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Message from the Experimental Area Coordinator:

When the field of cognitive psychology emerged in the 1950s, the workings of the human mind were thought to be analogous to the workings of a computer. While this approach led to great insights into the nature of memory and information processing, it has become increasingly apparent over the past decade or two that the fact that our minds are housed in biological bodies plays a key role in shaping the nature of our thinking and behavior. This new approach is called “embodied cognition”, and emphasizes how states of the body can directly influence states of mind.

For example, when we think of the future, we literally tend to lean forward while we tend to lean backwards when thinking of the past, because the future is front of us and the past is behind us. Similarly, squeezing a soft ball causes people to see a gender-neutral face as female, while squeezing a hard ball causes people to see the same face as male, because females are ‘soft’ and males are ‘hard’. Likewise, when people are asked to remember a time when they were either socially accepted or socially rejected, those with memories of acceptance judge the room they are in to be five degrees warmer than those with memories of being snubbed.

Ironically, at the same time as the computer metaphor is declining, the use of computers in education is at an all-time high, with increasing reliance on PowerPoint presentations and online courses (it was estimated that, in 2013, around 350 PowerPoint presentations were being given in the U.S. each second of each day!). While these electronic modes of education may be efficient, there are growing questions about how effective they are at actually promoting learning. Indeed, there is a growing body of evidence showing that students exposed to the traditional lecture format (teacher standing at a podium using the chalkboard and handouts) learn up to twice as much as students taught via PowerPoint presentations.

In my lab at the University of Toledo, we suspect that the traditional lecture format is much more “embodied” than the

dry, electronic medium of PowerPoint, and that it is this embodiment that leads to better learning. My Master’s student, Jaclynn Sullivan, and I recently conducted a study that lends support to this idea. The basic task was very simple: participants were presented with 30 words, one at a time for 10 seconds each, and about fifteen minutes later they were tested for their memory.

The key manipulation was how the words were presented to the subjects. In the experimental condition, the experimenter stood at a board and physically wrote each word down. There were also two control conditions. In one, the words appeared electronically on the board in a handwritten font one letter at a time, in order to mimic the letter-by-letter presentation of the experimental condition, but without any human standing at the board. The second control condition was akin to PowerPoint presentations: the whole word appeared all at once in a normal font.

We tested memory in two ways. First, subjects were asked to recall and write down as many of the words as they could remember; this taps into what is called “episodic memory”, memory for specific events from one’s life. Second, subjects were given a word fragment completion task. In this task, subjects are given a fragment of a word (e.g., “R _ _ B _ W”, which can be completed as “RAINBOW”). This test taps into what is called “semantic memory”, which corresponds to our general world knowledge. Half of the fragments involved the words seen at the beginning of the study, and prior research shows that such fragments are more likely to be completed than fragments corresponding to words the subjects have not seen.

Our results were quite clear: both episodic and semantic memory for the to-be-remembered words were significantly better when they were presented in an embodied manner by a human than when they were presented electronically in either control condition. These findings strongly suggest that the use

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of PowerPoint presentations in classroom settings may be detrimental to students' learning.

Unfortunately, it may not be that easy to reduce our reliance on PowerPoint. Students prefer PowerPoint over traditional lectures (even though, or maybe because, they don't learn as much), and college administrators like the convenience of online instruction that PowerPoint allows. However, the results

of our study strongly suggest that, if our goal is the education (not entertainment) of our students, we may want to at least limit the use of PowerPoint-type teaching methods. Otherwise, we run the risk, as one PowerPoint skeptic warned, of "replacing clear thought with unnecessary animations, serious ideas with ten-word bullet points, and substance with tacky, confusing style".

Dr. Steve Christman

Experimental Area Coordinator

Grad Life: Getting a Job After Graduate School

By Lindsay Roberts, Graduate Student

You've defended your master's thesis and comprehensive exam, and you just proposed your dissertation (and got matched for your internship if you're a clinical student). All of graduate school's most stressful tasks are behind you, right? Actually, I wouldn't get too comfortable. It's time to get a big-kid job. Yes, that thing that pays for rent, student loans, and—most importantly—groceries... but navigating the job market after graduate school can be a full-time job unto itself. "Wait!" you say. "I don't know if I'm ready for the job market. Where do I start?" Luckily for you, you're reading *PsyConnect* and can learn from current graduate students who are on the job market.

Whether you're looking for a research or teaching career in academia; a clinically-oriented position in the healthcare system; or a job within a private company, non-profit organization, or the government, skills developed during your graduate training are very valuable. Teaching courses and giving professional presentations at conferences can demonstrate your ability to communicate complex information effectively, and quantitative skills are useful in research and industry alike. Similarly, graduate students are well-prepared to search for and synthesize information from a wide range of sources. Depending on your specialization, you may have a greater working knowledge of other valuable skills as well. However, applications do differ between academic and industry positions, so it's important to plan ahead and customize your application materials.

For graduate students who apply for a career in academia, the application process starts around August. Applicants typically submit teaching and research statements, an up-to-date curriculum vitae (CV), a cover letter, and sometimes a writing sample (e.g., publications). Staying organized and keeping accurate records can really help with this process according to Ryan Corser, who is on the job market this year. Ryan says it's important to "draft a teaching philosophy before teaching your first class because this process will get you to thinking about your teaching style and what concepts and skills you want to teach. Also save all of your student evaluations and create a summary table so search committees can easily track your improvement."

In industry, most application deadlines are either rolling or follow a 30-day cycle. Submissions usually consist of a resume, cover letter, and occasionally a writing sample or extensive description of specialty skills (e.g. advanced statistical techniques, certifications, etc.). According to Jill Brown, who is

also currently searching for positions, "Since resumes are so brief, you really need to tailor it to every position. The most relevant things you have done should stand out, but what is relevant for one position may have absolutely no bearing on your qualifications for another position."

There is little doubt that the current job market for psychology Ph.D. graduates is tough (just over a quarter of social science Ph.D. recipients landed an academic job in 2011). "The applicant pool is very competitive because current graduates are competing with post-docs and visiting professors looking for tenure-track positions" says Ryan, but adds, "There are quite a few jobs posted and it seems to be increasing since the economic downturn." Likewise, positions in industry are available but can often face a substantial backlog. "Finding positions hasn't been too bad, but when applying for positions that are government-related, there is always a waiting game," says Jill. "Typically hundreds of people apply for positions that you would find on usajobs.gov, so you might never hear anything. However, if you are looking at jobs in smaller companies, the conversations are much more personal."

So where do you start? Here at UT, the College of Graduate Studies hosts periodic career development workshops where you can hone your professional skills, and the Graduate Student Association is also a tremendous resource for opportunities. Additionally, professional organizations may provide networking opportunities or training seminars; these may make your application stand out when you start applying for positions. (Staying current in your research area and publishing in peer-reviewed journals will be important regardless of what kinds of jobs you apply for, so don't neglect this aspect of your graduate experience!) Positions may be posted on a variety of websites, including psycareers.com, usajobs.gov, or even LinkedIn, so cast a wide net when you begin your search. Another great resource for graduate students is a short book by Morgan & Landrum entitled "You've earned your doctorate in psychology...Now what? Securing a job as an academic or professional psychologist". Whatever your professional goals, this book can at least point you in the right direction.

1 Weissmann, J. (2013, February 23). How Many Ph.D.'s Actually Get to Become College Professors? From <http://www.theatlantic.com/business/archive/2013/02/how-many-phds-actually-get-to-become-college-professors/273434/>

Morgan & Landrum (2012). *You've earned your doctorate in psychology...now what? Securing a job as an academic or professional psychologist*. Washington, DC: APA.

Mind Games: What's Your Decision Making Style?

By Ryan Corser, Graduate Student

Read each statement and indicate how much you agree with it by selecting a number 1-7 with 1 = completely disagree and 7 = completely agree.

1. Whenever I make a choice, I try to get information about how the other alternatives turned out.
2. When I think about how I'm doing in life, I often assess opportunities I have passed up.
3. When I am in the car listening to the radio, I often check other stations to see if something better is playing, even if I'm relatively satisfied with what I'm listening to.
4. Whenever I'm faced with a choice, I try to imagine what all the other possibilities are, even ones that aren't present at the moment.
5. I find that writing is very difficult, even if it's just writing a letter to a friend, because it's so hard to word things just right. I often do several drafts of even simple things.
6. No matter how satisfied I am with my job, it's only right for me to be on the lookout for better opportunities.

You just completed some sample items from a larger questionnaire developed by Schwartz and colleagues (2002) that assesses your decision making style. Total all your responses to obtain your overall score. Higher scores indicate that you tend to search through many alternatives before arriving at your final choice. Furthermore, you have a strong desire to find the best possible option and minimize the amount of regret you may experience later. People sharing these characteristics have been labeled "maximizers." In contrast, lower scores on this decision style survey indicate that you tend to use shortcuts when making a decision, preferring to settle for the option that is "good enough" or meets your minimum criteria. You are fondly called a "satisficer," a term coined by Herbert Simon that combines the words satisfy and suffice.

Although maximizers conduct exhaustive searches and presumably find the best alternative, they ironically report less satisfaction with their decisions than satisficers. This tendency toward maximization also results in maximizers reporting less life satisfaction, happiness, and self-worth as well as more regret and depression than satisficers. While



these relationships between decision style and well-being are interesting, beware that researchers have not established which variable is causing changes in the other variable. Additionally, future research needs to rule out other third variables (e.g., amount rumination or perfectionism) that could explain why decision style and well-being are related. You may also wonder to what extent a person's decision style changes across time or different situations. Answers to this latter question are currently being pursued by Chandriam Bhattacharya in the Decision Research Lab. In the meantime, continue to make your choices wisely, and (especially for you maximizers) try to limit your time spent looking for the possibly greener grass.

Schwartz, B., Ward, A., Monterosso, J., Lyubomirsky, S., White, K., & Lehman, D. R. (2002). Maximizing versus satisficing: Happiness is a matter of choice. *Journal of Personality and Social Psychology*, 83(5), 1178-1197. doi:10.1037//0022-3514.83.5.1178

Lab Gab: The Decision Research Lab

By Ryan Corser, Graduate Student

Visitors to the Decision Research Lab may initially notice the eclectic artwork decorating the walls, the volumes of research articles occupying shelf and floor space, and the impressive number of chairs fitting into a single office suite. In this seemingly ordinary office space though, members of the Decision Research Lab tackle the ambitious goal of understanding human judgment and decision-making. Toward this goal, the lab's research team examines how we arrive at our decisions, why we make decisions that are not in our best interest, and how we can improve the quality of our decisions. Let's meet some of its members.

With a penchant for gardening, antiquing, and dominating the racquetball courts, Dr. John D. Jasper directs the helm of the Decision Research Lab. Filling out the rest of the lab are his graduate students: Chandrima "Photography Aficionado" Bhattacharya, Stephen "Del Monte Ketchup Rules" Prunier, Raymond "My Beats Will Rock Your Socks" Voss, and yours truly, Ryan "Ninja" Corser. We, of course, are also thankful for all the diligent undergraduate research assistants who help us each semester.

Dr. Jasper's primary research interests are in medical and



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consumer decision making. In the medical domain, he examines how people's evaluation of a treatment can change depending on how the information is presented. His research often takes a process-oriented approach, which aims to monitor what pieces of information people attend to and the search strategies they use. Throughout his research, he also investigates how certain characteristics of the individual influence decision-making.

Degree of handedness is one such individual difference variable that the lab investigates. Degree of handedness refers to a person's preference to use one or both hands while performing daily activities (e.g., writing, throwing, etc.) and is an indicator of structural and functional differences in brain organization. As many of us learn in introductory psychology, the two brain hemispheres share a division of labor. That is, each hemisphere is specialized to perform some functions (e.g., language) more efficiently than its counterpart. Our lab investigates how these functional asymmetries and their coordination can have consequences for memory and decision-making. Using degree of handedness and behavioral tasks that manipulate the

relative activation of the two hemispheres, we are gaining a better understanding of how the two hemispheres contribute to decision and memory processes.

Currently, the members of the Decision Research Lab are exploring a variety of new research topics. Extending our lab's focus on individual differences and decision processes, some projects are examining how numerical ability affects information search strategies and risky decisions. Similarly, Chandrima is developing a scale that measures people's information search style. It identifies not only "maximizers" and "satisficers," but also a third group she calls "adapters," which she plans to relate to decision processing as well as ones choices. The lab is also in the midst of collecting physiological data using the Department's Biopac system to understand how emotions can "help" or "hurt" decision making. Finally, Ray and Stephen will be testing how degree of handedness predicts memory accuracy in the domains of forensic psychology and consumer behavior. In sum, these are exciting times for the Decision Research Lab because we are addressing a variety of research questions with implications for a number of real-world contexts.

Community Minded: Toledo Veterans Affairs Outpatient Clinic

By John Van Dusen, Graduate Student

From its recently expanded location on Detroit Avenue near Glendale, the Toledo VA CBOC (Community-Based Outpatient Clinic) provides quality health care and mental health services for veterans in the greater Toledo area. The Toledo VA is a training site for the University of Toledo clinical psychology doctoral program, which affords graduate students the opportunity to serve the mental health needs of Toledo veterans. Clinical psychology externs work at the Toledo CBOC's Silver Clinic, where acting chief Dr. Amy Bixler supervises their individual and group therapy work.

Veterans who return home after their service may face many challenges. One of the most common mental health difficulties experienced by military veterans is posttraumatic stress disorder, or PTSD. PTSD can occur whenever a person is exposed to a significant traumatic event, such as a car accident, sexual assault or other life-threatening situation. This means that veterans who have fought in combat zones or deployed to other dangerous situations are at an increased risk for PTSD. According to the VA's website, about 30% of Vietnam veterans have suffered from PTSD

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over their lifetimes. Among younger Iraq/Afghanistan (OIF/OEF) veterans, one study found that almost 14% currently suffer from PTSD. Other mental health difficulties facing veterans include depression and substance use: a large-scale study estimates that 7.1% of all veterans meet criteria for a substance abuse disorder. Suicide is also a major problem among veterans, particularly amongst those returning from Iraq and Afghanistan. Unfortunately, veterans' courage and sacrifice also makes them more vulnerable - few groups in the U.S. are both so in need and so deserving of mental health services.

That's where the VA comes in. Last year, the Toledo VA's Silver Clinic served about 4,000 individual veterans, across more than 12,000 total visits. A veteran who seeks treatment at the Silver Clinic might have been referred from a primary care doctor, or might have sought the clinic out directly. Regardless, the first step for veterans who begin treatment is an intake interview, where a clinician will listen to the veteran's history and symptoms, then work together with the veteran to determine a course of action. The three basic categories of treatment offered at the Silver Clinic include individual therapy, group therapy, and medication. Individual or group therapy is provided by a social worker, psychologist or psychology trainee, who uses evidence-based treatment approaches to help the veteran meet their treatment goals. Medication management is provided by psychiatrists and nurse practitioners. A veteran who presents to the clinic with PTSD, for example, might receive an antidepressant medication, enroll in a skill-building group, and/or work with a therapist who takes them through Cognitive Processing Therapy (CPT) or Prolonged Exposure (PE), both evidence-based treatments for PTSD. The Silver Clinic also coordinates services with primary care, pain management services, and homeless veteran services, among other programs. There are still many challenges for the VA to address, and many ways they can better serve veterans. However, the VA is constantly working to improve the treatments they offer.

As a current practicum student at the Toledo VA, I was able to ask Dr. Amy Bixler a few questions about the Toledo VA and her own perspective. Married to a Marine Gunnery Sergeant, Dr. Bixler is no stranger to veterans, and is highly passionate about her work in the Silver Clinic.

Q: As the acting chief of the Silver Clinic, what is your philosophy for treating veterans?

A: I think it's important to offer the types of services and treatments that veterans need to overcome the obstacles that are unique to our military and retired military population. As a clinic, we do everything we can to offer services that treat the full range of problems that vets face, from substance abuse and PTSD to military sexual trauma. All veterans have the right to receive treatment from the VA, even if they encounter issues that arise after active service.

Q: What are some of your most important priorities right now in treating vets?

A: Military sexual trauma (MST) is an "unspoken problem," because many veterans are unwilling to talk about it. We ask every veteran who comes in questions about MST, suicide and other priority concerns, to make sure we can identify vets who are at risk and get them what they need.

Q: If there was one thing you wish more people knew about the challenges veterans face, what would it be?

A: I think that often times veterans with PTSD are stigmatized as being violent or unpredictable, and we tend to label PTSD as the person, rather than a diagnosis. I want people to know that a mental health diagnosis does not define who a person is. People make a lot of assumptions about veterans with PTSD, and I want them to understand that veterans are just like everyone else. Any trauma they experience is just one part of who they are.

<http://www.apa.org/about/gr/issues/military/critical-need.aspx>
<http://www.ptsd.va.gov/public/PTSD-overview/basics/how-common-is-ptsd.asp>

Ask a Psychologist

By Sean Walsh, Graduate Student

How do you treat Post-Traumatic Stress Disorder (PTSD)?

Traumatic events are an unfortunate part of life. When someone is afraid or feels threatened, the body's fight-or-flight stress system sets off a chain reaction of physical, emotional, or psychological stress. Although many people may experience a traumatic event in their lifetime, there is a great amount of variability in how and to what degree people respond. It is normal to feel sad or anxious after experiencing a trauma, but sometimes these reactions are so severe that negative feelings do not fade away over time and interfere with daily life. Post-Traumatic Stress Disorder (PTSD) is a psychological disorder highlighted by an extreme reaction to a traumatic event that persists even when the person is no longer in danger. Common symptoms

include re-experiencing the traumatic event, avoiding reminders of the trauma, increased levels of negative thoughts or feelings, and being increasingly reactive or irritable. These types of symptoms must occur for at least one month after either directly or indirectly experiencing a traumatic event, in which death, threatened death, serious injury, or sexual violence has occurred.

The main treatments for PTSD are psychotherapy, medications, or both. The American Psychological Association, Veterans Affairs Administration (VA) and Department of Defense list exposure-based behavior therapies as the first-line treatment of PTSD. Psychotherapy focused on exposure practices and changing negative or fearful thoughts have been proven effective in reducing

Aska a Psychologist (continued from page 5)

symptoms of PTSD. Exposure involves focused efforts to recount the traumatic memory and reprocess the experience until it evokes less distress. Changing one's cognitions or thoughts about a traumatic experience is also a helpful approach to reframe the memory in a more adaptive way. Trauma victims often attempt to avoid thoughts, feelings, or situations associated with their traumatic experiences in order to cope with their symptoms. While this can be effective in the short term, avoiding these problems often contributes to the maintenance of PTSD symptoms. Therefore, therapies focused on "non-avoidance" lead to longer-lasting improvement.

Prolonged Exposure therapy (Foa, Hembree, & Rothbaum, 2007) involves a gradual progression of being exposed to situations that were previously avoided. Clients begin by first talking about the traumatic event and learn how to control their breathing patterns to help manage lower levels of distress. Once this is mastered, the client takes these skills to expose themselves to real-world situations associated with the trauma. The overarching goal of exposure therapies for PTSD is to reduce trauma-related stress through non-avoidance of trauma-related situations.

Cognitive Processing Therapy (CPT; Resick, Monson, & Chard, 2008) is another commonly used therapy specifically designed to treat symptoms of PTSD. CPT can occur in both individual as well as group therapy formats. Focus is placed on changing the way the client thinks about the traumatic event by challenging distorted thoughts associated with the trauma and learning how to no longer avoid situations associated with the trauma. CPT also involves learning more about the symptoms of PTSD to help the client become more aware of how their internal experience is affecting their behavior. CPT does not necessarily require the client to review the details of the traumatic event in detail but does ask them to write about their trauma in order to understand certain areas where they might be easily "stuck" on specific thoughts or feelings. This is often done through journaling and reviewing journal entries with a supportive therapist. Learning coping skills is also an important part of CPT, which helps clients deal with day-to-day stressors as they occur. The end goal of CPT is to break down the different fearful thoughts associated with the traumatic events and use learned coping skills to overcome the often debilitating symptoms of PTSD.

In addition to therapy, medication is sometimes indicated to

help treat symptoms of PTSD. Medication can be especially helpful to manage more serious symptoms, especially prior to entering therapy. Discussing this option with your physician is a good starting point. Support groups may also be helpful



in managing PTSD symptoms. These groups can be a good place for people to hear how other people face similar challenges, learn tips to better manage symptoms, and hear new perspectives from others about PTSD. The National Association on Mental Illness (NAMI) has a wealth of resources available to help understand and battle PTSD on their website (www.nami.org) as well as a branch located in Toledo (www.namitoledo.org).

If you suspect that you or a loved one may be experiencing symptoms of PTSD, it is important to consult with a mental health professional to obtain guidance on how to address trauma-related symptoms. Taking active steps to find treatment is often difficult but can be a vital step towards overcoming traumatic experiences and symptoms of PTSD.

Foa, E., Hembree, E., & Rothbaum, B. O. (2007). *Prolonged exposure therapy for PTSD: Emotional processing of traumatic experiences therapist guide*. Oxford University Press.

Resick, P.A., Monson, C.M., & Chard, K.M. (2008). *Cognitive processing therapy: Veteran/military version*. Washington, DC: Department of Veterans' Affairs.

Management of Post-Traumatic Stress Working Group [Internet]. VA/DoD clinical practice guideline for management of post-traumatic stress. Washington (DC): Department of Veterans Affairs, Department of Defense; 2010. Available from: http://www.healthquality.va.gov/ptsd/ptsd_full.pdf

Research-Supported Psychological Treatments | Society of Clinical Psychology. (n.d.). Retrieved February 22, 2015, from <https://www.div12.org/psychological-treatments/>

Research Quicky

Attention fathers of daughters--John Mayer isn't the only voice of reason you should be listening to. A recent study shows that fathers' beliefs about gender roles and the extent to which they contribute to child-care and housework duties relate to their daughters' job aspirations. Girls, aged 7-13, were more likely to aspire toward non-stereotypical occupations (e.g., scientist, police officer) if their fathers shared more of the household duties and both parents endorsed a more egalitarian view of gender roles. (Croft, Schmader, Block, & Baron, 2014).

What do You Think?

Should kids get trophies for participation? Research (e.g., Lepper, Greene, & Nisbett, 1973) suggests that providing such external rewards (e.g., trophy, money) may undermine children's inherent interest and pleasure they obtain from just doing a task. If you feel trophies or ribbons are a must though, you may want to try rewarding a specific behavior rather than just participation.

Profiles: Dr. Sarah Francis

By Michelle Beddow, Graduate Student

This semester I got the opportunity to interview one of the Psychology Department's newest faculty members, Dr. Sarah Francis.



Dr. Francis grew up an only child in Maine, and told me that coming to Toledo was like coming home in terms of the weather. When she was younger, she wanted to be either a journalist/writer, or a social worker. Both her parents were social workers, and so she liked the helping profession aspect, but also wanted to write. As some of you can probably relate, her introduction to psychology course in college helped her make up her mind.

She attended the University of Albany (SUNY) as an undergraduate, where she majored in Psychology and minored in Sociology. She became interested in psychology as a career around the end of her first year because of a research methods class with "a wonderful professor". This professor talked about her own research and asked if anyone would be interested in working in her lab. Dr. Francis jumped at the chance and worked her lab for a few semesters. She then got involved in an honors project. While thinking of potential topics she realized she had to choose between a cognitive and developmental project or a clinical topic. In talking with her undergraduate advisors she realized that she wanted to study children and that her interest was in how to treat anxiety rather than study it from a developmental perspective. This eventually led to her current research on childhood anxiety, anxiety sensitivity, the role that parents play in contributing to their children's anxiety levels, and

anxiety prevention.

After graduating with a bachelor's degree, she went to the University of Hawaii to pursue a PhD in clinical psychology. The university didn't have a child-clinical track, but she worked with someone with a heavy child influence, and almost exclusively had child practicums. At the time of my interview it was a "balmy" 15°F outside, so I had to ask what it was like attending graduate school in Hawaii. Dr. Francis told me that due to her fair skin she was not a sun person, so while there she mainly walked from one shady spot to another when outside. She said that the hardest part of graduate school was being far away from her family (remember, she grew up in Maine!) and that it was a challenge to start a life where she was, and to make friends and develop a supportive community.

After graduate school, Dr. Francis completed a postdoc at Judge Baker Children's Center – part of Harvard Medical School. In her postdoc she completed a combination of research, assessment, and program evaluation. In terms of assessment, she created an interview to see children's depression levels, and trained students to implement this interview. She also completed a program evaluation on a treatment study for depression, anxiety, and behavioral disorders. Additionally, she helped complete a meta-analysis, with her main responsibilities being an effect size coder and a researcher for potential articles to include in the meta-analysis.

Currently, Dr. Francis is married (she met her husband in graduate school) and has two little girls (one is 5 years old, the other 2 $\frac{3}{4}$). She also has a male beta fish named Goldie – after the fish in the Franklin books. In her free time, she likes to cook (especially bake) and she loves to read. She told me that she likes to read women's fiction-type books, as well as books with "a really good storyline - particularly those with interactions of individual plot lines." When it comes to cooking she likes to read cooking blogs, especially those regarding healthy cooking and exploring where food comes from. She aspires, one day, to be able to teach this information to her children.

When asked what she would do if she had to go back and choose a different career, she said she would have become a writer of some sort so that she could pursue reading and writing. In closing she told me, "I am really happy to be here. I like Toledo, this area, and being a member of this university."

The Lighter Side: Psycho-Babble – A Psychology Mad Libs

By Eric Prichard, Graduate Student

Psycho-Babble: Play with a friend. First, have your partner fill in each blank with a word that satisfies the description in parentheses. Then read the story aloud. Most of all have fun!

Dr. _____ (color), a mad psychologist at the Professional School of Transcendental _____ (verb, present tense) decided to use his extensive behavioral training for nefarious purposes. He planned to use _____ (candy bar brand) as a reward in order to operantly condition a _____ (marsupial species) army to take over the university. In order to counter this fiend and his marsupial army, graduate students from the Cognitive Lab of Dr. _____ (vegetable) used their extensive knowledge of _____ (brain imaging technique) to build a laser out of their neuroimaging machine. Unfortunately, their knowledge of physics was superficial at best and they didn't come close. So, the students from the lab of Dr. _____ (footwear) tried to use their statistical knowledge against the marauders. They threw a giant _____ (statistical test) at the crazed candy conditioned creatures, but to no avail. Finally the social lab of Dr. _____ (flavor of gum) was brought on board to decide how to stave off the menace by using the Theory of Reasoned Action. While they were intensely deliberating over how to liberate the besieged department, Mr. _____ (adjective), the burly janitor rode in on a drivable floor cleaner and chased off the metatherian horde with a flaming _____ (janitorial implement). This saintly sanitation soldier saved the day, and was immediately elected department chair. The psychotic psychologist who unleashed the non-placental plague was repeatedly denied

promotion to full professor and forced to teach terrible classes on the Psychology of _____ (any bad novel series with teenagers and sexy vampires) for the rest of time. And everyone lived happily ever after, except for the surrounding city of _____ (name of a moderately famous president), Indiana, which was destroyed by angry chocolate hungry marsupials fleeing from the college.



Psych Talk: News About our Students, Faculty and Alumni

By Joanna Piedmont, Graduate Student and Andy Geers, Professor

Recent Honors and Awards

Jacob Fox, an undergraduate honors student, has been awarded the Psi Chi Regional Research Award. His research project "Does Choosing Help Everyone?: Examining the Relationships between Choice, Self-Constraint, and Pain" was accepted for presentation at the MPA conference upcoming in May. Congratulations, Jacob!

Recent Faculty and Student Publications

The InSPHIRE lab, led by Dr. Geers and Dr. Rose, has had a busy and productive semester! Erin Vogel and Lindsey Roberts had a paper accepted for publication in the journal *Psychology of Popular Media Culture*. This research found that people feel worse about themselves after looking at others' Facebook profiles, and frequent Facebook users have lower self-esteem in general. Jill Brown and Heather Haught had a paper accepted for publication in the *Journal of Behavioral Decision-Making*. This paper presents two studies comparing

how individuals in the U.S. and Japan respond to making both simple and complex treatment decisions. Heather Haught and Jill Brown also had a paper published in the *Journal of Social Psychology*. This research explores the relationship between perceptions of social status and health outcomes. Shane Close was a co-author on a 2015 paper in the *Journal of Behavioral Medicine* that examined how prior pain experience shapes subsequent pain experience. Finally, Fawn Caplandies was a second-author on an invitation contribution regarding placebo effects to *The Wiley Encyclopedia of Health Psychology*.

Dr. Kamala London, an experimental area professor, recently had an article accepted in the *Journal of Applied Cognitive Psychology*. The article is entitled "Developmental trends in false memory across adolescence and young adulthood: A comparison of DRM and Memory Conformity Paradigms". Congratulations, Dr. London

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The Post-traumatic Stress Disorder (PTSD) Lab, directed by Dr. Jon Elhai, have been incredibly successful the past several months! Tory Durham, a third year student in the lab was third author on a recent paper, validating a seven factor model of PTSD using an undergraduate and veteran sample. They used CFA (confirmatory factor analysis- a type of statistical procedure) to test the new model of PTSD symptoms. Ateka Contractor, a student on internship, and Tory were first and second authors, respectively on a paper exploring relations between PTSD and depression using latent factors. Results indicated that both somatic and non-somatic depression were more related to PTSD's dysphoria and numbing factors than re-experiencing and avoidance factors. Additionally, non-somatic depression was more related to PTSD's dysphoria factor than arousal. Tory and Brianna Byllesby, a second year student, along with Dr. Elhai, presented this paper at the International Society for Traumatic Stress Studies in Miami, Florida. Keep up the amazing work, everyone!

Research Talks and Presentations

Members of the Health Psychology Lab of Toledo, under the supervision of Dr. Jason Levine, recently presented at the Association of Behavioral and Cognitive Therapies (ABCT) annual conference in Philadelphia. Second year student, Joanna Piedmont, presented two separate posters. The first poster examined the delayed cognitive and physiological effects of worry on Generalized Anxiety Disorder. The second poster looked at findings on the Perseverative Cognition Hypothesis, a common theory for understanding anxiety. Fellow second year Samantha Cain presented a poster on diabetes and depression. Undergraduate member Katarina Truss's poster exploring the Tripartite Model in individuals with Generalized Anxiety Disorder was also accepted for presentation. Great work, all!

Dr. Kamala London continues to be on retainer for court cases. She recently finished a case for the United States Navy. She is currently working on a large case in Jakarta Indonesia. On an upcoming trip, she will provide training to the Indonesia Law Association. This training will be the first

of its kind in Indonesia. Way to go, Dr. London!

Six of the InSPIRe lab graduate students will be presenting their own research at the 2015 conference of the Society for Personality and Social Psychology. These students are: Jill Brown, Fawn Caplandies, Shane Close, Heather Haught, Lindsey Roberts, and Erin Vogel. First-year student, Ashley Murray will be presenting her research at the 2015 conference of the Association for Psychological Science. These conference presentations are co-authored with Dr. Geers and Dr. Rose along with the following UT psychology undergraduate students: Kiley Stevenson, Kelsey Graupmann, Brittany Brest, and Katie Eckles. Finally, undergraduate honor's student Jacob Fox will be presenting the results of his honor's thesis research project at the annual meeting of the Midwestern Psychological Association in May. Happily, Jacob's project, "Does choosing help everyone?: Examining the relationships between choice, self-construal, and pain" was given a 2015 Psi Chi Regional Research Award. Great job everyone!

A number of our graduate students represented the department by presenting their work at the 6th Annual Midwest Graduate Research Symposium (MGRS) in March. They were Jaclynn Sullivan, Lindsay Roberts, Erin Vogel, Ray Voss, Ashley Murray, Jill Brown, Shane Close, Eric Prichard, and Joanna Piedmont. Extra kudos goes to Erin Vogel, who came away with two awards. Erin won Second Place Oral Presentation (106 presenters total) and Top Woman in STEM from the Association of Women in Science. Well done guys!

Graduate Student Lands Job

Heather Haught recently accepted a research specialist position in the Labor & Economic Policy Division (LEAD) of the North Carolina Department of Commerce. Heather's advisor at UT was Dr. Jason Rose. She reports that she is "enjoying the position thus far" and that she is "working on a strategic plan for increasing broadband availability and adoption throughout the state. This will aid in the delivery of healthcare services (Telehealth) to rural and impoverished areas where doctors are sparse." Best wishes Heather; do keep in touch.



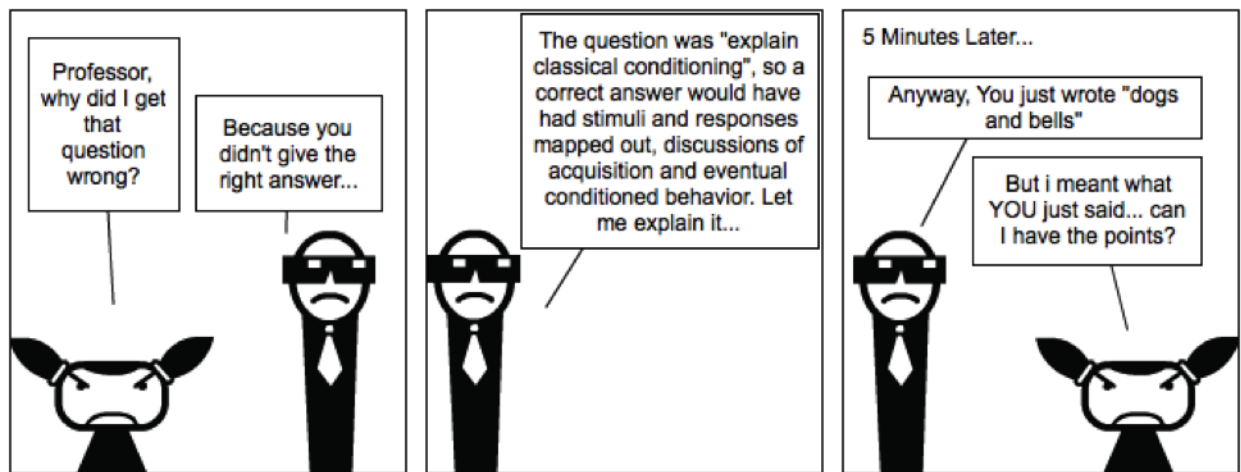
Jacob Fox



Graduate students at the MGRS



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