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Message: A Future of Hope and Excitement



It's an exciting time to be in the field of psychology, particularly as a member of the Department of Psychology at the University of Toledo (UT). I appreciate having the opportunity to address faculty, students, alumni, and members of the UT and broader Toledo communities in this format, in order to both provide an update on the current status of the department and share a number of innovative initiatives we are currently pursuing.

As the new chair of this department, the greatest and most valued resource available to me is the dedicated faculty, students, and staff of this department. In the short period of time since I have joined the department, I have been incredibly impressed by and grateful for the commitment, expertise, and flexibility of our faculty, enthusiasm and dedication of our students, and knowledge and service of our staff. This is what makes the department as strong as it is currently, as well as what will allow us to move forward together and strengthen the department even further.

To this end, one of my main goals for this year is to work with members of the department to develop a strategic plan for our department that will guide our priorities and

goals over the coming years. It is difficult to develop goals and plan for the future in the absence of a shared vision for that future. Therefore, I am currently working with faculty, students, and staff on identifying shared goals for our department, refining a plan for reaching those goals in the short- and long-term, and developing a strategic plan that will guide our department in the years to come. It is my hope that this strategic plan and its related initiatives will capitalize on the strengths and expertise of our faculty and students and position us favorably within both the greater UT and Toledo communities and the field of psychology as a whole. I also hope that this plan will provide a compass and needed support for growing our department, both in terms of hiring new faculty and increasing the number of students we can mentor and train.

Although we are still early in the process of developing this strategic plan, I have identified several primary areas of emphasis that will form the foundation for this plan. These areas include: increasing integration and collaboration across our experimental and clinical programs; increasing international collaborations and visibility; increasing community outreach and integration; increasing research opportunities, funding, and support; and further developing the undergraduate program to better meet the needs of our students and provide unique educational opportunities. Currently, workgroups dedicated to each of these areas that draw upon the expertise, knowledge, and strengths of faculty within the department are meeting to brainstorm related initiatives, goals, and opportunities, with the goal of refining our strategic plan in the next several months.

One workgroup of particular interest and importance to me is the workgroup focused on identifying ways in which we can break down the artificial division between the clinical and experimental psychology programs within our department. Each program is strong in its own right; yet, by better integrating these programs, we can build on the strengths of

each and take better advantage of the exceptional research and clinical expertise of our faculty. Through this integration, it is my hope that we can facilitate further research collaborations, increase research productivity, improve competitiveness for grant funding, and provide more comprehensive training for our students to increase their competitiveness for postdoctoral work and academic positions.

I'd like to close by acknowledging several recent accomplishments of our faculty, students, and program as a whole – all of which speak to the current strengths and expertise of the members of our department. First, we recently received the excellent news that the retention rate for our undergraduate psychology major has increased this year – a testament to the tireless efforts and dedication of our faculty, graduate student instructors, psychology advisor Alexandria Harris, and undergraduate coordinator (and current associate chair) Dr. Rickye Heffner. In addition, Dr. Peter Mezo is making great progress in his innovative efforts to establish a joint-certificate program in health psychology with the Department of Personality, Clinical and Health Psychology at the University of Szeged in Hungary. Several of our facul-

ty have also had recent success in obtaining grant funding; specifically, Drs. Jon Elhai and Matthew Tull are collaborating on an R01 from the National Institute of Mental Health awarded to Dr. Xin Wang at the University of Toledo Medical Center, and Dr. Jason Rose recently received a research grant from the Society for Personality and Social Psychology. Finally, our students continue to achieve national recognition for their work, with a recent example being the receipt of a prestigious diversity travel award from the Society for Personality and Social Psychology by experimental student Yopina Pertiwi (mentored by Dr. Andy Geers).

As I am sure is apparent from just the small sample of current initiatives and accomplishments highlighted above, this is truly an exciting time for the Department of Psychology at UT and I am delighted to be a part of it. I look forward to continuing to work with all members of the department on new and innovative endeavors that will further strengthen our department and increase our local, national, and international visibility as leading researchers and educators in psychology.

Kim L. Gratz, PhD
Professor & Chair

Majors Making an Impact: The Experience of Teaching | Michelle Beddow, Graduate Student

For most people, the first time they set foot in a classroom as a teaching assistant (or TA) is as a graduate student. However, a new program here at UT is changing this. The Undergraduate Teaching Assistantship Program, run by Dr. Rickye Heffner, was first implemented during the Spring 2015 semester for the Psychology 1010 (Introductory Psychology) course. Over the past couple years, the program has expanded, both in the number of undergraduate TAs, as well as in the courses they cover.

The idea came from a program that the University of Missouri had implemented. "We thought it seemed worth a try, especially with our big classes where everyone feels anonymous. We've been trying to find ways to get more human contact in these classes, and thought the students would be more willing to ask the TAs questions," said Dr. Heffner. According to Dr. Heffner, the program is now in its fourth semester, and each time applications roll out there are a few more interested students. The goal is to have two TAs per Psy 1010 class, and to also have TAs for the other classes taught by graduate students, like statistics. The undergraduate TAs attend several class sessions with Dr. Heffner at the beginning of the semester where they discuss their role as a TA and how to approach various teaching tasks. "This proved to be very helpful and gave me ideas on how to approach different subjects or possible questions that might be asked," said Erin Smith (undergraduate TA).

In terms of the TA's responsibilities, each instructor has their own expectations regarding their TA, but generally the TA is responsible for attending classes, running review sessions, taking attendance, helping the instructor with in-class activities, and returning assignments. Some instructors also allow their TA to do their own mini-lecture on a topic related to the class, or help with some minor, straightforward, grading.

What has been the reaction? Overwhelmingly, the graduate instructors and their undergraduate TAs report that they think having a class TA is helpful for the undergraduates, as they might find it intimidating to talk to the instructor, or feel that they need to impress the instructor. "Having a TA is particularly useful for Psy 1010 because many Psy 1010 students are new to college and need more guidance. Students may feel more comfortable asking another undergraduate for help, rather than their instructor," said Erin Vogel (Graduate Instructor).

Besides being seen as more of a peer than an authority figure, the TAs can be beneficial in other ways. "The TAs offer a different perspective. Sometimes hearing another explanation from them really helps the students understand the material," reports Fawn Caplandies (Graduate Instructor). Furthermore, many of the students take advantage of the extra review sessions the TAs hold, which helps the students learn the material.

Many instructors have reported that having a TA helped them in terms of workload. “I get help with some of the in-class activities, and taking attendance, so it reduces the routine tasks of teaching which allows me to focus more on preparing the material,” said Yopina Pertiwi (Graduate instructor). Others enjoy the personal side of having a TA, “I love the program because it allows me to mentor a psychology undergraduate student. I had invaluable experiences as a TA as an undergrad, and I love being able to connect with my TAs in that way,” notes Jaclynn Sullivan (Graduate Instructor).

Besides learning about how to teach and manage a class, the TAs report learning other things as well, like time management skills, the importance of being organized, as well as a deeper understanding of the material. “In addition to the material for my own classes, I was also responsible for the information in Psychology 1010, and it pushed me to learn the material further in depth than I would in my normal classes so that if I was put in the situation I could provide examples and answer any questions the students had,” said Kennedy Pierce (undergraduate TA). The TAs also report that they enjoy working one on one with the instructor, learning what it is like to teach as a graduate instructor, what it is like being a graduate student, and learning how to interact with the students, while knowing that they could ask the instructor if they had any questions.

Anyone who has taught before knows that teaching is not always rosy of course. Many of the TAs report being surprised at the amount of effort instructors put into planning and implementing a class, and how difficult it is to teach to students who might not be interested in a topic, or are already overwhelmed with other things. “I was surprised by how uninterested some of the students were and how some even tried to manipulate me into giving them the answers. It was the most difficult part of the job to overcome”, said Michaela Simon (undergraduate TA). Other TAs report being surprised

at the lack of interest some students have in simply reading the textbook, and how many times they were asked questions that could have been avoided if the students had read the syllabus.

Realizing that teaching is not always the glory one might envision, how-

ever, has not dampened the spirits of the TAs I spoke to. In fact, the TAs unanimously expressed positive views of this unique teaching program. As Raghad Hassabelnaby stated, “being a TA was by far one of the greatest hands-on undergraduate experiences that I have had thus far.” Many also reflect that they had wished they had had an undergraduate TA in their courses, while others stated that they are thankful that they have had this opportunity. In addition to the experience, the program also gives TAs an advantage for the careers once they leave UT. As Alissa Anderson (Graduate Instructor) argues, “the program is especially valuable for undergraduates who want to apply to graduate school and need experiences that make them stand out as competitive applicants.”

If you are interested in becoming a psychology TA, the requirements are a 3.0 overall GPA, 3.5 psychology GPA, letter of recommendation from a psychology instructor, and having the schedule flexibility to meet with the other TAs, and your assigned class. Please contact Dr. Rickye Heffner if you have any questions, or would like to become an undergraduate TA and experience teaching first-hand.



Angelena Arnaout,
an Undergraduate TA, presenting in class.

Lab Gab: The Child Anxiety and Stress Lab | By Michaela Simon, Undergraduate Student

The Child Anxiety and Stress Lab, also known as CASL, is the newest edition to the plethora of psychological research labs on Toledo's campus. CASL researchers, Dr. Sarah Francis, her graduate students *Susan Doyle* and *Shannon Manley*, and her undergraduate honors researchers Ashley Sneed and myself, work to advance the understanding of how parents can influence the development and maintenance of their child's anxiety through their beliefs, behaviors, and attitudes. A second major goal of CASL is to gain knowledge about how to prevent child anxiety from reaching clinical levels of impairment. Dr. Francis divulges, “we are also interested in learning more about the construct of anxiety sensitivity in children, potential parental contributions to this construct, and the relationship between parental and

child anxiety sensitivity.”

Her interest was initially peaked during her time as a clinician working with children diagnosed with anxiety and their parents. She wondered what types of interventions would best help children and their parents to overcome anxiety. Today, her clinical research has helped to establish empirical literature that identifies potential points of intervention to reduce anxious symptoms. Currently CASL is working on the *Protective Factors for Child Anxiety Study*. Dr. Francis points out that “protective factors can be conceptualized at the level of the individual, family, community, or society; for this study, we are focusing on protective factors at the individual and family levels”. She says, “specifically,

we will be going into schools in the Toledo area to collect data from children and the parents related to symptoms of anxiety and stress, styles of parental childrearing, beliefs about anxiety from the perspective of the child and parent, control-related beliefs, worry, and the temperamental variable of positive and negative affect."

Looking toward the future, CASL desires to develop a strong relationship with the Toledo community. First, they would like to serve as a resource for Toledo schools. Additionally, they would like to be able to work with the University's doctoral program to inform clinical practices involving children and parents, as well as, to be able to use the knowledge gained about clients to inform research done in the lab.

Susan Doyle initially became interested working in this field during her undergraduate education when she first began working with Dr. Francis. She obtained her BA and master's degrees at Memorial University in Newfoundland, Canada. Her master's thesis was an evaluation of the school-based anxiety prevention program *FRIENDS for Life*. Doyle says "I

am currently working on disseminating the results of this project through presentations and manuscripts." She says "My hope is that this work holds practical implications for school-based anxiety prevention programming, such that the research regarding what is and is not effective within these programs will provide guidance for future program development and dissemination."

Shannon Manley's interest began when she worked at a child's partial hospitalization program as an undergraduate. She says "this sparked a passion for working with children and understanding the development, treatment, and prevention of psychopathology." She was especially interested in anxiety due to its common diagnosis in childhood. Manley is currently working on her master's thesis, which is a partial replication of a 1998 study conducted by Chorpita, Brown, and Barlow. This study found that the relationship between over-control in the family environment and child anxiety symptoms was mediated by children's locus of control.

Ask a Psychologist - How Do I Help Someone Who has Suicidal Thoughts or Behaviors?

By Dr. Jason Levine, Co-Editor & Assistant Professor

Suicide is an incredibly heavy topic. It invades our personal lives, and causes so much emotional devastation. It is pervasive and unavoidable, as most people will personally experience suicidal symptoms or know someone who does. Death by suicide is the third leading cause of death for 15-24-year-olds, and second for 24-35-year-olds. Yet, suicide research remains understudied and underfunded, and we treat it as a social taboo. Suicide is often misunderstood. Dr. Gabriella Hurtado, PhD., an alumnus (2015) from our clinical psychology program, is an expert on suicide and generously agreed to talk briefly about it in an effort to demystify suicide, and provided suggestions on what can be done to help people who you suspect struggle with suicidal thoughts and behaviors, or depression. With an improved understanding of suicide, we will be in a better position to be able to provide support to those who suffer from the emotional toil of suicide.

Dr. Levine: Thanks for taking a moment to provide your expertise and insight on this matter, Dr. Hurtado.

Dr. Levine: Tell us what you are up to these days, and how you spend your professional time?

Dr. Hurtado: Thanks for having me. I'm a postdoctoral fellow at Insight Behavioral Health in Austin, Texas. I treat patients with mood, trauma, and anxiety disorders, and research suicidal behaviors among adolescents and young adults.

Dr. Levine: That sounds exciting. I'm glad to hear that you

are involved in both research and clinical work. I'm sure it keeps you very busy.

Dr. Levine: What are the features or symptoms that characterize suicide?

Dr. Hurtado: The most prominent symptoms that someone shows when they are in a suicidal mindset is hopelessness or negativistic view of the future, a sense of burdensomeness, and usually they might show signs of isolation or feeling disconnected to other people. These are the main things that are visible to others.

Dr. Levine: How do you differentiate someone who is just depressed but not experiencing suicidal symptoms, from someone who is at risk of hurting themselves?

Dr. Hurtado: Not talking too much about the future, saying goodbye, noting that they have no reason to live, no motivation to do things that may have been important to them at one point, and expressing feelings of things never getting better; feeling defeated.

Dr. Levine: In your experience in working with patients who experience suicidal symptoms, what is it like to be the patient? That is, you must have acquired a high level of empathy for your patients, so can you share some insight into the patient's experience?

Dr. Hurtado: From the patient's view, the inside looking out, it feels like life is out of control; you have no control

Dr. Hurtado: From the patient's view, the inside looking out, it feels like life is out of control; you have no control over your environment. There is a lot of shame and guilt. It is common to have feelings that people around them are suffering, or are burdened, because of them. There might even be some anger about not having control over one's life.

Dr. Levine: Do patients experience symptoms all of the time, or does it come and go? What is the course of experiencing symptoms?

Dr. Hurtado: People that present with depression vacillate between feeling hopeless and then sometimes being able to see some hope. But when they are feeling trapped and emotions become more unbearable, then suicidal ideation may be more frequent. Especially as patients move toward feeling more trapped or hopeless, or a sense of perceived burdensomeness on others increases.

Dr. Levine: Is suicidal thinking and behavior, acute, intermittent, chronic?

Dr. Hurtado: For some people it might feel chronic, but it might not be visible to others. Sometimes suicide might seem impulsive, but usually what we see is people having thoughts about what the world might be like without them, or ways in which they could end their pain and suffering. Most people experience suicidal symptoms chronically, but with acute episodes of more intense or frequent symptoms.

Dr. Levine: What are some of the things that lead to someone having thoughts about ending their life?

Dr. Hurtado: If somebody is visibly depressed or has lost interest in things, isolated, or they feel more angry, irritable, or having a lot of anxiety or agitation, abusing alcohol or drugs, or it feels like they are being impulsive or reckless. If they are saying goodbye or giving possessions away (or making plans to give possessions away). Major life events might also trigger an increase in emotional intensity or symptom frequency.

Dr. Levine: What are some myths about suicide?

Dr. Hurtado: a) People who die by suicide are "weak". b) Suicide is an impulsive decision. c) Asking someone about suicide will increase the likelihood of someone attempting suicide.



First, people who experience symptoms are not weak. People suffering from symptoms typically believe that they are a burden on their loved ones, and their "not being there anymore" is actually a sacrifice to remove that burden. While the decision to immediately carry out a plan to die by suicide may seem impulsive, the emotional toil leading up to that moment is identifiable and many times visible to others. Lastly, research unequivocally shows that talking about suicide with people who experience suicidal thoughts does not increase the chances of them hurting themselves. In fact, if approached properly, patients are usually appreciative to have someone ask them and it opens a channel of communication. Furthermore, Thomas Joiner, PhD, a leader in suicide research, suggests that suicide is "selfless" and "trying to reason about the suicidal mind from a non-suicidal place is the source of many of these myths."

Dr. Levine: Why do you think it makes people feel uncomfortable to talk about suicide?

Dr. Hurtado: I think because they do not know what to do to help someone who is in that amount of pain. It scares them that as they are talking, it triggers aversive thoughts about the people actually killing themselves, so they avoid it all together. People think they do not have the tools to properly approach or reach out to them. Also, society teaches us that emotions (and suicide) is something that we are to "just deal with," and that talking about it is a sign of weakness. It is assumed that people have the capacity to cope with it on their own.

Dr. Levine: What things can people do to help those who suffer from suicidal thoughts and behavior?

Dr. Hurtado: In college, definitely help someone reach out for help either at the university's psychology clinic or counseling center, calling a crisis hotline, text "Crisis Text" an organization that provides help via text. But honestly the most important thing to do is just listen to someone, and let them know you care and are there for them. In order to approach someone, initially, you can validate their feelings and let them know you are there for them. You can say: "I understand you have some emotions or stress that is very uncomfortable right now. What are some of the things you are struggling with?" Then based on what they say you can make recommendations in the moment to connect them with other resources.

Dr. Levine: In your opinion how can society better deal with prevention and treatment

Dr. Hurtado: By reducing the stigma, and sending more messages that we all struggle from time to time, it might make people feel normalized and more likely to talk about their experiences. Learning or teaching the facts about suicide, debunking the myths, and simply talking about it more openly and freely is a good start. Not avoiding the topic.

At the end of the fifth floor of University Hall, there is a mysterious door that only opens for those with keycard access. Some students know that this wing of the building houses animal subjects for the comparative hearing lab in the Psychology Department, but not everyone knows who conducts this research or what it actually entails. For this issue's *Profiles*, we will shed some light on this great mystery with Dr. Henry Heffner.



Interestingly enough, Dr. Heffner didn't always work exclusively with non-human subjects. He was initially drawn to psychology because human behavior interested him, but his interest in physiological psychology grew after taking an enthusiastic faculty member's course. After starting graduate school, he "... became very interested in [auditory research] because it was the behavioral study of animal hearing with a focus on the evolution of hearing." Soon after beginning his graduate studies, his lab moved from Vanderbilt University to Florida State University, where he would later earn his degree.

However, his graduate training did not eliminate his interest in humans. While conducting animal hearing research at the University of Kansas, Dr. Heffner accepted a post-doc working with developmentally disabled individuals. He was trained in applied behavior analysis (ABA) and designed treatment programs for state hospital residents. ABA uses the principles of motivation and learning to modify behavior in positive ways, and it is currently one of the most well-validated therapies for autism.

Since his post-doc in Kansas, Dr. Heffner has had a long and successful career in auditory research alongside Dr. Rickye Heffner, his wife and collaborator (also a professor in the UT Psychology Department). As is the case with many well-known scientific findings, he says, "Many of our discoveries were accidental; that is, we were looking for something else when we came across them. The first was the discovery that mammals evolved high-frequency hearing in order to localize sound. We were originally interested in the role of auditory cortex in hearing and were determining the audiograms of different species when we noticed that the high-frequency hearing limits of mammals varied with their head size. We theorized that mammals with small heads and close set ears had to hear higher frequencies so as to use the intensity difference between the two ears as a cue to localize sound. This led us to study mammals ranging in size from large to small."

The accidental nature of these results does not diminish their importance; in fact, some of Dr. Heffner's work has influenced fields far beyond psychology—such as bovine aural health. While testing the hearing abilities of cattle, he discovered that cows that had not received an insecticidal treatment often suffered from serious ear mite infections. While this might be somewhat unpleasant to think about and may make many of us squeamish, it was an important lesson for ranchers and researchers alike.

Another interesting discovery involves why mammals vary in the degree to which they are able to localize sound (i.e., determine where a sound is coming from). However, he says, "That will have to wait for the other Dr. Heffner [Rickye] to explain. She can also tell you about her adventures in testing the hearing of an elephant." I get the feeling that these adventures may be a point of contention, if not an amusing story!

As for personal interests, Dr. Heffner said he likes to read history and political philosophy and play the keyboard. He also has a pilot's license (single engine land and sea). When asked what his plans are for the future, Dr. Heffner described two interesting studies. One is an extension of his prior work in sound localization, this time using small mammals as his subjects. The other examines how birds hear infrasound (i.e., low-frequency sounds humans are incapable of hearing). Both sound like fascinating projects that are sure to make an impact on the field of comparative psychology and inform disciplines beyond our own. Regardless of the next species Dr. Heffner studies, we all now know a bit more about what goes on behind that door at the end of the hall.

Psychology sometimes focuses research on “tricking” your brain – from optical illusions (Coren & Girgus, 1978) to anchoring biases (Tversky & Kahneman, 1975); in fact, psychology seems to always be coming up with new ways to convince your brain to make adjustments (or at least to study why and when the brain makes those adjustments).

One more recent example of this kind of research shows how the placement of the body relates to feeling associations in the body and hormonal reactions to body placement. For example, in 2012 it was popularly reported in the press that one study asked participants to hold something in their mouth in one of three different ways, and then asked them to rate how happy they felt (Kraft & Pressman, 2012). In one group, participants were asked to hold a chopstick in a way that relaxed their face and mouth most often used for a “neutral” face. Those participants subsequently felt less happy and more stressed in comparison to a group who were asked to hold a chopstick in their mouth that required them to contract the muscles in their face most often used for smiling. The third group was asked to smile in a way that showed their teeth in a “genuine” smile and were even more happy and less stressed. This suggests that simply forcing yourself to smile can actually “trick” your brain into thinking you are happy and stress-free.

A similar line of studies conducted by researchers Carney, Cuddy, Yap, and their colleagues, has explored the effects of bodily posture on hormones and performance. These studies have termed the specific body postures investigated as “power posing,” which implies that powerful types of postures influence the ways we think, feel, act, and perform. In these studies, students were asked to either hold a physically spacious posture, or “high-power pose”, or a physically confined posture, or “low-power pose”, for two minutes. Powerful postures in the animal kingdom are ones where a greater amount of space is being consumed (e.g., an ostrich flaring its wings or a cat making its fur stand up)

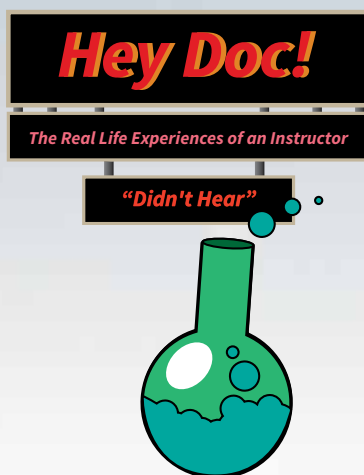
whereas a powerless posture is one where less space is being consumed (e.g., cowering in a corner or concealing oneself). More often than not, when an animal is taking up larger amounts of space, they are attempting to be seen as more powerful in the face of an enemy.

Carney, Cuddy, and Yap (2010) first sought to see if these types of postures and their effects generalize to humans. First, participants were asked to either stand and sit in an expansive posture (think “Wonder Woman”) or stand and sit in a less expansive posture (think of hugging yourself with your head down). Afterwards, participants completed a difficult interview task and were evaluated by a panel of 3 people. The results showed that not only did the participants in the expansive postures rate themselves as significantly more confident than those in the contracted postures, they also were evaluated as more confident by blind reviewers, and they also had hormonal changes that aligned with feeling more powerful.

These results suggest that you can trick your body and make yourself feel more powerful and confident when you are about to engage in a stressful task. As one of the lead authors, Amy Cuddy, said, “Fake it until you make it.” Before an interview or a test, you could try power posing in a bathroom stall (head up, chest puffed out, hands on your hips like Wonder Woman) and try to help yourself feel more confident – you never know, it could help give you the little boost that you need!

That said, it is important to note that over the past few years, other researchers have tried to replicate the findings of this “power posing”, particularly the hormonal results, and have not had much success, which has led to a lot of skepticism. And Dana Carney, the original lead author, has even said the effect may not be real. More research is definitely needed, but it is fun nonetheless to try to play games with your brain and try to help yourself feel more confident.

The Lighter Side: PsyFunnies | By Jon Westfall, Assistant Professor and Former UT Graduate Student





THE UNIVERSITY OF
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Welcome to Our New Class
of Graduate Students



Photo collage by Alex Buhk. Left column (top to bottom): Larson Sholander, Freeman Cumming, Alyssa Chapman. Middle Column (top to bottom): Nikki Christ, Christina Perez. Right Column (top to bottom): Alex Buhk, Kelsey Pritchard, Emily Meadows.



Recent Honors and Awards

Lindsay Roberts, an experimental graduate student supervised by Dr. Jason Rose, won the AWIS Award at the 7th annual Midwest Graduate Research Symposium in April. The award was for \$100 and was presented to the top woman in a STEM field presenting at the conference. Lindsay won the award based on her oral presentation entitled “Fear moderates the relationship between features of line graphs and perceptions of health risk”.

Psychology doctoral student, Yopina Pertiwi, won a prestigious diversity travel award from the Society for Personality and Social Psychology. The award will assist attendance at the 2017 national conference of this society. Over 140 graduate students nation-wide applied for the award. At the SPSP conference, Yopina will present her Master’s Thesis research which examined stereotype accuracy in minority and majority group members across cultures. Yopina is a fourth year doctoral student working with Dr. Andrew Geers.

Recent Faculty and Student Publications

Dr. Matthew Tull and Dr. Kim Gratz, in collaboration with Dr. Alex Chapman from Simon Fraser University, published a new self-help book for individuals struggling with post-traumatic stress disorder. Published by New Harbinger

Publications, the *Cognitive Behavioral Coping Skills Workbook for PTSD* offers a number of skills from empirically-supported cognitive-behavioral treatments, including prolonged exposure, cognitive processing therapy, acceptance and commitment therapy, and dialectical behavior therapy.

Professor Jon Elhai has recently developed a line of scientific research, examining the impact that computer technology has on people’s emotions and behavior (also known as “cyberpsychology”). In one study published this year, Elhai recruited participants from the community, surveying them about worry and anxiety regarding recent internet hacking incidents. He found evidence of unique anxiety about Internet hacking, despite low prevalence of using advanced digital privacy protection to secure one’s data. Link: <http://bit.ly/1ODHWCH>. In another study published this year, Elhai, along with Psychology Department Assistant Professor Jason Levine, recruited community participants and surveyed them about addiction to, and problematic use of, one’s smartphone. Elhai and Levine discovered that the reluctance to miss out on exciting news and events from one’s social network, or “fear of missing out” (FoMO), was the most potent variable associated with smartphone addiction. Link: <http://bit.ly/2aSWIM0>

Graduate Student Lands Job

Recent UT Psychology PhD graduate, Ateka A. Contractor, has started as Assistant Professor of Psychology at the Uni-

versity of North Texas' Department of Psychology in August 2016. She is teaching PhD-level and undergraduate courses there, and continuing her line of research on posttraumatic stress disorder (PTSD) that she started at UT. Contractor graduated with her PhD in Psychology (specializing in Clinical Psychology) at UT in 2015, having worked with Dr. Jon Elhai as her research advisor. She completed her postdoctoral fellowship in August 2016 at the Veterans Administration Boston Healthcare System and Boston University School of Medicine.

Dr. Andrew Geers in the Department of Psychology is co-chairing a national meeting of social and personality psychologists on the topic of health and medicine. The conference will include top scholars in psychology whose research examines how social relationships and personality influence health-related actions and involvement to medical care. The meeting will be held in January 2017, in San Antonio Texas. You can obtain more information about the meeting here: 7th Annual Society for Personality and Social Psychology (SPSP) Health Preconference.

Research Talks and Presentations

Dr. Kim Gratz and Dr. Matthew Tull traveled to Sweden this fall to continue training clinicians throughout the country in Dr. Gratz's Emotion Regulation Group Therapy (ERGT) for deliberate self-harm in borderline personality disorder, as part of an ongoing collaboration with the Swedish National Self-Harm Project and Stockholm County Council. They are providing both introductory and advanced workshops in Stockholm and Gothenburg as part of an ongoing initiative to provide ERGT throughout Sweden. In related news, Dr. Gratz and Dr. Tull recently began data collection on a 5-year prospective grant focused on elucidating the motives for deliberate self-harm funded by the Canadian Institutes of Health Research. This grant is being conducted in collaboration with Dr. Alex Chapman from Simon Fraser University in Vancouver, British Columbia, Canada.



Contact Us

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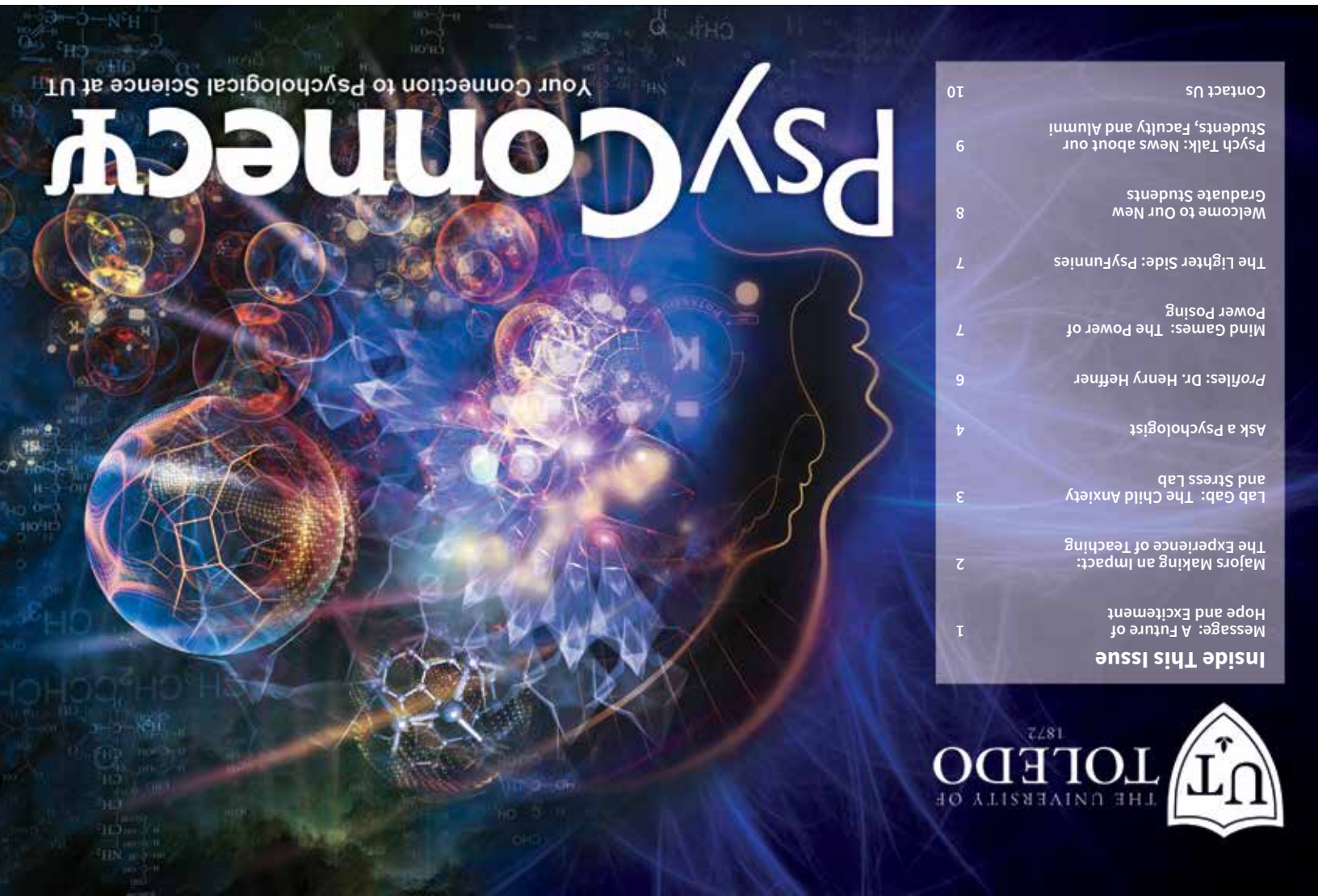
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