

PRE-MEETING SEMINARS

Wednesday, March 19, 2003

PRE-MEETING SEMINARS

10:00 a.m.-5:00 p.m.

Seminar 1

Keys to Successful Career Development in Behavioral Medicine and Health Psychology

William Gerin, Ph.D., Mount Sinai School of Medicine; Alan Christensen, Ph.D., University of Iowa; Susan Czajkowski, Ph.D., Peter Kaufmann, Ph.D., NIH/NHLBI; Michaela Kiernan, Ph.D., Stanford University; Judith Ockene, Ph.D., University of Massachusetts; Gbenga Ogedegbe, M.D., Cornell University Medical Center; and Julia Rowland, NIH/NCI

Establishing and maintaining a successful career in the area of behavioral medicine and health psychology requires more than being a good researcher and/or clinician. Understanding the ins and outs of grantsmanship, getting papers published, balancing research with clinical practice, and knowing how to form lasting collaborations, are crucial to one's career. This 2-session seminar (both sessions on Wednesday, total of 6 hours) is aimed at those in the earlier stages of their careers—junior faculty, graduate and post-doctoral students (Ph.D. and M.D.), and clinicians seeking to increase their research involvement. However, researchers and clinicians at more senior levels would find several of the sessions extremely valuable as well. The seminar will be conducted by a broad range of speakers who have gone through the process and are willing to share their experiences. Speakers include Bill Gerin, MSSM, who will discuss the role and maintenance of collaborative relationships; Judy Ockene, U Mass (Balancing Clinical and Research Interests), Michaela Kiernan, Stanford University (Tips in Grantsmanship), Peter Kaufmann, NIH/NHLBI (Team approach: Strategies for Interdisciplinary Collaboration), Susan Czajkowski, NIH/NHLBI and Julia Rowland, NIH/NCI (From the Other Side of the Table, I and II), Gbenga Ogedegbe and Alan Christensen, U Iowa, Associate Editor of *Annals of Behavioral Medicine* (Getting Your Work Into Print).

2:00 p.m.-5:00 p.m.

Seminar 2

Power Analysis and Effect Size: Key Components to Successful Grant Development in Behavioral Medicine

Joseph S. Rossi, Ph.D., University of Rhode Island and Rose Marie Ward, Ph.D., Miami University

This workshop will provide participants with a thorough understanding of the conceptual and practical aspects of statistical power analysis and effect sizes, especially as these relate to the development of successful NIH grant proposals. A sequential approach will be taken, starting with the most basic study designs showing the interrelationships between power, effect size, sample size, and alpha level. The presentation will build on this foundation to include more advanced aspects of power and sample size determination, including alpha adjustment for multiple outcome variables, repeated measures designs and autocorrelation effects, multilevel (clustered sampling) designs and intraclass cor-

relation, dichotomous vs. continuous outcome variables, reliability of outcome variables, missing data and intent-to-treat analysis, and multivariate analysis. The wide and sometimes confusing array of effect size indices currently in common use will be explained and illustrated, as will the sometimes controversial issue of using post hoc power analysis to better understand findings of "no differences" between groups. Finally, currently available software for calculating power will be discussed and illustrated. Primary emphasis will be on conceptual (rather than simply statistical) understanding and the practical aspects of using this information in the context of grant writing and proposal development, using concrete illustrations from actual grant proposals. The information presented will be kept at a level such that those with a basic understanding of statistics will be able to follow without difficulty. The presentation and the handouts will provide enough information for attendees to conduct the methods described.

2:00 p.m.-5:00 p.m.

Seminar 3

Models and Strategies for Developing Culturally Proficiency in Behavioral Medicine Research and Clinical Practice

Lisa A.P. Johnsen, Ph.D., Marian L. Fitzgibbon, Ph.D., Melinda R. Stolley, Ph.D., Northwestern University, Feinberg School of Medicine; and Jasjit S. Ahluwalia, M.D., M.P.H., M.S., University of Kansas School of Medicine

The recently endorsed Guidelines on Multicultural Education and Training, Research, Practice, and Organizational Change for Psychologists (American Psychological Association, 2002) emphasize the importance of considering ethnic and cultural factors in the design and implementation of research and clinical practice. The purpose of this seminar will be to provide an overview of these guidelines and the practical use of these guidelines in the design and implementation of culturally proficient behavioral medicine research and clinical practice. Strategies for increasing recruitment and retention of participants, as well as the importance of involving the community at each stage will also be emphasized throughout this seminar. Researchers, practitioners, and educators who are interested in developing or improving their work with diverse ethnic groups may benefit from this three-part seminar.

The first part will provide several theoretical models for conducting culturally proficient behavioral medicine research and clinical practice. The second part will focus on the practical application of these models to several behavioral medicine areas such as breast cancer risk reduction interventions with African-American and Latina females; smoking cessation interventions with African-Americans; eating disorders work with Latinas and African-Americans; and the development of focus groups for ethnically diverse behavioral medicine populations. In the third part of this seminar, participants will have an opportunity to either: 1) design a mock behavioral medicine intervention for minorities using the awareness, knowledge, and skills they have learned in the seminar, or 2) work with seminar leaders to develop strategies to increase their cultural proficiency in their own research or clinical practice. As a result of attending

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this seminar, participants will gain an understanding of the awareness, knowledge, and skills needed to develop culturally proficient behavioral medicine research, as well as practical strategies about how to translate this into practice.

2:00 p.m.-5:00 p.m.

Seminar 4

Coordinating a Multidisciplinary Weight Management Program

Matthew M. Clark, Ph.D., Mayo Clinic and Vincent Pera, M.D., Brown University School of Medicine

The FDA has approved medications for obesity treatment and has recommended that these medications be used in conjunction with other strategies (e.g., nutritional counseling and/or exercise interventions) for weight loss. This seminar will review guidelines for combining behavioral strategies with pharmacological interventions for obesity treatment. The presenters co-directed an academic hospital-based multidisciplinary weight management program for over ten years and thus have research, administrative, and clinical experience on how to integrate treatment. The seminar will review components of a multidisciplinary evaluation, outline patient-treatment matching models, discuss exercise interventions, and provide suggestions for goals of multidisciplinary treatment. The target audience are those interested in designing and implementing a behavioral medicine program for obesity management. Participants should learn state-of-the-art treatments for obesity, information on anti-obesity medications, and strategies for organizing an integrated, multidisciplinary obesity treatment program. The information will be practice-oriented.

Suggested readings:

- 1) Clark, MM, Pera, V et al., (1996) Counseling strategies for obese patients. *American Journal of Preventive Medicine*, 12 (4) 266-270.
- 2) Abrams, DB, King, TK, Clark, MM, Forsyth, LH, & Pera, V (2000) Behavioral medicine strategies: Management of nicotine dependence, obesity, and pulmonary cardiac rehabilitation exercise. In A Stoudemire (Ed.) *Psychiatric Care of the Medical Patient*, 519-544, NY, Oxford University Press.

2:00 p.m.-5:00 p.m.

Seminar 5

Enhancing Quality of Life Among Women with Chronic Medical Conditions: Translating Research to Practice in Primary Care and Ob/Gyn Settings

Helen L. Coons, Ph.D., Women's Mental Health Associates

This three-hour, skills-focused, seminar will present collaborative assessment and treatment strategies for women with a range of chronic medical conditions commonly seen in primary care, obstetrics and gynecology settings. Evidenced-based interventions for enhancing quality of life; preparing women for diagnostic, surgical and treatment procedures; the use of treatment and support groups; self-management protocols; etc. will be discussed. Case examples will focus on women with chronic pain problems, ongoing fertility concerns, Poly Cystic Ovarian Syndrome, breast and ovarian cancers, STD's, Vulvodynia, urologic disorders, IBS, etc. Examples of assessment tools and

consult forms will be provided. Communication guidelines for collaboration across interdisciplinary providers will also be reviewed. While a portion of the seminar is in lecture format, the extensive use of case examples, several role-plays, and audience discussion ensure an interactive workshop. The training is designed for psychologists and other health care providers (i.e., physicians, nurse practitioners, nurses, nutritionists, etc.) who wish to expand their interdisciplinary skills in women's health. This seminar is sponsored by the SBM Special Interest Group (SIG) on Women's Health in response to requests for applied training in women's health care.

2:00 p.m.-5:00 p.m.

Seminar 6

Assessment and Treatment of Recurrent Migraine and Tension-type Headache: A Biobehavioral Approach

Donald B. Penzien, Ph.D., University of Mississippi Medical Center; Jeanetta C. Rains, Ph.D., Dartmouth Medical School; and Kenneth A. Holroyd, Ph.D., Ohio University

Recent years have witnessed a host of new developments pertaining to the causes and treatment of recurrent migraine and tension-type headache. Substantial challenges to accepted notions of headache pathophysiology have been forwarded, and the nosology for headache devised by the International Headache Society has become the contemporary standard. Research evaluating and refining nonpharmacologic headache therapies continues with increasing focus being placed upon enhancing their cost-effectiveness as well as establishing their effectiveness relative to standard pharmacologic therapies. In addition, overdue empirical studies designed to determine the efficacy of combined drug and non-drug therapies are now underway.

This seminar, intermediate to advanced in scope and applied in focus, will provide a detailed overview of headache assessment and treatment that is firmly grounded on the relevant empirical literature and aimed at providing a foundation for clinical decision making. The format will be lecture/discussion with ample opportunities for case-based learning and participant interaction. Selected handouts include: (a) the computer-aided Structured Diagnostic Interview for Headache, (b) the Headache Patient Information Form, (c) a summary of the International Headache Society headache nosology, (d) summaries of meta-analytic reviews of nonpharmacologic and pharmacologic headache treatment literatures, (e) suggested pharmacologic treatments for various headache disorders, (f) other headache treatment options and algorithms, and (g) summaries of recent headache treatment guidelines. Issues specifically addressed during the seminar will include: (a) recent debates and findings regarding the pathogenesis of headache, (b) recent advances in headache diagnosis and nosology, (c) the role of psychological/behavioral factors in headache, (d) nonpharmacologic and pharmacologic headache therapies, (e) the relative efficacy and integration of pharmacologic and nonpharmacologic therapies, (f) development of cost-effective nonpharmacologic headache treatment strategies, and (g) recent headache treatment guideline projects. Patient case examples will be thread throughout the workshop to illustrate the various issues.

PRE-MEETING SEMINARS & POST-MEETING SEMINARS

2:00 p.m.-5:00 p.m.

Seminar 7

Building Treatment Fidelity into Health Behavior Change Research: Lessons Learned and Best Practice Guidelines from the Behavioral Change Consortium

Belinda Borrelli, Ph.D., Brown Medical School; Barbara Resnick, Ph.D., CRNP, University of Maryland; Al Bellg, Ph.D., Appleton Heart Institute; Gbenga Ogedegbe, M.D., Cornell University; Deborah Sepinwall, Ph.D., Brown Medical School; Denise Orwig, Ph.D., University of Maryland; and Susan Czajkowski, Ph.D., National Heart, Lung, and Blood Institute

Treatment fidelity refers to several key methodological concepts and practices to enhance internal and external validity and reliability of a study. The Behavioral Change Consortium (BCC), comprised of 15 National Institutes of Health funded projects investigating mechanisms of health behavior change, established a Treatment Fidelity workgroup in order to advance the definition and measurement of treatment fidelity in health behavior change studies. The seminar presenters are members of the workgroup. The workgroup developed a set of best practices and guidelines for treatment fidelity based upon prior research in this area and the experiences of the BCC. The guidelines outline practical treatment fidelity strategies across five areas: (1) design (e.g., is the study consistent with the underlying theory); (2) training (e.g., provider skill acquisition and maintenance); (3) delivery (e.g., was the intervention delivered as intended); (4) receipt, (e.g., did the participant understand the intervention); and (5) enactment, (e.g., is the participant able to incorporate the new knowledge in their every day life). This seminar will describe the theory and practice of treatment fidelity, and offer strategies to enhance treatment fidelity. The seminar will help participants to incorporate treatment fidelity into their ongoing studies and research proposals, as well as present an assessment tool for evaluating the degree of treatment fidelity in their own and others' research.

3:00 p.m.-5:00 p.m.

Seminar 8

Training In Evidence-Based Behavioral Medicine

Cynthia D. Belar, Ph.D., American Psychological Association and Frank L. Collins, Ph.D., Oklahoma State University

This seminar is an outcome from the Evidence-based Behavioral Medicine Committee whose members recognized a need for continuing education in how to conduct evidence-based practice among the behavioral medicine practitioners of SBM. The focus of this seminar is to provide behavioral medicine teachers, both in psychology or medicine, information of how to incorporate evidence-based behavioral medicine teaching into their training programs. The seminar will present information on existing tools that have been designed to facilitate evidence-based review, with a focus on how to teach the use of those tools as well as barriers in implementation of evidence-based practice. The speakers will enlist the train-the-trainer model so that participants will have both evidence-based review skills and be able to train their students and colleagues at their institutions.

Saturday, March 22, 2003

POST-MEETING SEMINARS

1:30 p.m.-4:30 p.m.

Seminar 9

Cognitive-Behavioral Assessment and Functional Analytic Causal Modeling for Behavioral Medicine Scientist-Practitioners

William H. O'Brien, Ph.D., Bowling Green State University; Stephen N. Haynes, Ph.D., University of Hawaii; Jennifer J. McGrath, Ph.D., University of Pittsburgh School of Medicine; Allison Collins, M.A., Gina Magyar, M.A., and Christine Chiros, B.A., Bowling Green State University

Behavioral medicine scientist-practitioners must often design individualized treatments for patients who present with a wide array of psychophysiological disorders. Functional analytic causal modeling (FACM) is an empirically-based cognitive-behavioral assessment approach that is used to systematically integrate and summarize complex information about the form and function of a patient's symptoms. FACM is a vital aspect of treatment design because most interventions attempt to modify relationships between causal factors and symptoms. Lacking the training needed to translate research into practice as it applies to empirically-based assessments (e.g., knowledge of Bayesian statistics to enhance prediction, knowledge of causal questioning techniques), many behavioral medicine clinicians construct intuitively-derived causal models. The use of strictly intuitive approaches are problematic because a number of well-known decisional errors are apt to occur such as: failure to use base rate information, illusory correlations, recall biases, and judgment overconfidence. In turn, these decisional errors can exert an adverse impact on treatment design. The major aims of this seminar are to familiarize participants with: (a) the conceptual foundations of FACM; (b) essential procedures used in FACM; (c) specific assessment instruments (e.g., causal modeling programs, patient assessment instruments) that are particularly helpful in gathering information about the form and function of symptoms; (d) statistical procedures that can be used to offset intuitive errors; and (e) how FACM can be used to guide treatment design in behavioral medicine settings. Case examples of commonly encountered patient referrals will be presented along with demonstrations and role-playing exercises to enhance participant acquisition of FACM skills.

1:30 p.m.-4:30 p.m.

Seminar 10

Designing Measurement Instruments for Transcultural Use in Culturally Diverse Populations

Norbert Tanzer, Ph.D. and Karen J. Coleman, Ph.D., University of Texas at El Paso, and University of Graz, Austria

Developing assessment instruments for multicultural/multilingual populations involves more than changing items and instructions to another language. Valid multicultural/multilingual assessments require a balanced treatment of psychological, psychometric, linguistic, and cultural

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considerations. A team of professional translators using the translation-backtranslation method will be able to produce multilingual test versions that are linguistically equivalent but may not necessarily share the same psychological meaning. The correct translation of the item “watched more television than usual” will still be an inappropriate item when applied to Sahel dwellers in West Africa who do not have electricity in their homes.

This seminar will present a systematic approach to developing surveys and self-report instruments for health-related behaviors in multiple cultures and languages. Key concepts will be discussed such as cross-lingual/cross-cultural validity of the measured construct (construct equivalence), the instrument designed to measure it (instrument equivalence), the administration of the instrument (administration equivalence), and the inferences drawn from the instrument values. A special emphasis will be placed on measuring behaviors such as physical activity and nutrition, demographic variables, mental health, and cognitive constructs such as self-concept and body image. The advantages and limitations of different techniques such as translation/back-translation, ethnographic interviewing, sequential test adaptation versus simultaneous scale construction for two or more cultures, and item bias (DIF) analysis will also be discussed. Each seminar participant will receive an extensive bibliography of references for cross-cultural measurement and will be able to begin the process of either adapting existing instruments or developing new instruments for different cultures and languages.

1:30 p.m.-4:30 p.m.

Seminar 11

Screening Techniques and Innovative Ways to Communicate Recommendations for Physical Activity Among Adults: Multi-Site Experience

Barbara Resnick, Ph.D., CRNP, University of Maryland; Marcia Ory, Ph.D., Texas A&M University System; Terry Bazzarre, Ph.D., The Robert Wood Johnson Foundation; Mace Coday, Ph.D., University of Tennessee at Memphis; Deborah Riebe, Ph.D., University of Rhode Island; and Lynne Braun, Ph.D., R.N., C.N.S., Rush University

The screening process and the ways in which recommendations for physical activity are given to adults can significantly impact individuals’ willingness to increase physical activity. Currently there are not clear screening guidelines to determine who will benefit from different types of lifestyle programs or who may be at risk for negative consequences. It is difficult to utilize screening guidelines when designing wide-scale community or clinical exercise programs for adults with a wide variety of functional backgrounds. Recommendations for physical activity are also not always provided in the most appropriate fashion to facilitate behavior change. In July 1999, the National Institutes of Health with the American Heart Association established the Behavior Change Consortium (BCC) in order to provide an infrastructure for fostering collaboration and sharing amongst investigators from 15 different funded research projects focused on disease prevention and health promotion through behavior change. The BCC Physical Activity

Workgroup explored screening practices and the implications of screening across these studies as well as the best ways to impart recommendations for physical activity. Examples of screening options include: (1) medically based screening for a high-risk underserved community population; (2) self-screening for a large community sample; (3) symptom limited exercise testing for adults with heart disease; and (4) extensive chart review for frail older adults. Theory-based delivery techniques for promoting physical activity recommendations include: (1) face-to-face encounters; (2) written materials for large community outreach opportunities; and (3) peer delivery. Participants will learn about the challenges, options and outcomes of specific screening techniques as well as innovative ways in which to deliver physical activity programming from the BCC studies. This seminar will strengthen the clinician and researcher’s ability to increase physical activity among adults.

1:30 p.m.-4:30 p.m.

Seminar 12

Development and Implementation of a Psychosocial Oncology Program

Kristin M. Kilbourn, Ph.D., M.P.H., Northern Arizona University and Patricia Durning, Ph.D., University of Florida

There is an ongoing debate over the utility and/or proper procedures for psychosocial screening of distress in cancer patients. This workshop is designed to address the needs of clinical practitioners and researchers who are interested in developing or refining screening and intervention procedures for oncology patients. The presentation will include discussion of the Psycho-Oncology Screening Tool (POST)-a one page self-report questionnaire that includes: 1) a visual analogue scale (VAS) measure of distress and discomfort; 2) a depression checklist; 3) a problems checklist; 4) sources of support; and 5) desire to receive psychosocial services.

The workshop will present data from our longitudinal study examining the course of distress as well as the utility of the POST in predicting distress and adjustment in oncology patients. Additionally, the seminar will cover some of the challenges in the establishment of a psycho-social program in a medical setting. Topics of discussion will include: 1) methods for developing and fostering collaborative working relationships with physicians and other health care professionals; 2) strategies for establishing effective screening protocols; 3) formulas for determining appropriate cut-off points and criteria for intervention; 4) methods for providing feedback to health workers and patients; and 5) development of appropriate referral sources and intervention services for oncology patients. The seminar is based on the clinical and research experience of the presenters who are responsible for the development of the psycho-oncology program at the University of Florida. The seminar will use an interactive format that will include the use of lecture, PowerPoint slides and discussion.

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1:30 p.m.-4:30 p.m.

Seminar 13

Translating Behavioral Medicine Interventions into Primary Care Practice: Practical Strategies for Population Health Management

Christopher L. Hunter, Ph.D., Christine M. Hunter, Ph.D., Jeffrey L. Goodie, Ph.D., Scott A. Schinaman, M.A., and Alan L. Peterson, Ph.D., Wilford Hall Medical Center

Health-risk behaviors and psychosocial aspects of illness are most commonly addressed in primary care clinics. Only a small proportion of patients with these problems will be treated in tertiary care, behavioral medicine settings. Early behavioral medicine intervention can play a significant role in improved quality of life and health care cost containment through the prevention of illness, early identification of disease, symptom reduction, and improved self-management of chronic problems. Thus, translating traditional behavioral medicine interventions to practice in primary care is critical for effective population health management. This seminar will provide instruction on adapting evidence-based behavioral medicine interventions to the fast pace and large caseloads typical of the primary care setting.

Seven content areas will be covered: 1) overview of a population health consultation model; 2) instruction on conducting brief assessments and interventions, emphasizing collaboration between the primary care manager, patient and behavioral medicine professional; 3) continuum of care with tobacco users from identification to intervention; 4) minimal contact and motivational interventions for weight loss; 5) early identification and intervention with acute and chronic pain; 6) brief treatment of insomnia; and 7) lessons learned from behavior medicine practitioners working in a primary care setting. Instruction will include a brief review of research, a discussion of how interventions are adapted to the unique challenges and opportunities in the primary care setting, and demonstrations of interventions for tobacco use, weight loss, pain, and insomnia. Lessons learned in practice will be discussed in an interactive roundtable format. Participants will be given several guidelines and patient education tools that they can use and adapt to their work setting. This seminar is likely to be especially relevant to psychologists, social workers, nurses, and health educators.

1:30 p.m.-4:30 p.m.

Seminar 14

Health Literacy in the United States: Implications for Health Professionals Working with Low Literate Adults

Alexandra E. Evans, M.P.H., Ph.D., University of South Carolina and Karol Kaye Harris, Ph.D., M.S., L.S.W., University of Texas at Austin

In the field of behavioral medicine, many health professionals rely heavily on written materials to communicate health information to health care consumers. However, research has found that nearly 80% of written health information materials in the United States (US) are written above a 12th grade reading level, while more than 50% of American adults have literacy skills at or below a 7th grade reading level (National Institute for Literacy). Patients with poor

literacy skills may have a difficult time understanding instructions for engaging in specific behaviors and explanations about why they would benefit from engaging in certain behaviors. Consequently, compared to individuals with high literacy levels, adults with low literacy levels experience poorer health outcomes. Best practices for addressing this problem must begin with fundamental communication skills training for health professionals working with low literate populations. Teaching the principles of "plain language" - simple, straight-forward and easy to adopt techniques - is a necessary first step toward making health information materials more appropriate to low-literate populations. After attending this interactive and participatory seminar, participants will be able to: understand and discuss health literacy issues in the US; discuss consequences of providing low literate populations with "typical" health promotion materials; critique health promotion materials; calculate reading level of different materials; and develop health promotion materials appropriate for low-literate populations.

1:30 p.m.-4:30 p.m.

Seminar 16

Using Transdisciplinary Science to Address Complex Health Problems

Justin M. Nash, Ph.D., David B. Abrams, Ph.D., Brown Medical School and The Miriam Hospital; Melissa Clark, Ph.D., Brown University; and Daniel Stokols, Ph.D., University of California, Irvine

Using transdisciplinary scientific approaches is becoming increasingly recognized as providing the best hope for addressing the complexity of today's health problems. Transdisciplinary approaches break down the barriers that exist in single disciplinary approaches, and lead to the formation of new and innovative conceptual frameworks and methodological tools. Early career scientists are well positioned to incorporate a transdisciplinary approach into their developing research, but may not yet recognize its value. Established scientists experience the limits of single disciplinary science and reach out across disciplinary boundaries on their own but encounter numerous obstacles in doing so. This seminar focuses on how transdisciplinary approaches can be built into developing research by early career scientists and established research by more advanced scientists. The seminar also addresses how institutional leaders can create geographically-based transdisciplinary research and training centers and geographically-dispersed transdisciplinary networks. In addition, the seminar will focus on: (a) the definition of transdisciplinary science and how it is distinguished from single disciplinary, multidisciplinary, and interdisciplinary science; (b) the value of transdisciplinary science as well as the challenges encountered in conducting it; (c) what methods are used for training transdisciplinary scientists at the early, mid, and advanced career stages; and (d) what methods are used to assess the productivity and effectiveness of transdisciplinary research and training programs. Participants will be encouraged to discuss their own transdisciplinary efforts as they reach across disciplinary boundaries to better address complex health problems.

POST-MEETING SEMINARS

1:30 p.m.-4:30 p.m.

Seminar 17

Motivational Interviewing in Health Promotion: Translating Research into Practice

Jacki Hecht, R.N., M.S.N., Brown Medical School and The Miriam Hospital and Ken Resnicow, Ph.D., Emory University

Motivational Interviewing (MI), initially developed for addiction counseling, has increasingly been applied by a diverse range of practitioners in public health, medical and health promotion settings. Core clinical skills of MI include shared agenda setting, reflective listening, and facilitating positive change talk. In addition to these strategies, there is a 'spirit' of MI that emphasizes partnership, egalitarianism, respect and empathy. The growing use of MI in behavioral medicine and public health settings necessitates development of unique intervention applications, as well as clinical

training and supervision strategies. This interactive, participatory seminar will provide advanced training to enhance participants' clinical and supervisory skills in: mastering deeper levels of reflective listening; enhancing positive change talk; addressing clients' concerns and skepticism; assessing motivation and confidence; handling brief encounters; facilitating adoption; and enhancement of MI skills among different types of providers. This advanced seminar has 4 main objectives: 1) to provide advanced practice in reflective listening; 2) to demonstrate how core values can be linked to personal health behaviors and motivation to change; 3) to demonstrate the application of MI across various health behaviors, populations and public health settings; and 4) to demonstrate techniques for training and supervising other health providers in how to acquire and apply these skills.