the economy on hard-working Americans. In South Carolina, stories of shattered hopes, devastating loss, and personal sacrifice portray a reality for some, and a very real vulnerability for others. There is no doubt that the financial markets have hurt the profitability of business, but there is something to be said for the resilience of the human spirit.

"In the face of the economic downturn, floods of people have found themselves accepting positions they never thought they would willingly take."

Recommended Readings

Goodman, P. S. (2008, December 21). Reeling South Carolina city is a snapshot of economic woes. *The New York Times*.

Hensley, M. (2009, March 23). 1 in 6 county residents without a job, ESC says. *The Laurinburg Exchange*. Retrieved on April 1, 2009 from <http://www.laurinburgexchange.com/>.

Phillips, N. (2009, March 24). Jobless pain hits Midlands hard this time. *The Greenville News*. Retrieved on April 1, 2009 from <http://www.greenvilleonline.com/>.

Probst, T. M., & Sears, L. E. (2009). Stress during the financial crisis. *Society for Occupational Health Psychology Newsletter*, 5, 3-4.



South Carolina restaurant that was forced to close

Photo By Kalifa Oliver



Photo By Kalifa Oliver

Suicide Associated with Military Service

Margo R. Genderson
Boston University

Irvin Sam Schonfeld
The City College of the City
University of New York

Mark S. Kaplan
Portland State University

Michael J. Lyons
Boston University

*With the assistance of
Jessie Mandle*

Suicide rates among soldiers and veterans of Operations Iraqi Freedom and Enduring Freedom (OIF/OEF) have been steadily growing since 2004, with sharp increases observed more recently. Suicides in the Army are a growing concern on Capitol Hill and in the media. Last month, the Senate Armed Services Committee held hearings on the growing incidence of suicides across the armed forces (Federal city digest, 2009, March 18). The Associated Press (AP) underlined the increasing suicide rates among Army personnel (Army reports sharp rise in suicides in January, 2009, Feb. 5). According to the AP, there were 64 suicides in 2004, and this number has doubled in 2008, with 128 confirmed deaths and 15 pending investigation. This is the largest number of suicides among active-duty soldiers in the Army observed in the past 28 years (Kuehn, 2009).

Dimensions of the problem

Another way to look at the trend in Army suicide rates is as follows: the rate was 12.7 per 100,000 in 2005, 15.3, in 2006, 16.8, in 2007, and 20.2, in 2008 (Dreazen, 2009). Suicide rates in January 2009 were reported to be particularly high, with 7 confirmed deaths and 17 still under investigation. Since the majority of alleged suicides are eventually confirmed, the final count may be close to 24, far exceeding previous months in 2008 and even surpassing the 16 combat deaths in Iraq and Afghanistan that same month. There were 10 confirmed suicides in January 2006, six in January 2007, and five in January 2008, according to the AP. Historically, the risk of suicide in the military tends to be at least 20% lower than that of the US general population (Eaton et al., 2006). The 2008 suicide rate among active-duty Army personnel, 20.2 per 100 000, exceeds the 2005 rate of 19.5 per

100,000 for demographically matched civilians, the most recent statistic available (Kuehn, 2009).

The suicide rate among war veterans is also higher than among civilians and has been studied empirically. Kang and Bullman (2008) compared suicide risk in a sample of 490,346 veterans who served in OIF/OEF from October 2001 to December 2005 to that of civilians. They found that 144 veterans killed themselves (21.9 individuals per 100,000), although the difference in suicide rates between veterans and civilians, controlling for age and sex, did not reach statistical significance. Risk for suicide among veterans in this sample also varied little by military service branches, the Army, Marines, Navy, and Air Force. Former active duty veterans (as opposed to veterans who were in the Reserves or National Guard), however, had a significantly increased risk of suicide compared to civilians (33% increased risk; 24.7 per 100,000).

Research has also compared suicide rates among wars. There were only two reported suicides during the 1991 Gulf War, although this war only lasted six weeks and cannot be compared to OIF/OEF (Nelson, 2004). One study compared suicidality, an index derived from the severity of suicide attempts, between 320 World War II veterans, 199 Korean War veterans, and 4,619 Vietnam War veterans seeking treatment at VA facilities (Fontana & Rosenheck, 1994). Although more suicidality was observed in Korean veterans compared to Vietnam veterans, the difference did not reach statistical significance, and veterans from both of these wars were more suicidal than WW II veterans. There was a significant relation between traumatic experiences, especially killing another person, and psychological symptoms in all three groups, although the relation between trauma and suicidality was only significant among Vietnam veterans. Fontana and Rosenheck suggested that differences in symptomatology and suicidality may be related to differences in the degree of popular support for each war. For example, compared to the Korean and Vietnam War veterans, WW II veterans were treated more as heroes after the war. Alternatively, WW II veterans may have underreported symptoms as a result of the greater stigma attached to mental disorder in that era (Fontana & Rosenheck, 1994). In addition, military branch, service era, nature of

service (conscripted or voluntary), and combat exposure may all affect the risk of suicide (MacLean & Elder, 2007).

Firearms are the most common method used in military suicide fatalities. According to Allen et al. (2005), 72% of Army suicides involved firearms, compared to 52% in the general population (AAS, 2008). Research shows that the suicide method that is most available and acceptable will be used most often. Although affective disorder (e.g., major depression, bipolar disorder) and substance abuse increase the risk of suicidal behavior, the widespread availability of firearms in the military increases the degree of lethality of suicide attempts (Goldsmith, 2001).

To further appreciate the dimension of the problem, consider a RAND Corporation study of a representative sample of more than 1900 previously deployed OIF/OEF personnel from all branches of the military (Tanielian & Jaycox, 2008). The interview methodology yielded probable diagnoses of posttraumatic stress disorder (PTSD), major depressive disorder (MDD), and traumatic brain injury. RAND investigators estimated that in the 30 days prior to the interview, approximately 14% were currently affected with PTSD, 14%, with MDD, and 19.5%, with traumatic brain injury. Each of the three disorders is a risk factor for suicide. Only about half of those with a diagnosis of MDD or PTSD received care, and the care was often less than optimal. In a population-based study antedating OIF/OEF, Kaplan et al. (2007) found that male veterans were twice as likely as male non-veterans to die by suicide, controlling for other risk factors (too few female veterans died by suicide to be included in the analyses). Kang and Bullman reported that veterans diagnosed with a mental disorder had a 77% increased risk of suicide compared to civilians.

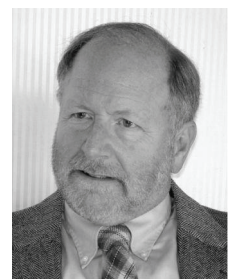
A study of 103,788 OEF/OIF veterans seen at VA health care facilities between 2001 and 2005 (Seal et al., 2007) found that 25% of veterans were diagnosed with a mental disorder and 31% received a mental health diagnosis and/or demonstrated psychosocial problems as indicated by a V-code diagnosis. The most prevalent diagnosis was PTSD, which was found in 13% of the sample, a rate much higher than in the US general population (3.5%) (Kessler et al., 2005). Of the ... (Continued on page 6)



Margo Genderson
Boston University



Mark Kaplan
Portland State University



Michael Lyons
Boston University

Suicide Associated with Military Service (cont'd)

(Continued from page 5) ... veterans diagnosed with a mental disorder, 56% of individuals received 2 or more diagnoses. Younger veterans (age 18-24 years) were at an increased risk for developing mental disorders compared with veterans 40 years or older. The difference in risk may be related to the fact that younger veterans had more combat exposure.

Prevention

With the rate of suicide currently increasing among individuals in the military, an emphasis must be placed on identifying risk factors and developing effective preventative programs. According to the AP, Army Secretary Pete Geren acknowledged that officials cannot explain the recent sharp increase in suicide rates, although veterans suffering from problems in personal relationships, legal or financial difficulties, and problems on the job are at increased risk for attempting suicide. Multiple deployments and extended lengths of deployment may also be contributing factors.

Efforts that focus on treating mental disorders, therefore, may help to decrease the suicide rate among veterans. Knox and colleagues (2003) examined the effects of exposure to a suicide prevention program, which focused on removing the stigma of seeking mental health treatment, ensuring confidentiality in treatment, strengthening social support, promoting effective coping skills, enhancing understanding of mental health, and changing policies and social norms. This program was developed in response to the increased suicide rate in the Air Force from 1990-1995. The Vice Chief of Staff commissioned a team of experts to investigate suicide risk and recommend a prevention strategy. The study included 5,260,292 active duty personnel in the US Air Force between 1990 and 2002. Individuals who served from 1997-2002 were exposed to the program, and suicide rates among these Air Force personnel were compared to the "unexposed" cohort who served from 1990-1996. The program was associated with a 33% reduction in the risk for suicide. Potential confounders such as age, race, sex, marital status, and mental health diagnostic status could not explain the differences in suicide rates between the two time periods. Although the intervention was successful in re-

ducing the risk of suicide in the Air Force, it is not clear if the program would work in other branches of the armed forces with different sociodemographic profiles.

Perceived stigmatization and other barriers to mental health care are still a concern among veterans. Only 23 to 40% of veterans returning from Iraq and Afghanistan who demonstrated symptoms of a mental disorder sought care, and these individuals were twice as likely to report concern about stigmatization and other barriers to receiving care compared to individuals in the general population (Hoge et al., 2004). On the other hand, more veterans of OIF/OEF have enrolled in VA health care (approximately 29%) compared to Vietnam veterans (10%) (Seal et al., 2007). Veterans are accessing care very quickly, with an average of less than 3 months from leaving the military to first visit. The average time from first visit to mental health diagnosis is only 13 days. The increased percentage of veterans seeking treatment and the relative speed with which they are being assessed and diagnosed opens the door to early intervention for treating mental illness. Based on the success of previous programs (e.g., Knox et al., 2003), more efforts should focus on reducing the stigma associated with seeking mental health treatment, which may aid in suicide prevention efforts.

Another preventative approach that has been empirically studied includes the use of assessment instruments to identify individuals who are at elevated risk of suicide. For example, the Interpersonal-Psychological Survey (IPS) is designed to assess an individual's capacity for self-harm, perceived burdensomeness, and thwarted belongingness, three factors that are associated with suicide risk. By investigating postmortem files, one group of investigators retrospectively obtained IPS scores of US Air Force personnel who had committed suicide (Nademin et al., 2008). These scores were compared to IPS scores of active duty Air Force personnel, and significant differences were found between groups. The IPS, therefore, may be a useful predictor of suicide risk and could be used to target early intervention efforts in the US military. Retrospectively assessing IPS scores for individuals who have committed suicide, however, may lead to biases

and other validity problems.

The military has taken steps to respond to the seriousness of the current situation and implement preventative programs. For example, the AP reported that, in order to raise awareness and monitor suicide rates, Army officials are releasing month-to-month data on suicides, which has never been done in the past. In addition, the Army has developed programs to provide soldiers with more support. The BATTLEMIND program, begun in 2006, provides soldiers with skills to help cope with stress encountered during deployment and helps soldiers and their families readjust after returning from overseas (Kuehn, 2009, Thomas, 2008; also see <https://www.battlemind.army.mil/>). Another program developed by the Army provides troops with education about suicidal behaviors with the hope of increasing awareness in order to enable soldiers to recognize suicide risk in others and intervene (Army reports sharp rise in suicides in January, 2009, Feb. 5). Beginning in October 2008, The National Institute of Mental Health and the Army are collaborating on a five-year prospective study of suicide among soldiers (Kuehn, 2009). The study aims to assess soldiers at multiple stages during their service and after separation from the Army in order to identify susceptibility and resiliency factors vis-à-vis suicidal thoughts and behaviors. Factors such as differences in soldiers' vulnerability to the stress of extended deployments, physiological responses to stress, ability to readjust to life at home, alcohol and drug use, genetic predisposition, interpersonal factors, and stressful life events will be explored. This study will be a contribution to the understanding of risk factors and precipitating circumstances for suicide and may lead to more effective interventions.

The men and women in the United States military have made great sacrifices for this country, and we owe them our full support and gratitude. This includes providing our service men and women with effective mental health care to help them cope with long and taxing war-zone deployments. The care these men and women deserve must continue on seamlessly through the transition from active duty to the home front and civilian life.

(Continued on page 7)



"Suicides in the Army are a growing concern on Capitol Hill and in the media."

"There was a significant relation between traumatic experiences, especially killing another person, and psychological symptoms."



Suicide Associated with Military Service (cont'd)

References

- Allen, J.P., Cross, G., & Swanner J. (2005). Suicide in the Army: A review of current information. *Military Medicine*, 170, 580-584.
- American Association of Suicidology. *U.S.A suicide: 2005 official final data*. <http://www.suicidology.org/web/guest/stats-and-tools/statistics>. Accessed April 2, 2009.
- Army reports sharp rise in suicides in January. (2009, February 5). *The Wall Street Journal*.
- Dreazen, Y. J. (2009, March 28). The military: A general's personal battle. *The Wall Street Journal*, W1.
- Eaton, K.M., Messer, S.C., Garvey Wilson, A.L., & Hoge, C.W. (2006). Strengthening the validity of population-based suicide rate comparisons: An illustration using U.S. military and civilian data. *Suicide and Life Threatening Behavior*, 36, 182-191.
- Federal city digest. (2009, March 18). *Washington Post*, A11
- Fontana, A., & Rosenheck, R. (1994). Traumatic war stressors and psychiatric symptoms among World War II, Korean, and Vietnam War veterans. *Psychology and Aging*, 9, 27-33.
- Goldsmith, S.K. (2001). Risk factors for suicide: A summary of a workshop. Washington, DC: National Academy Press.
- Hoge, C.W., Castro, C.A., Messer, S.C., McGurk, D., Cotting, D.I., & Koffman, R.L. (2004). Combat duty in Iraq and Afghanistan, mental health problems, and barriers to care. *The New England Journal of Medicine*, 351, 13-22.
- Kang, H.K., & Bullman, T.A. (2009). Risk of suicide among US veterans after returning from the Iraq or Afghanistan war zones. *JAMA*, 300(6), 652-653.
- Kaplan, M.S., Huguet, N., McFarland, B.H., & Newsom, J.T. (2007). Suicide among male veterans: A prospective population-based study. *Journal of Epidemiology and Community Health*, 61, 619-624.
- Kessler, R.C., Chiu, W.T., Demier, O., & Walters, E.E. (2005). Prevalence, severity, and comorbidity of 12-month DSM-IV disorders in the National Comorbidity Survey Replication. *Archives of General Psychiatry*, 62, 617-627.
- Knox, K.L., Litts, D.A., Talcott, G.W., Feig, J.C., & Caine, E.D. (2003). Risk of suicide and related adverse outcomes after exposure to a suicide prevention program in the US Air Force: Cohort study. *BMJ*, 327, 1376-1380.
- Kuehn, B.M. (2009). Soldier suicide rates continue to rise. *JAMA*, 301, 1111-1113.
- MacLean A., & Elder, G.H., Jr. (2007). Military service in the life course. *Annual Review of Sociology*, 33, 175-196.
- Nademin, E., Jobes, D.A., Pflanz, S.E., Jacoby, A.M., Ghahrananlou-Holloway, M. Campise, R., et al. (2008). An investigation of interpersonal-psychological variables in Air Force suicides: A controlled-comparison study. *Archives of Suicide Research*, 12, 309-326.
- Nelson, R. (2004). Suicide rates rise among soldiers in Iraq. *The Lancet*, 363, 300.
- Seal, K.H., Bertenthal, D., Miner, C.R., Sen, S., & Marmar, C. (2007). Bringing the war back home: Mental health disorders among 103,788 US veterans returning from Iraq and Afghanistan seen at Department of Veterans Affairs facilities. *Archives of Internal Medicine*, 167, 476-482.
- Tanielian, T., & Jaycox, L. H. (2008). *Invisible wounds of war: Psychological and cognitive injuries, their consequences, and services to assist recovery*. Santa Monica, CA: RAND Corp.
- Thomas, J. L. (2008). OHP Research and Practice in the US Army: Mental Health Advisory Teams. *Newsletter of the Society for Occupational Health Psychology*, 4, 4-5. <http://sohp.psy.uconn.edu/SOHPNewsletterV4October2008.pdf>

"With the rate of suicide currently increasing among individuals in the military, an emphasis must be placed on identifying risk factors and developing effective preventative programs."

Book Announcement

Pamela Perrewé of Florida State University

Stress and Quality of Working Life: The Positive and the Negative

Information Age Publishing, Charlotte, NC, 2009

A volume in the **Stress and Quality of Working Life series**

Series Editors Ana Maria Rossi, *International Stress Management Association*, James Campbell Quick, *The University of Texas at Arlington*, and Pamela L. Perrewé, *Florida State University*

Is stress on the job a global epidemic? It certainly is an important occupational health concern in major economies, including those of the United States, Europe, Japan, and Brazil. This book is divided into three sections that address different aspects of occupational stress and quality of working life. The articles' authors are internationally renowned scholars, researchers, and practitioners grounded in applied science and clinical practice.

The book's 12 chapters highlight both core knowledge and new developments within the rapidly growing field of research on stress and the quality of working life. Section 1 consists of five chapters that address the organizational and individual costs of occupational stress, which include human suffering and onerous financial burdens. Section 2 comprises three chapters that examine ways to mitigate the adverse effects of occupational stress. The section posits that while we should help those who are suffering, we must also do more to prevent the onset of distress in the first place. Section 3's four chapters examine and expand our understanding of the quality of working life. It is the quality of working life that directly affects workers and managers, and creates spillover effects that harm families and communities.

The book can help raise awareness of the causes and costs of occupational stress and poor quality of working life. Further, the book challenges organizations to begin thinking about, and acting in, ways that lead to a less stressful environment for their workforce.

For additional information go to <http://www.infoagepub.com/index.php?id=9&p=p4893633380fea>.

Occupational Health Psychology at the University of Connecticut

Leslie Golay and Alyssa McGonagle

University of Connecticut

The Industrial/Organizational Division within the Psychology Department at the University of Connecticut in Storrs offers a graduate program in occupational health psychology (OHP). This program is interdisciplinary, and students and faculty study and practice in a broad range of areas related to OHP. The program was started in 2003 when faculty members in the division were awarded an OHP training program grant from the National Institute for Occupational Safety and Health (NIOSH). The grant provides support for students who are pursuing research in OHP. In addition to providing full financial support to one UConn graduate student each year, the grant provides partial summer funding for five to seven graduate students, along with travel funds for students who present OHP research papers at conferences. For the OHP program, students take two core courses (one in occupational health psychology and one in research methods) and two elective specialization courses from a long list of psychology, epidemiology, and public health topics. Students are also expected to pursue OHP research as part of their specialty training in this area. Several students have completed the OHP training program at UConn, and currently there are nine students enrolled.

The OHP program is both interdisciplinary and collaborative. Faculty and students are involved in academic and applied research projects, and students are welcome to work with multiple faculty members from both the Psychology Department and the UConn Health Center (UHC). The faculty has a broad variety of research interests, providing students the opportunity to explore many aspects of OHP. Several of the Industrial/Organizational faculty in the Psychology Department participate in the OHP program. Psychology professor Janet Barnes-Farrell researches work-and-family issues as well as matters concerning the aging workforce. Robert Henning, also a psychology professor, is an industrial engineer and certified practicing ergonomist. His interests are in health promotion, participatory ergonomics,

and human factors. Psychology professor Vicki Magley is an organizational psychologist who studies workplace mistreatment and occupational stress.

Nicholas Warren is an associate professor at the School of Medicine and Occupational and Environmental Health at the UHC. He specializes in ergonomics and quality and safety of patient care in healthcare institutions. Timothy Morse is an associate professor and certified practicing ergonomist at the UHC. His specialty is creating occupational health and safety training programs for workers, managers, and unions. Students also interact with other researchers at the UHC through joint participation in the Center for the Promotion of Health in the New England Workplace. The partnership between the Psychology Department and the UHC highlights the interdisciplinary and collaborative nature of the UConn OHP program.

Presentations

UConn OHP students and faculty regularly present papers and posters at academic conferences. Students and faculty have presented research at the APA/NIOSH/SOHP Work, Stress and Health conferences in Washington, D.C., and Miami, as well as at European Academy for Occupational Health Psychology (EA-OHP) conferences, Shiftwork and Working Time conferences, and at conferences sponsored by the American Psychological Association and the Association for Psychological Science. Students and faculty also presented their research at the 2009 Society for Industrial/Organizational Psychology conference in New Orleans this April and look forward to presenting at the 2009 Work, Stress, and Health conference in Puerto Rico in November.

In addition to presenting papers at conferences, the UConn OHP program co-hosts the semi-annual Sturbridge Symposium that brings together occupational health researchers from the University of Massachusetts-Lowell, the UHC, and UConn-Storrs. Researchers, faculty, and students from these institutions present research in occupational health as related to psychology, ergonomics, epidemiology, and industrial hygiene. In addition, several ... (Continued on page 9)



Leslie Golay

University of Connecticut



Alyssa McGonagle

University of Connecticut



University of Connecticut



OHP at the University of Connecticut (cont'd)

(Continued from page 8)...OHP students' master's theses and doctoral dissertations have had an OHP focus, and several students and professors have published their research in OHP journals. Recent research topics included aging workers, work ability, shift work, work-life balance, incivility, sexual harassment, and workplace safety.

Applied Research Projects

OHP students and faculty also work on a variety of applied research projects. The school offers different outlets for participating in applied work. For instance, students may take part in the many OHP-related projects carried out by the Industrial Organizational Division's Industrial Psychology Applications Center (IPAC) or they may work as interns for organizations like the Volpe National Transportation Research Center. Because of these experiences, students are exposed to OHP concerns covering different employment sectors, including manufacturing, utilities, corrections, transportation, healthcare, and retail sales.

One example of a recent applied research project is a safety survey. An OHP graduate student (Alyssa McGonagle) worked on the design and administration of a safety survey of railroad workers. The survey measured safety climate, worker attitudes, and safety behaviors at large Canadian railroad. The graduate student followed up a baseline survey conducted in 2004 by staff at the Volpe Center and a UConn IPAC team composed of UConn students and faculty. The student who designed the follow-up survey and other OHP graduate students analyzed the survey data, created reports detailing their data analysis procedures and results, and presented their findings to railroad management Volpe Center staff and Federal Railroad Administration staff..

Another recent applied research project involved graduate students in conducting focus groups to determine potential barriers to safety among utility workers. The UConn IPAC team presented the results and made recommendations to the utility's management team.

Promoting Health in New England

Several UConn OHP students and faculty members are involved with the Center for the Promotion of Health in the New England Workplace (CPH-NEW), which is funded by NIOSH. The Center, organized in 2006, is a collaborative effort of the University of Massachusetts-Lowell and the University of Connecticut. It has a research-to-practice focus, and many of the Center's projects examine the benefits of promotional efforts in the workplace to improve employee health and overall well-being. Researchers involved in this project come from a variety of disciplines, and are knowledgeable in a number of key areas, including workplace ergonomics, health promotion, occupational health and safety, and community health outreach. CPH-NEW works with several community partners, including state agencies and private-sector firms. More information is available at the CPH-NEW website at <http://www.uml.edu/centers/cph-new/>.

The OHP training program at the University of Connecticut offers a unique environment for its students. With supportive faculty, industry contacts, and support from NIOSH, the students here have many opportunities to explore the field of occupational health psychology.

For more information, see our website:

<http://www.iopsychology.uconn.edu/>.



"Faculty and students are involved in both academic and applied research projects, and students are welcome to work with multiple faculty members from both the Psychology Department and the UConn Health Center (UHC)."



University of Connecticut
Storrs, CT



University of Connecticut
Health Center
Farmington, CT

Being an OHP Trainee During the Economic Downturn

Annette Shtivelband

Colorado State University

Certainly, the U.S. economy is suffering. People are losing their jobs, their homes, and their confidence in the economy. As an occupational health psychology (OHP) trainee, it's hard for me not to worry about the well-being of our nation. In the last issue of the *Newsletter of the SOHP*, Tahira Probst and Lindsay Sears wrote an insightful article about stress during the current economic downturn (<http://sohp-online.org/SOHPNewsletterV5January2009.pdf>). In this article I discuss how the downturn has affected OHP graduate students across the nation. I also offer some practical advice on coping with current challenges.

I spoke with OHP trainees from Portland State University, Clemson University, Colorado State University, and the University of Connecticut. I asked each graduate student to describe how the downturn has affected his or her life. I also asked each of them for suggestions on coping with financial challenges. The good news is that no one has seen a change in funding. Some students even received an increase in their stipends. But OHP trainees mentioned three concerns: increased anxiety, uncertainty about the future, and uncertain travel funding. Most expressed worry about their job and internship prospects.

Those about to graduate had the most concerns. As one student put it, "When the economy is good, OHP applicants are more in demand. However, when the economy is bad, the demand declines." She also told me about an internship she had in which the wellness budget was the first item cut. Additionally, some graduates reported that the downturn has indirectly affected them through its impact on their family, friends, and significant others. One graduate student said, "I don't think [the downturn] has affected me yet, but it has directly affected people I am close to and it's hard not to feel some anxiety about that." Other students reported similar anxiety surrounding such problems.

A couple of graduate students expressed concern regarding travel funding. One suggested that we should be more selective in the conferences we attend, while being more active in applying for travel awards. I think OHP trainees should continue attending conferences even if it stretches budgets. Attending conferences helps with networking, keeps us better connected with each other, fosters learning, and may provide job and internship opportunities. However, each person must evaluate whether the cost is worth the benefit.

When money is tight, people can adopt either or both of two strategies: (1) try to generate more income or (2) find ways to economize. Graduate students usually live modestly regardless of the economy. So, how can we generate more income? One option is to take out loans so that we can focus on school and research. Other trainees suggested teaching classes. This option provides increased pay and the experience needed for a future academic job, if that is a goal. Another trainee told me that she plans to develop a supplemental income stream by teaching classes online. This option allows a good deal of flexibility, but typically requires a master's degree. Another possibility is to get a part-time job; the idea, however, was not widely endorsed.

All OHP trainees suggested seeking consulting projects, internships, and jobs while attending graduate school. Of course, this is easier said than done. Some recommended creating a website promoting their work and expertise. Others suggested carrying a business card in case one meets a prospective client, and updating one's CV regularly. I would encourage trainees to take classes outside of our disciplines—it broadens our perspective and enhances our networking potential. Additionally, our knowledge makes us valuable to researchers and practitioners in other fields, such as ergonomics, business, industrial hygiene, and occupational medicine.

In times such as these, taking risks and stepping out of one's comfort zone is a good idea. We cannot change the economy. But we can broaden our skill sets

and improve our approach to problems. In my conversations, I kept hearing the advice, "Take advantage of as many opportunities as you can while in graduate school." The challenge is to find and identify those opportunities. Our advisors and colleagues can be resources. They have been in our situation and can help us connect with others in the field. Ultimately, if you do not promote yourself who will?

To save money, create a budget (http://cgi.money.cnn.com/tools/budget101/budget_101.jsp). By understanding how you spend, you can develop strategies to better cope with the downturn. Also, ask yourself if you are living within your means. If medical expenses are high, apply for a drug assistance program (<http://www.rxassist.org/>). Use websites such as Craigslist (<http://www.craigslist.org/about/cities>) to find inexpensive furniture and vehicles, and reasonably priced places to live. Buy generic, not brand-name, food at the grocery store. If you enjoy eating out with friends, keep doing so. However, pick menu items that are lighter on your wallet.

Lastly, the most helpful advice I heard was simply to network. The process is elusive, but it does not have to be. We are all psychologists, experts at human behavior. We must utilize the skills that we have learned and apply them to our daily lives. The students suggested that the greatest predictor of finding job and internship opportunities was who you know. Naturally, we all meet people, but it takes a certain skill to cultivate meaningful relationships. We must step beyond our comfort zone and do so.

In sum, the economy may look grim. It may be some time before the job market improves. And even if we are not, others in our lives may indeed be suffering financially. Nonetheless, as OHP trainees, and as individuals, we must not give up. As one graduate student expressed it, "We need to keep a positive attitude, even if the economy is suffering." We are all bright and have something valuable to offer. This may simply be the time to rethink our personal and professional approaches.



Annette Shtivelband
Colorado State University

"When money is tight, people can adopt either or both of two strategies: (1) try to generate more income or (2) find ways to economize."

Harassment Among University Professors and Academic Staff

Chantal Leclerc in collaboration with Cécile Sabourin and Micheline Bonneau
WHAT, Université Laval

Translated from the French by Karen Muir and Irvin Sam Schonfeld



Harassment is behavior that manifests itself in the form of conduct, actions, and verbal comments, often insidious, aimed at destabilizing an individual. This behavior breaks down the individual's psychological resistance, often for the purpose of submission. Harassment can lead to the victim's exit from an organization. Harassment can take the form of injurious comments, unjustified criticism, or openly proffered insults, but it can also include seemingly harmless insinuations and other forms of abuse. A simple act of aggressiveness becomes harassment and has deleterious effects when it continues over a period of time, and when the targeted group or individual is, or is perceived to be, in a situation where it is difficult to mount a defense.

Heinz Leymann (1996a, 1996b) described this phenomenon as a form of psychological terrorism. The acts he terms harassment have the effect of taking away people's freedom of expression, isolating them, destabilizing them, discrediting them personally and professionally, and restricting their access to resources to which they are normally entitled if they are to perform their work. Harassment can jeopardize the victims' health and make them feel insecure. Considered separately, the actions constituting harassment may appear harmless, but their constant repetition has pernicious effects.

Several indicators of harassment have been observed in universities. To understand this phenomenon, an ad hoc committee of the Québec Federation of University Professors (FQPPU) conducted a qualitative study of union representatives and faculty members. The study, rich with personal testimony, found that the university culture and context breed harassment and an abusive exercise of power, the effects of which harm the victims, and the university as a whole.

Contrary to what many of us prefer to believe, harassment is rarely the work of perverse individuals who take pleasure in targeting others having the typical victim profile. Instead, we found that harassment ensues from political and organizational choices that impose extra workloads, competition, and an emphasis on individualism as methods of managing and organizing labor.

Québec universities are not immune from the problems faced by other organizations. The underfunding of higher education combined with the growing commodification of university activities and the movement toward the quantification of performance evaluation criteria is the breeding ground for harassment. Some professors, facing too much work and competition for limited resources, take extreme measures to remain successful in the system.

Because of the of the discourse that urges professors "to keep their noses to the grindstone," to embrace the virtues of pride, excellence, and economic realism, we have observed practices that surreptitiously corrupt the work ethic by subjecting professors to excessive competition and accounting management strategies that are foreign to the idea of quality research and training. We have also observed practices that make it seem normal to consider people as instruments and resources to be manipulated and burned out.

"What I learned from my experience is that, in the university hierarchy, you have to be prepared to fight like a tiger. And if you don't have the stomach for that, you just have to lie low. I never would have said that three or four years ago."—a comment by a professor in an FQPPU focus group

In the university milieu, harassment generally occurs at key points in a professor's career—during hiring, performance evaluation, and the time leading to the granting of permanent status or tenure. It can also come into play in the major decisions governing university activities, especially during the allocation of teaching duties and budgets or when setting development priorities. Legitimate formal and informal powers are exploited not only by people in administrative positions, but by colleagues prepared to take advantage of others. Harassment is often associated with the manipulation of committee work, rules of debate, consensus-making, and the criteria for allocating duties and resources. Certain strategies are regrettably popular in order to *get to* a professor.

Attacks on reputation

Unfairly discrediting and undermining colleagues' work, criticizing the strength of their scientific output for no reason or raising doubts about their integrity without serious justification, assigning unrealistic or impossible tasks, or a launching a no-holds-barred attempt to compromise their tenure or promotion can have disastrous effects on their equilibrium and their career. Students are sometimes induced to criticize teaching; this is called complaint solicitation. This ploy is also accomplished by circulating rumors among graduate students who quickly understand they will be personally put at a disadvantage if they continue to work with a certain professor.

Impossible working conditions

Victims of harassment are often subjected to intolerable stress by colleagues who create the conditions for their professional failure. This is done by imposing requirements that are impossible to meet, assigning thankless or demanding tasks, or finding any pretext to deny them resources usually granted to others. Professors specializing in a particular field will be deeply affected when deprived of responsibility for a course in their area of expertise, when their course is cancelled without valid reason, or when continually assigned new teaching tasks.

Attacks on speech

The communication of ideas is the very heart of professors' work. In this context, faculty members have provoked hurtful behavior by asking questions, expressing their point of view, insisting on more transparency, and defending a minority position. They do not need to appear as quarrelsome to become the target of aggressors. To harass a perceived "troublemaker," the aggressor continuously interrupts the victim in meetings, ignores or acts impatiently with the victim, and excludes the victim from spheres of discussion and influence. ... (Continued on page 12)



Chantal Leclerc
Université Laval

"The acts [of] harassment have the effect of taking away people's freedom of expression, isolating them, destabilizing them, discrediting them personally and professionally, and restricting their access to resources to which they are normally entitled if they are to perform their work"



Harassment Among University Professors and Academic Staff (cont'd)

(Continued from page 11) ... If that does not suffice, the aggressor ridicules the victim, or shoots down every proposal the victim makes. Rumors are spread about the victim without the victim being given the chance to defend himself or herself.

These harassing lines of behavior vary widely from one person to the next but, in the main, are harmful.

"The effects of harassment? On health: ulcers, insomnia, anxiety, confusion. I also suffered from depression. All this led to separation and divorce. And burnout. Lack of motivation, loss of friendships at work, discouragement, abandoning my area of research, retraining for another field. Throughout all of this, I often felt misunderstood, powerless, disillusioned and, many times, like I was in mourning."—a comment by a professor in an FQPPU focus group

Strategies for fighting back do not always work. Often, people who are the target of harassment refuse to believe what is happening to them, and deny or minimize the seriousness of their situation. It pains them to be the target of so much hostility and to realize that others are prepared to harm them. Many feel ashamed of not knowing how to defend themselves, of having to justify themselves, and of dreading base attacks. Others are gripped with feelings of revulsion and by a desire for revenge that can degenerate into "hyperconflicts." This is a term used by Daniel Faulx (2005) to designate intense conflicts characterized by relational dynamics that are totally blocked on the cognitive, emotional, and behavioral levels.

In these contexts, isolation and withdrawal are the immediate and most destructive consequences of harassment. Rumors, malicious comments, and blame push away colleagues and students alike. The victims are excluded by, and cruelly deprived of support from, their colleagues who are afraid, who show signs of skepticism about the occurrence of harassment, or who prefer to remain on the sidelines.

Faced with aggressiveness from some and indifference from others, many literally feel abandoned. They will often seek to distance themselves voluntarily from their work environment to shield themselves from the harassment and preserve their health. In a chain reaction, disillusionment, lack of motivation, an irreparably sullied reputation, illness, early retirement, and financial loss are among the other effects. The wounds run deep. Some victims who agreed to testify anonymously here in Québec have entertained thoughts of suicide.

How to react before finding yourself in a quagmire? What recourse is there?

"It has always seemed to me that the best strategy is retaliation, that is, counterattack. Since harassment is made possible mainly because it is hidden, to me the best strategy is to show what is hidden. Harassment very much aims at isolating us, making us keep silent. For example, somebody will try to attack another person's personality or reputation, hoping to make the other person feel ashamed. And if the harasser manages to make the victim feel ashamed, the latter will do everything possible to hide."—a comment by a professor in an FQPPU focus group

Québec has had legislative provisions, enacted in 2004, that address psychological harassment. University administrations, like all other employers, have the obligation to take steps to prevent psychological harassment and, when such conduct is brought to their attention, to stop it.

Whatever the situation, individuals who consider themselves to be victims of harassment can seek out a designated authority at the university. They must also be heard by their union. The union would provide the victim with reliable information and advice, and inform the victim about his or her rights and recourse.

It is useful to consider certain attitudes and general precautions when dealing with harassment:

• Remain focused on your rights

It is normal for you as a victim of harassment to wonder what you might have done or said to deserve such treatment and seek to enter into a dialogue with the harasser in order to defuse the situation. However, the desire for reconciliation must not make you forget that you are entitled to dignity and respect at all times.

• Recognize harassment

A clear analysis of your situation and knowledge of the acts that constitute harassment will help you understand what is happening to you and prevent your position from being invalidated.

• React politely and calmly

Victims of harassment must let their harassers know as soon as possible that the harassers' conduct is inappropriate and hurtful. No matter how you are feeling, keep in mind that you must avoid using threats, insults, and causing a fuss, which could be interpreted as a lack of self-control and could be used against you.

• Inform your employer

Since your employer's legal responsibility is to prevent and stop the harassment, notify your employer as quickly as possible of the situation and keep evidence of having done so. It could become important if an investigation is begun or an arbiter is appointed for adjudicating your grievance.

• Look for support

Isolation and withdrawal into oneself are the worst enemies of victims of harassment. Using professional counselling and psychological services can help you view your situation more clearly, protect yourself, and recover and regain control over your life. The support of colleagues is crucial. Colleagues are in the best position to understand the situation, intervene directly, and denounce and put a stop to harassing behaviors.

"Harassment will cease when the university understands that it cannot isolate professors, that it cannot stigmatize them."—a comment by a professor in an FQPPU focus group

(Continued on page 13)

"Often, people who are the target of harassment refuse to believe what is happening to them, and tend to deny or minimize the seriousness of their situation."



Harassment Among University Professors and Academic Staff (cont'd)

(Continued from page 12)

- **Do not let the harassment control you**

A typical way to harass individuals is to spy on them, criticize their every move, and try to trip them up. Thus, you must be vigilant in order to avoid providing ammunition for your detractors. Faced with direct or indirect attacks, it is pointless to try to justify yourself. It is more useful to ask for clarification from the harasser and get him or her to commit publicly.

- **Gather and keep evidence**

Since harassers break their targeted victims slowly through remarks and gestures which may seem harmless when taken alone, it is important for the victim to document what he or she is experiencing.

- **Take a leave from the university**

Before resigning or taking early retirement, a victim of harassment should think of taking a leave. Consider giving yourself a period to allow yourself to take stock of the situation, which is essential for making well-thought-out decisions.

- **Use the recourse available to you**

If the harassment persists, it is important to find out your rights, your responsibilities, and the resources or types of recourse available. Find out if there are options for informal conciliation, filing of a formal complaint that leads to mediation or investigation, or arbitration of a grievance.

Prevention

That said, legal recourse is far from a cure-all. Prevention approaches and community awareness programs are important. However, prevention is not just posting a policy on the university's Web site or distributing pamphlets. Noncontroversial solutions or solutions that are decided behind the arbitrator's closed doors are not always preferable to solutions that leave more long-lasting marks on the public sphere or that challenge organizational standards.

While not denying the influence of personality factors in the dynamics of harassment, the unions are asked to make the essential links between the particular instance of harassment and the cultural and organizational dynamics that set the stage for unacceptable conduct to appear, increase, and persist. The data exchanged in the confidential context of complaints must be depersonalized so that patterns of recurrent harassment can be highlighted.

The unions and their members can break through the silence. It is important to give ourselves the necessary tools so that cases of harassment in the workplace can be unveiled.

"The basic problem we are confronted with is the code of silence. The code of silence works both ways: some university administrators try to keep problems quiet, but the victims of harassment are the first to keep silent. They keep silent because they are ashamed of what they experienced, but mainly because they are afraid of being ostracized. It's the code of silence that should be broken. How to break it? The first thing to do is to talk about it, talk about it, and talk about it."—a comment by a professor in an FQPPU focus group

Speaking out in public and careful deliberation and consultation are important means for analyzing and challenging harassment practices. For it is from there that we can mobilize resistance to harassment and create a more secure work environment.

References

- Faulx, D., Ercium, F. and Horion, E. (2005). Effet Gavroche et relations hyperconflituelles de travail, *Interactions*, 9(1), 89-116.
- Leclerc, C., Sabourin, C. and Bonneau, M. (2006). *Le harcèlement psychologique chez les professeures et les professeurs d'université - Témoignages, analyse et pistes d'action pour les syndicats*. Montréal: FQPPU. <http://fqppu.org/themes/harcelement-psychologique.html>
- Leclerc, C., Sabourin C. and Bonneau, M. (2006). *An awareness and action guide - Psychological harassment*. Montréal: FQPPU. <http://fqppu.org/english.html>
- Leymann, H. (1996a). *Le mobbing: La persécution au travail*. Paris: Seuil.
- Leymann, H. (1996b). The content and development of Mobbing at Work, *European Journal of Work and Organisational psychology*, 5(2), 165-184.

¹ The complete report of the study conducted by the *Fédération québécoise des professeures et professeurs d'université* as well as an awareness and action guide can be obtained (in the original French) by consulting the FQPPU Web site: <http://fqppu.org/themes/harcelement-psychologique.html>.

"Faced with aggressiveness from some and indifference from others, many literally feel abandoned. Often, they will seek to distance themselves voluntarily from their work environment to shield themselves from the harassment and preserve their health."

The Future of OHP: The Experts Speak (Part II)

Robert R. Sinclair

President, Society for Occupational Health Psychology

Clemson University

Since the conception of SOHP, which I date back to the 2001 planning meeting at the University of South Florida, we have made incredible progress. We have established an effective organization and steadily increased our membership. We have strengthened our relationship with the European Academy of Occupational Health Psychology and have some exciting collaborative efforts currently underway. The *Journal of Occupational Health Psychology* increases in reputation and impact with each passing year and the Work, Stress, and Health conference continues to be an

internationally recognized source of cutting-edge OHP research.

Yet, the full promise of OHP (and SOHP) remains, in some respects, unfulfilled. Many questions remain about where the organization can and should go from here. Should OHP become more practitioner-focused or more focused on advocating particular social policies? Should OHP pay less or more attention to individual differences? What does the future hold for graduate students in OHP? What should the strategic focus be for the next generation of SOHP leaders? These are difficult questions. Some of them concern issues on which most of us probably share similar perspectives. Others may not have a single answer and, rather, may benefit from a "productive tension" between divergent viewpoints.

In order to explore these issues, this column presents the second half of a series of interviews with five of our most well-known members (the first half of the interview can be found here: <http://sohp.psy.uconn.edu/SOHPNewsletterV5January2009.pdf>). The members include Paul Spector and Tammy Allen of the University of South Florida, Nick Warren of the University of Connecticut, Lois Tetrick of George Mason University, and Tom Hilton¹ of the National Institute on Drug Abuse. I posed questions to them ranging from fundamental debates in our field about the appropriate role of individual differences to their best guesses about future occupations in OHP. Hopefully you will find their answers to be as thought provoking as I have and I am sure that I speak for our entire membership in expressing gratitude for their willingness to participate!

Q1. As you know, we have a critical need for OHP intervention research. However, journals often seek a level of rigor in research design that may not be possible in many organizational settings. On the other hand, some might argue that evaluation studies with significant methodological flaws may even be counterproductive. What do you think about this issue?

Paul: We need this kind of research to show how we might be able to intervene to improve health, safety, and well-being. Such studies often use quasi-experimental designs and involve complex interventions that make it difficult to isolate the critical elements that had the effect. But this is not a reason to avoid conducting such studies, and it is not a reason for journals to avoid publishing them. These studies do not have to stand alone, but can be interpreted in the context of a body of literature using cross-sectional self-report designs.

Tammy: I think journal editors do have a responsibility to uphold a high level of rigor for intervention research. In our line of research it is not just misspent money that is at stake, but the health and well-being of employees. The challenge is to build partnerships with organizations that enable researchers to conduct rigorous intervention research. I think the cooperative program of research that is being conducted by the Work, Family, & Health Network is a great example of how it can be done. However, it takes a long-term investment of time and resources.

Nick: It is certainly possible that poorly designed studies can be counterproductive. The influence of unmeasured confounders can reduce effect sizes or even produce negative results in situations where the "true" direction of effect would be positive, if the study were well-designed and controlled. I do not have a foolproof suggestion here. I think intervention studies obviously must proceed, and that practitioners and researchers have to do their best to remove or adjust for the most obvious confounders and other obstacles. Two suggestions are pertinent here:

- Develop the methodology of action research. Involvement of employees (and managers, supervisors, etc.) in study design, methods development, and interpretation of data will help guard against really bad science. (On the other hand, action research does not command across-the-board respect from journals.)
- Always use mixed methods approaches, combining survey, interview, focus group, and administrative data. As much as possible, incorporate external observations and, ideally, physiological measures.

Lois: Yes, it is difficult to do good intervention research. However, I believe that we can do better if we design the evaluations as carefully as we design the interventions. This relates back to the multidisciplinary nature of the mission of OHP. We have to be members of the team. Quasi-experimental designs have soft spots and there are trade-offs among the different threats to validity. However, if the evaluation is well-designed, including theoretically grounded bases for the intervention, and well-articulated in the report of the evaluation, acknowledging the concessions and the implications of those concessions, it is possible to disseminate the results in the scientific literature. I am concerned that the more "flaws" with any given study the greater the risk of "misinformation" being disseminated.

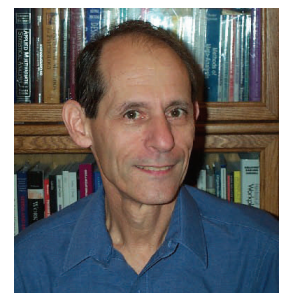
(Continued on page 15)

¹The opinions expressed here are solely attributable to the author, and do not necessarily reflect the position of the National Institute on Drug Abuse. Request for reprints should be sent to Thomas F. Hilton, Ph.D., National Institutes of Health, National Institute on Drug Abuse, 6001 Executive Blvd. Rm. 5197, Bethesda, MD 20892-958. tom.hilton@nih.gov



Bob Sinclair
President of SOHP
Clemson University

"I posed questions to them ranging from fundamental debates in our field about the appropriate role of individual differences to their best guesses about future occupations in OHP."



Paul Spector
University of South Florida



Tammy Allen
University of South Florida

The Future of OHP: The Experts Speak (cont'd)

(Continued from page 14)

Tom: This question seems to ask: Is misinformation better than no information at all? No reasonable research paradigm is inherently perfect, and rigor will only take one so far in the pursuit of philosophical inquiry. What seems to be at the root of the problem begged by this question is that many evaluation studies lack a sound theoretical basis to guide hypothesis testing. Evaluators like Michael Scriven have written extensively on the role played by theory in evaluation research. When I started my lab at the FAA in the early 90s, I instituted the "So what?" test because rigorously showing that A is different from B outside of a theoretical context rarely advanced understanding among my executive customers; it does not seem to impress many journal editors either.

Q2. Will there ever be occupations with the job title Occupational Health Psychologist? If yes, what do you think we need to do to help this happen?

Paul: I think we are moving in this direction. I have seen ads for Psychologists with expertise in OHP, although I don't believe they used the OHP job title. If the field continues to grow, this will likely happen.

Tammy: I hope to see recruitment ads that specifically ask for those trained in OHP, but I would be surprised to see that as a job title.

Nick: Sure! To help this happen we need to talk, present, and write a lot. Most importantly, we need to show results that are convincing to the academic community, unions, and company leadership. We have embarked on this journey; we need to keep doing what we are doing.

Lois: An interesting question - is there a need for jobs with the title of Occupational Health Psychologist? I guess I distinguish between the body of knowledge and an occupation. Is it necessary for a person who studies English to have a job that is titled "English-or"? This doesn't exactly translate, but I think it demonstrates my point. On the other hand, if there were a demand in industry/government for Occupational Health Psychologists - who actually were OHPs and with duties that reflect OHP, not just a subset such as one might find among the related disciplines - then I do believe that OHP will be making a difference in reaching its goal of a safe and healthy work environment for workers.

Tom: No. Even the term Psychologist is waning in use. Other disciplines tread Psychology's turf and multidisciplinary collaborations increasingly blur professional distinctions. Psychology will doubtless survive as a scientific discipline--a paradigm--a way of looking at human behavior. People with expertise in OHP will always have a niche in the world of work because, if I may paraphrase from the Magliozzi brothers (of NPR's *Car Talk*), it is almost always cheaper to prevent a problem than to fix it, and it is almost always cheaper to fix a car [or an employee] than to buy a new one.

Q3. It seems hard to argue (in my opinion at least) that there are not individual differences in safety and health-related behavior and outcomes. The implications of these individual differences are less clear, ranging from possibly selecting people who are less accident- and disease-prone, to including individual-difference variables as control and moderator variables in OHP research, to recasting such individual differences as outcomes of supportive or counter-productive environments. Additionally, some might argue that OHP ought to focus on organization or work factors, irrespective of individual differences. What role do you think that individual differences should play in future OHP research?

Paul: The study of individual differences plays a prominent role in my own work, so obviously I think it is vital that we consider both environmental and personal factors. People do not all respond in the same way to their environments, and an understanding of how individual differences affect OHP topics is necessary. The traditional Industrial/Organizational Psychology approach is to use individual differences for selection and placement, and this is certainly an important area of research. However, we need to think far beyond selection/placement in gaining a full understanding of how the individual reacts to the environment. For example, sometimes it is more effective to adapt the environment to the person, rather than choose the person for the environment

Tammy: I agree that individual differences are part of the story. Speaking primarily with regard to my own area of research, work and family, I think it is critical that we incorporate individual differences into our research. We also need to examine how person and organization interact. Knowledge of individual differences can help maximize the effectiveness of organizational programs. For example, individual preferences regarding the integration versus segmentation of work and family roles can make a difference in what types of family-supportive policies (e.g., telecommuting) may be more or less effective.

Nick: I think you have encapsulated the issues well. It seems foolhardy to ignore individual differences even if the focus is on the work organization, which is the level where my research focuses. Most OHP practitioners have likely encountered the dreaded "compliance problem"--behavioral non-acceptance--which makes generating good solutions difficult. But rather than focus on making interventions specific to every possible personality/physical difference, I think the focus has to be on the methodology, as noted above. If the research project and intervention are truly participatory and involve players from all levels of the organization, we go a long way toward mitigating the effects of individual differences. The more employees, supervisors, and managers are involved in identifying problems, generating solutions, tweaking solutions, measuring outcomes, justifying the costs, training new employees, and disseminating the solutions, the more likely they are to accept and participate. This is a long-winded way of agreeing ... (Continued on page 16)



"We need this kind of research to show how we might be able to intervene to improve health, safety, and well-being."



Tom Hilton

National Institutes of Health



Lois Tetric

George Mason University



Nick Warren

University of Connecticut
Health Center



The Future of OHP: The Experts Speak (cont'd)

(Continued from page 16) ... with your suggestion of viewing these individual differences in behavior as outcomes of the organizational culture and the approach of the project.

That said, there are individual differences that are modifiable, as above, but there are some that are genetic and built into the organism. Those have to be accommodated. The ergonomic analog would be a provision for different diameters of tool handles for men and women, or for large and small people. No matter how participative the intervention, a handle that is too big can result in injury.

Lois: Until I am convinced that individual differences, especially stable trait-like individual differences, are at least as important if not more important than work environment factors and individual characteristics that are malleable such as lack of knowledge, which can be modified by training, I believe that the important gains in creating and maintaining a safe and healthy work environment are best made by understanding environmental/situational factors. A rather long-winded answer! This does not mean that we should ignore individual differences, but I do believe that studying individual differences without including the context is not advancing OHP.

Tom: Psychology is all about individual differences. Ironically, our dominant paradigm seeks to understand individuals via aggregate data. Since pioneers like Kuder and Strong first began touting tests as a path to self-actualization, psychologists have been helping enhance the world of work by perfecting person-situation fit. Although modern terms like phenotype and genotype suggest advanced understanding of person-situation fit, so far, there is no valid test for screening job applicants or incumbents on that basis. I would therefore expect that OHP will remain in the individual differences business. However, I hope OHP will curtail looking for the proverbial car keys under the lamppost of reductionism, and shift to a more dynamic model of occupational health. I am rather sure that the answers lurk in the dark "complexity" and "chaos" where we dropped them in pursuit of the notion that individual differences were ornery covariates and inconvenient sources of error, only to be factored out of the behavioral equation.

Q4. Where would you like to see SOHP in five years? What advice do you have for the current and future leaders of SOHP about how to get there?

Paul: I would like to see the field grow in the number of programs that offer training, the number of individuals who identify with OHP, and the number of jobs that employ OHPers. In five years I would like to see SOHP double in membership. I would also like to see the status of OHP journals (*Journal of Occupational Health Psychology* and *Work & Stress*) continue to increase. My advice is that we should continue to do what we have been doing. Present and publish good OHP research and promote the field by offering classes in OHP and talking about it.

Tammy: I have been amazed at how SOHP has grown during the previous five years and see a great future ahead for the next five. I would like to see SOHP continue to flourish with even stronger interdisciplinary connections and global partnerships with like-minded organizations. The foundation has been established. I don't know what our current membership numbers are, but continuing to grow the numbers by providing value-added services will be a key. Engaging graduate students in the process is important and I think the SOHP leadership has done a good job of that too.

Nick: I think the answers are embedded in the above questions. I would like to see SOHP as the driver for making it possible to have a job description of "Occupational Health Psychologist." I would like to see the argument about the centrality or non-centrality of psychology wither and die. I would like to see an organization that can consistently promise measurable improvements in employee health and productivity to companies. SOHP and its practitioners and researchers have to produce results that are improvements over those of the separate disciplines. To get there, leaders need to keep doing what they are doing; we are, I think, on the right track. It is crucial to reach out both to the identified constituent disciplines and to new players, as they emerge. Leaders must always remember that this work is a hell of a lot of fun.

Lois: SOHP needs more visibility. I am surprised by the number of people who have interests relevant to OHP who do not know about SOHP. This means that we need to be getting the word out through newsletters, "previews" of research findings, and simply basic networking. There has been increased visibility of OHP within the Society for Industrial and Organizational Psychology (SIOP), but, based on my perception, few SIOP members know about SOHP. Similarly there are other associations and professional societies where our presence needs to be increased (e.g., Human Factors Society, Academy of Management). Perhaps by continuing to encourage members to participate in the conferences of these allied organizations, we can gain visibility for SOHP and thus our contribution to the safety and health of employees and their families.

Tom: Although SOHP should continue pursuing individual health, safety, and wellness, I think the field needs to start a new research thrust aimed at overcoming resistance to change at the senior management level. Those of us who have done safety research can attest that OHP recommendations are more often resisted rather than embraced. Employers sometimes will go to extremes to squelch changes shown empirically to benefit their workforces and their bottom lines. The biggest productivity gains in the past 20 years were derived from replacing fragile human workers with machines, not from creating environments that respect worker fragility. Healthcare costs keep rising as a business expense, but OHP has failed so far to convince employers that there are worthwhile savings to be harvested from better people management practices and enlightened employee wellness programs. SOHP could join other disciplines in promoting a corporate view of the human workforce not as unreliable components of a machine, but existentially the point of it all is that--what Ben Schneider so cleverly reminds us--it's the people who make the place!

"Knowledge of individual differences can help maximize the effectiveness of organizational programs."

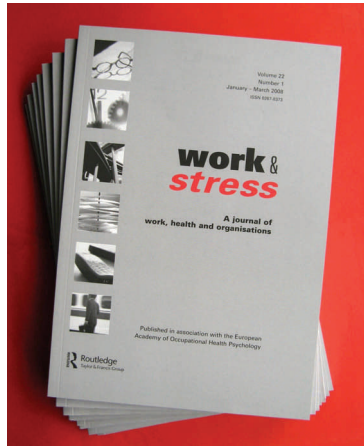
"Although SOHP should continue pursuing individual health, safety, and wellness, I think the field needs to start a new research thrust aimed at overcoming resistance to change at the senior management level."

Across the Pond: The Journal *Work and Stress*

Tom Cox, University of Nottingham, UK (Managing Editor)

Toon Taris, University of Nijmegen, The Netherlands (Scientific Editor)

Mary Tisserand, UK (Editorial Advisor)



Occupational health psychology is an important and fast-growing discipline, not only in the US, but also in Europe. It is sometimes said that occupational health psychology is still young but *Work & Stress*, which is the longest established journal in this area, is now in its twenty-third year. Over the years, the Institute for Scientific Information's (ISI) impact factor for *Work & Stress* has steadily increased: Five years ago it was 0.75 and it is now 2.09, almost three times as high. The journal is currently listed seventh in the world (out of 57) in the ISI category of *Applied Psychology*, and is one of the leading journals in occupational health psychology. In line with this rise in impact factor, the number of submissions to the journal has increased, as has the rejection rate.

Journal profile

When Tom Cox founded *Work & Stress* in 1987, interest in work-related stress was accelerating and the contents of the first volumes reflect the fact that the main interest in those years was on that specific subject. However, following the natural development of occupational health psychology, journal coverage has broadened. By the late 1990s, the journal, although retaining its original title, had widened its focus to cover the interactions among work, health, and organizations. Today, *Work & Stress* is concerned with the application of psychology and related disciplines to occupational health and to health and safety. It is directed at occupational health psychologists, work and organizational psychologists, those involved with organizational development, and all those concerned with the interplay of work, health, and organizations.

Despite being associated with the European Academy of Occupational Health Psychology, the journal is truly international, which is reflected in both its Editorial Board and the large number of countries from which our contributors come. Our authors come not only from European countries but also from the US, mainland China, India, Australia, New Zealand, Japan, Israel, Canada, South Africa, and elsewhere. Because of variations in standards and opportunities across different countries, at present the wide range of countries from which authors submit manuscripts is not

fully reflected in the papers that are accepted for publication. Most papers included in recent volumes have originated from the UK, the US, the Scandinavian countries, and the Netherlands. We hope that the journal's content will soon more accurately reflect the geographical distribution of the submissions that we receive.

Journal content

Work & Stress aims to publish papers of the highest standard and that advance knowledge. The journal publishes a wide variety of papers exploring psychological, social, and organizational factors in OHP, including empirical studies, reviews and position papers, theoretical papers, and case notes. Although we value methodological rigor, it is just as important that papers are stimulating, challenging, and containing fresh insights and findings. We welcome contributions that address new issues, encourage new ideas, introduce new methods, or present new perspectives. We believe that one role of a journal is to challenge established ways of thinking.

Most of the work that we publish is quantitative, although interestingly the few qualitative papers that we have recently published have attracted considerable interest. Literature reviews are also valued; they need to be scholarly and up-to-date. They must systematically and comprehensively cover the literature, add to existing knowledge, and provide some critique and suggestions for future research. Policy and related papers are also acceptable. Although such articles tend to be more "of the moment" than empirical papers, they nevertheless can be interesting and useful.

We are eager to provide a forum for discussion, and publish editorials and commentaries. We also publish special issues; these have included editions on safety culture (1998), risk management (2004), the conceptualization and measurement of burnout (2005), and work engagement (2008). Currently we are planning to publish a special issue devoted to the design and evaluation of organizational interventions. The aim is that the issue will not include empirical papers, but rather reviews and commentaries that assess current knowledge and give pointers for future research and practice.

Current developments

We are in the process of making two major changes to the way in which we handle submissions. First, we are changing the editorial structure of the journal. Tom Cox remains the journal's Managing Editor, and Toon Taris, who has served the journal for three years as Deputy Editor, now has the role of Scientific Editor. Whereas in the past, editorial decisions were made by these two editors, we are in the process of delegating more responsibility to our newly enlarged panel of Associate Editors. Two of them (Arie Shirom and Philip Dewe) served on the previous panel, but we also welcome four new Associate Editors: Kevin Kelloway (Canada), Ulla Kinnunen (Finland), Mike O'Driscoll (New Zealand) and Paul Spector (US). We take this opportunity to thank those who stepped down--Frank Bond, Bonita Long, and Kathryn Mearns--for ... (Continued on page 18)

"Despite being associated with the European Academy of Occupational Health Psychology, the journal is truly international."

"The journal publishes a wide variety of papers exploring psychological, social, and organizational factors in OHP, including empirical studies, reviews and position papers, theoretical papers, and case notes."



Across the Pond: The Journal *Work and Stress* (cont'd)

(Continued from page 17) ... their invaluable work for the journal. We are glad that they have agreed to serve as Consulting Editors.

At the same time, the journal's long-serving Assistant Editor, Mary Tisserand, has decided to retire from that position. She has been with the journal for 17 years and has been a major contributor to its success. Even if she could not always give authors the news they were hoping for, many will remember the friendly, supportive, and personal way in which she dealt with them. Mary's encouragement and nurturing of contributors has led to the publication of many good papers that might, without her help, have fallen by the wayside. Many authors have good cause to remember her with gratitude. Fortunately her experience and expertise will not be lost to the journal, as she will continue to be associated with us in an advisory role. At the same time, we are pleased to welcome a new member to the team, Helen Wheeler, who will now serve as the journal's Administrative Assistant. Helen has taken over some of Mary's tasks.

The second major change is that we are about to move to an automated manuscript handling system, Manuscript Central. The growing stream of submissions to *Work & Stress* has not been accompanied by a similar increase in editorial capacity, and the turnaround time for some papers has been longer than we would have liked. The changes in editorial structure and the implementation of Manuscript Central will lead to a substantial reduction in turnaround time. All in all, we believe that these changes, together with high-quality submissions and the invaluable support of numerous reviewers world wide, will enable us to maintain *Work & Stress's* impact, visibility, and value to all who are involved in occupational health psychology.

Journal home page:

www.tandf.co.uk/journals/titles/02678373.asp

The SOHP Social at SIOP Joseph Mazzola, Chair, Graduate Issues Committee University of South Florida

I sincerely want to thank everyone who attended the SOHP Social at the Alpine Bistro in the French Quarter of New Orleans during the recent conference of the Society for Industrial and Organizational Psychology (SIOP) in that city. As those who attended can attest, we were blessed with both a beautiful day and a perfect location. The event was a great success with about 80 people stopping by throughout the afternoon, a large number considering that the social was held several blocks from the conference hotel [see accompanying photos].

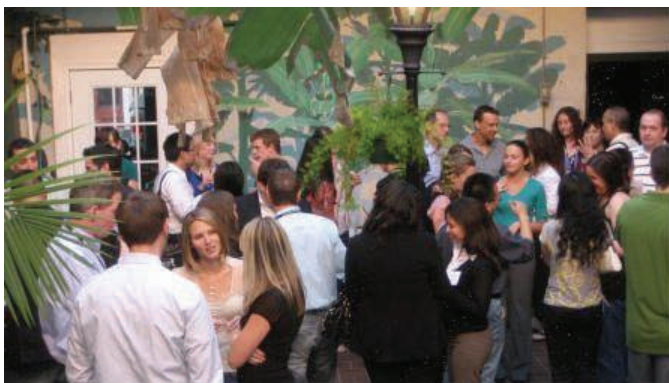
While I did not keep an official count, more than 20 universities and several countries were represented. The attendance at the event demonstrates the rapid growth of both the field of occupational health psychology and our organization, the Society for Occupational Health Psychology. We now have 266 members.

Despite the growth, our members have been able to maintain a close-knit feeling. Everyone seemed to enjoy the social, and as one prominent researcher who will remain nameless put it, "That

was the best event I attended [at SIOP]." Special thanks to Lindsay Sears of Clemson University for finding and booking the bistro, as well as organizing the continuous flow of appetizers we enjoyed throughout the afternoon. The success of this social, and our past ones, create momentum for us to organize future opportunities for old and new friends to meet and mingle at OHP conferences. I hope to see every one of you at our future events!



Joe Mazzola
University of South Florida



SOHP reception at SIOP
Photo by Gail Spector



Bob Sinclair, Peter Chen, Paul Spector, & Leslie Hammer at the SOHP reception at SIOP
Photo by Gail Spector

SOHP Survey of Practitioner Activities and Competencies

Lori Anderson Snyder, SOHP Member-at-Large
University of Oklahoma



Lori Anderson Snyder
University of Oklahoma

The executive committee of the Society for Occupational Health Research is searching for new ways to both engage practitioners and help OHP training programs be responsive to practitioner needs. As part of those efforts, SOHP initiated a survey of practitioners in November and December 2008, inviting both SOHP members and non-members to provide information on important competencies for OHP practice. Respondents were solicited from the OHP listserv, as well as the SOHP membership list. Nineteen responses were received (see sample characteristics in Table 1). Respondents were most likely to be involved in employee surveying, stress-management programs, work-family programs, and mental health assessments (see Table 2). We used a taxonomy of competencies developed by the European Association of Work and Organizational Psychology (EAWOP) to help develop our survey. We asked respondents to rate each competency on (a) the extent to which it is required in practice, (b) the emphasis placed on it in training programs, and (c) how often it is used. As indicated in Table 3, Goal Specification was rated as the most required competency, followed by Assessment, and Professional Ethics. Most competencies were perceived to be adequately covered in training programs, with the exception of Goal Specification, and, perhaps, Assessment. Communication and Professional Ethics were reported as the most frequently used, with all competencies rated as approximately moderately used. Goal Specification appeared to represent the largest training gap, given that it was rated as highly required in practice and moderately used, but that coverage in training programs was less than sufficient. The survey also asked respondents to provide suggestions for ways to most effectively involve practitioners in SOHP. The Executive Committee is currently considering next steps for implementing the results of the survey.

Additional information on the survey results is available from Lori Anderson Snyder (lsnyder@ou.edu).

Table 1

Gender	10 Male, 9 Female
Years practicing OHP	Average 10
Degree	13 Ph.D., 2 Psy.D., 3 M.S., 1 B.S.
Work Setting	1 self-employed, 7 business/corporate, 3 non-profit, 5 government, 3 other

Table 2

Employee surveys	57.9% (11)
Stress management programs	57.9% (11)
Work-family programs	57.9% (11)
Mental health assessments	57.9% (11)
Team building	47.4% (9)
Individual counseling	42.1% (8)
Organizational change management	36.8% (7)
Managerial/leader development	36.8% (7)
Employee assistance programs	36.8% (7)
Substance abuse programs	31.6% (6)
Safety training	26.7% (5)
Physical health assessments	21.1% (4)
Organizational staffing (e.g., recruiting, hiring)	21.1% (4)
Diversity training	5.3% (1)

Table 3

COMPETENCY	Required in practice: 1 = not at all 2 = yes, desirable 3 = yes, essential	Emphasis of training programs 1 = Not enough 2 = Sufficient 3 = Too much	How often do you use? 1 = rarely 2 = moderately 3 = frequently
A. GOAL SPECIFICATION - defining goals for the service to be provided in interaction with clients	2.58	1.59	2.14
B. ASSESSMENT (including DIAGNOSIS) - establishing relevant characteristics of individuals, groups, organizations and situations (contexts) by means of appropriate methods	1.94	1.96	2.01
C. DEVELOPMENT (including DESIGN) - developing services or products to be used by psychologists, other professionals or clients	1.60	2.28	1.90
D. INTERVENTIONS (and IMPLEMENTATION) - identifying, preparing and carrying out interventions using results of assessments and development activities	1.67	2.32	1.94
E. EVALUATION - establishing the adequacy of interventions in terms of congruence with the intervention plan and achievement of set goals	1.65	2.43	2.14
F. COMMUNICATION - providing information to clients adequate to fulfill clients' needs and expectations	1.50	2.59	2.51
G. PROFESSIONAL ETHICS - ensuring that all professional and legal obligations are followed to promote worker health and safety	1.70	2.73	2.45



IRBs and Anonymous Surveys *Research Resource*

Paul E. Spector

University of South Florida

In the US and many other countries, researchers who work for universities and other organizations have to get approval by an Institutional Review Board (IRB) before conducting research studies. These bodies are responsible for assuring the protection of human subjects from both physical and psychological harm. Specific regulations can vary from place to place. Here I will give a quick overview of the situation in the US.

Studies can vary considerably in the potential risk that they pose for subjects. Research on invasive medical procedures, for example, can be quite risky to subjects, and the procedures employed in such studies are carefully reviewed. Other types of studies, however, provide very little risk and may be exempt from IRB review. Studies in which people are not identified and risk of harm is minimal are often exempt. A researcher, however, cannot

deem his or her own research exempt. An exemption application must be filed with the appropriate IRB. The application form is typically shorter than the form used in a standard IRB review, and the IRB response should be quicker since the entire board does not have to meet to grant the exemption. Furthermore, the exemption is valid for 5 years, rather than the single year for reviewed projects, which is an advantage for multi-year studies.

Anonymous surveys are one type of study that is exempt under most circumstances. People are not harmed by the act of completing a survey, and if individuals cannot be identified, the information they reveal cannot usually harm them. The exemption application for a survey study asks for a brief background of the study's purpose and method, and a copy of the survey itself. Any changes to the procedures or survey require a subsequent modifica-

tion application that merely describes the changes.

Anonymity is easy to achieve with cross-sectional single-source designs in which all data are collected from subjects themselves on one occasion. Since all data for the study are gathered in the same survey, there is no reason to identify anyone. For other designs in which data are combined across sources, or collected on multiple occasions, procedures are needed to match within-subject data. This matching can be accomplished in a variety of ways. One that works with longitudinal designs is to ask each time the same 3 or 4 questions that would not identify anyone but would be unique to individuals, such as the name of their first-grade teacher, or the city where they were born. Surveys completed by the same person can be matched by their answers without identifying individuals.

The Education and Training Committee

Carrie A. Bulger

Quinnipiac University

The Education and Training Committee is hard at work. Subcommittees have been formed to address four goals. First, our committee is working to continue the collaborative efforts with our "across-the-pond" counterparts in EA-OHP. Jonathan Houdmont, Stavroula Leka, and I have been collecting data relevant to the development of a core curriculum. OHP survey data were collected at the Work, Stress, and Health conference in March 2008 and at the EA-OHP convention in November 2008. Results from the Work, Stress, and Health conference were written up as a chapter in the latest volume of *Occupational Health Psychology*, distributed to EA-OHP convention attendees. Results from both conferences have been written up and will be shortly sent to a journal for review.

Second, a subcommittee has been formed to track available information

about graduate education in OHP. Russell Matthews and James McCubbin will be seeking up-to-date information on graduate education. The SOHP website will be revised in the coming months to keep the membership informed about developments in graduate education. Please help Russell and Jim in this effort by making sure your own websites are current. Also, feel free to send updated information to me (carrie.bulger@quinnipiac.edu); I will pass it along to the subcommittee.

A third goal of the committee involves learning more about the training needs of OHP graduate students and practitioners. Kristin Charles, Jessica Peterson, and I are seeking information about job titles and duties, helpful graduate training experiences, and other information that will help us to determine where and how SOHP can help with both graduate and continuing

education in our discipline. In this effort we are aided by the Graduate Student Issues Committee whose members graciously included some questions about training on a survey of graduate students.

Finally, we seek to foster collaboration and discussion among teachers of OHP. Guillermo Wated, Jen Bunk, and Lisa Kath are the subcommittee members working on this goal. Their agenda includes updating the collection of syllabi for OHP and related courses, determining where best to make these materials available, and identifying and disseminating useful teaching ideas among OHP educators. Watch for these people at the upcoming conference in Puerto Rico as they may be seeking your participation in these efforts.



Carrie Bulger
Quinnipiac University



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

Society for Occupational Health Psychology

Volume 6, April 2009

ABOUT SOHP

For comments on the *Newsletter* or submissions please contact the Editor:

Irvin Sam Schonfeld
Department of Psychology
The City College of the City
University of New York
North Academic Center
Convent Avenue at 138th St
New York, NY 10031
ischonfeld@ccny.cuny.edu

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.

If you are interested in becoming a member of SOHP please visit our website at <http://www.sohp-online.org>.
