

Saturday, March 27, 2004

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

Post-Meeting Seminars

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

Seminar #9

The Use of Meditation Techniques in Behavioral Medicine: Theory, Research, and Practice

Jean L. Kristeller, Ph.D., Indiana State University; Ruth Quillian-Wolever, Ph.D., Duke University; and James W. Jones, Ph.D., Rutgers University

This seminar will provide an overview of meditation approaches, including concentrative, mindfulness, and guided meditations, and their application in behavioral medicine treatment programs. The presenters will review basic concepts in the theory and practice of meditation and will also address more challenging practice issues. Research support for use of meditation in behavioral medicine environments will be briefly reviewed, in addition to exploring current understanding of the underlying mechanisms that integrate meditation increasingly into contemporary psychological theory.

The workshop is appropriate for both beginning and experienced meditators. Dr. Kristeller has extensive research and practice experience using concentrative and mindfulness techniques with a range of clinical populations, including cardiac patients, anxiety disorders, pain management, and in an ongoing NIH-funded clinical trial using mindfulness meditation for treating binge eating disorder (BED) in the obese, with Dr. Quillian-Wolever. Dr. Jones, whose recent book addresses issues in integrating meditation into psychotherapy, has extensive clinical experience integrating meditation approaches into individual treatment for behavioral medicine issues.

Seminar participants will understand the differences among concentrative, mindfulness and guided meditations, and will be introduced to basic techniques. This workshop will introduce the conceptual background, research evidence and treatment components of meditation-based interventions. Experiential work will include presentations of some of the guided meditations developed for the BED study, in addition to more general meditative practices. More advanced application issues will be addressed by each of the workshop leaders. Handouts will include summaries of meditative techniques, resource and bibliographic materials.

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Seminar #10

Conducting a Meta-Analysis From Start to Finish: A Practical Approach

Scott C. Roesch, Ph.D., San Diego State University

This seminar will be a practical guide to conducting a meta-analysis in behavioral medicine. Using examples on: 1) coping and health in prostate cancer patients; and 2) differences in immune functioning for AIDS patients as a function of intervention type, a description of meta-analysis procedures will be presented. This description will include: a) study retrieval; b) developing a coding scheme for study reports; c) selecting, computing, and coding relevant statistical information for effect sizes from these study reports; d) database management

of the coded data; e) analysis issues and strategies (including computational techniques for meta-analysis data); and f) interpreting and publishing meta-analysis results. The topic of study retrieval will include a discussion of setting study eligibility requirements as well as strategies for locating studies beyond those that are published. Subsequently, the development of a coding form will be described with a focus on important study characteristics (e.g., type of sample, type of research design). Next, the difficult task of culling relevant statistical information from target studies will be discussed. This discussion will include the type of statistical information that can and cannot be used in a meta-analysis. Transforming disparate statistical information into a common effect size via readily available software (e.g., Microsoft Excel) will also be introduced at this time. After this, entry of relevant study descriptors and effect size data into a database will be presented using two methods. First, the traditional approach to database management, effect size aggregation, and analysis will be presented using SPSS. Second, an introduction and description of an "all-in-one" meta-analysis software program will be provided (Comprehensive Meta Analysis sponsored by the National Institute of Mental Health). The seminar will conclude with a description of methodological and statistical information commonly reported in meta-analyses. A comprehensive bibliography, PowerPoint slides, and statistical software syntax will be provided to each participant.

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

Seminar #11

State-of-the-Art Assessment of Medication Adherence: A Primer for Clinicians and Researchers

Kristin Riekert, Ph.D. and Susan Bartlett, Ph.D., Johns Hopkins School of Medicine

Roughly half of all patients do not adhere to their health care providers' recommendations, including taking medications as prescribed. Consequences of non-adherence range from incorrect diagnoses to unnecessary and ineffective treatment strategies which compromise patient safety.

Measurement of medication adherence is problematic. Self-reports are the most commonly used measure in clinical and research settings. However, the validity of self-reports across a wide range of diseases is highly variable, typically overestimating adherence by a large degree. Pharmacy records and canister weights provide estimates of the amount of medication taken, but cannot reveal patterns over time, including dumping. Electronic devices can record the date and time of medication use. These provide more objective assessments of adherence but are not without problems, including mechanical failure.

The goal of this seminar is to provide a practical review of medication adherence methods. We will focus largely on the use of electronic devices for oral and inhaled medications in research and clinical settings. Hands-on experience with several devices, software, and data output will be offered, with examples drawn from ongoing research studies. Special emphasis will be placed on developing QC protocols and data cleaning strategies to enhance interpretation. This workshop will be interactive and appropriate for those who want to learn about electronic monitoring, as well as current users seeking to enhance utilization.

Post-Meeting Seminars**1:30 p.m.-4:30 p.m.****Seminar #12***Automated Ecological Momentary Assessment: Research Designs and Practical Applications**Elizabeth Brondolo, Ph.D., Delano MacFarlane, M.Eng. and Shola Thompson, B.A., St. John's University*

Do fluctuations in negative mood trigger episodes of binge eating or smoking? If we suppress our anger, is our mood better or worse the next day? Advances in computer hardware and statistical packages have made it increasingly possible to address these questions in "real-world" settings. Behavioral scientists can use ecological momentary assessment (EMA) methods to ask questions about moment-to-moment variations in affect or perception or other variables, assessing the effects of these changes on numerous physiological and psychological outcome measures. These data can yield valuable insights into biobehavioral mechanisms responsible for the links between stress and health. Data obtained from EMA paradigms can often have more direct clinical applications than data obtained through traditional retrospective survey methods. However, designing and implementing studies using EMA methodology can be technically and logistically challenging.

The purpose of this seminar is to facilitate the researcher's ability to use EMA paradigms. The seminar will begin with a discussion of the theoretical and methodological issues involved in ecological momentary assessment paradigms. The costs and benefits of this methodology will be addressed using examples from the presenters' research with educationally and culturally diverse samples. Next, participants will discuss their own research topics and generate research designs using ecological momentary assessment methodology. All participants will receive software compatible for use with many personal data acquisition devices. This software can be used to design a variety of ambulatory monitoring diaries. Participants will practice configuring the software to design their own version of a diary. Various strategies for data sampling will be discussed. Basic issues in multi-level modeling will be introduced.

1:30 p.m.-4:30 p.m.**Seminar #13***Health Works for Women and Their Daughters: A 10-Year Evolution of Community-Based Participatory Research**Laura Linman, Sc.D., CHES, UNC-CH Department of Health Behavior and Health Education; Marci Campbell, Ph.D., R.D., M.P.H., UNC-CH Department of Nutrition; Andrea Meier, Ph.D., UNC-CH School of Social Work; and Salli Benedict, M.P.H., UNC-CH Center for Health Promotion and Disease Prevention*

The seminar will present theory and practical skills for conducting community-based participatory research (CBPR). Lessons learned and examples from over 10 years of work including four health promotion research studies involving low-income, blue-collar women in rural North Carolina will be presented. Health Works for Women (1993-1998), Health Works in the Community (1998-2003), Health Works After the Flood (2000-2003), and the recently funded HOPE Works project (2003-2009) will be described. These projects have evolved from "research in" communities to "research with" communities that exemplifies true CBPR by building community relation-

ships, building trust, and utilizing research results to build successful intervention strategies adapted to the changing needs of community partners over time. Presenters will report results of the studies, including individual health behavior changes, workplace and community environmental and policy changes, and initiatives taken by community partners as a result of the participatory research process. (Campbell et al, 2002).

Participants will learn about and discuss the strengths and limitations of CBPR, while acknowledging the ways in which CBPR challenges traditional research paradigms. Those working in applied intervention research will benefit from attending this session. Practical skills and strategies will include how to incorporate CBPR into current and planned research initiatives; successfully work with community advisory groups; build flexibility into project design; and include the innovative use of qualitative methods (e.g., photo-voice and focus group techniques) for evaluating CBPR projects.

1:30 p.m.-4:30 p.m.**Seminar #14***Innovation Strategies for Research With Frail Older Adults: The Baltimore HIP Studies**Barbara Resnick, Ph.D., CRNP, FAAN, FAANP, Denise Orwig, Ph.D., Jay Magaziner, Ph.D., Verita Custis Buie, Doctoral Candidate, Michele Werner, B.A., University of Maryland; Sheryl Zimmerman, Ph.D., M.S.W., University of North Carolina; and Janet Yu Yahiro, Ph.D., Union Memorial Hospital*

The Baltimore HIP Studies, a program of research dedicated to understanding hip fracture and enhancing recovery from hip fracture, was initially started in 1983. The focus of the current HIP studies was to test the effectiveness of the Exercise Plus Program, which is a combined aerobic and resistance exercise program with a motivational component. This program is provided to participants in the home setting and implemented by an exercise trainer. The Baltimore HIP studies team has been able to recruit large numbers of frail older women in the first 3 days post-hip fracture, and been able to effectively follow these individuals in the first 12 months post-fracture. Numerous interventions have been identified that improve both recruitment and retention of these individuals. Specifically, these include individualized care, emphasizing benefits, eliciting support from others, being an expert, use of role models, timing, and positive first impressions. The barriers to recruitment and retention among these individuals included time commitment, lack of support from others. Preliminary findings have demonstrated that the individuals exposed to the Exercise Plus Program were more physically active, had better function, and were less fearful of falling at 2 and 6 months post-hip fracture than those who receive routine care. The participants identified 11 major factors that influenced their willingness to engage in the exercise program provided and 3 factors that decreased their willingness to exercise. Specifically, such things as recognizing the benefits of exercise, knowing what to do, building confidence, receiving verbal encouragement, and working toward goals helped these women to initiate and adhere to the exercise recommended. Being too busy to exercise, regaining baseline function, and experiencing unpleasant sensations associated with exercise (e.g., pain, fear, or shortness of breath), resulted in decreased adherence to exercise. This session will

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provide innovative ideas on how to recruit and engage frail older adults in exercise interventions, and will address the potential benefit of these interventions and how to implement these interventions into the real world.

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

Seminar #15

Reaching the Underserved: Bridging the Digital Divide

*Helene McDowell, M.S., University of Wisconsin-Madison;
Denise Ballard, M.Ed., Mid West Cancer Information Service;
and Maureen Duffy, M.S.W., North Central Cancer Information Service*

Breast cancer accounts for 29% of all new cancer diagnosis in the United States, is the leading cause of cancer death among women between 20-59 years of age and can have a devastating impact on quality of life. The impact is even more serious among underserved women. Barriers such as lack of health insurance, inadequate income and education, cultural beliefs about and by underserved women may produce even greater quality of life disruption than in other women. Newly diagnosed breast cancer patients need information to help them make treatment decisions and help them cope with their diagnosis. The Internet has tremendous potential to help underserved women get the information, support, and decision-making tools they desperately need.

A collaboration of the University of Wisconsin-Madison and the National Cancer Institute's Cancer Information Service examined the most effective means of disseminating an Internet based computer system called CHES – the Comprehensive Health Enhancement Support System to two distinct underserved populations, African-American women in Detroit and Caucasian women in rural Wisconsin newly diagnosed with breast cancer.

Recruitment was a challenge. This study learned that the most effective recruitment partners were organizations that maintained direct and ongoing contact with large numbers of low-income recently diagnosed breast cancer patients, such as cancer treatment facilities and Cancer Control Programs.

Making appropriate changes to the intervention prior to providing the target population with computer access to CHES was also necessary. Through focus groups we determined that the following changes were needed: reduction in the reading level, simpler training materials, personalized training, more graphics, less text, information about community resources, easier navigation, and more representation of women of color.

This study was supported by funding from the National Cancer Institute (grant #N02CO0111) and the Markle Foundation (grant #013054BG).

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

Seminar #16

Doing Research with Human Subjects in the Era of HIPAA: Insights and Strategies

Sally Shumaker, Ph.D., Wake Forest University School of Medicine; Valery Gordon, Ph.D., National Institutes of Health; and Mark Barnes, J.D., LLM, Ropes & Gray

This 3-hour seminar will provide insights and strategies for addressing common human subject protection challenges with an emphasis on the impact of the Health Insurance Portability and Accountability Act (HIPAA). Dr. Valery Gordon, the Extramural Human Subjects Research Policy Officer from the Office of Extramural Programs at NIH, will present on general issues of human subject protection in behavioral medicine research. Dr. Gordon will provide proactive suggestions on how to successfully traverse common NIH and institutional pitfalls involved in doing research with human subjects. Mark Barnes, J.D., LLM, a noted expert on HIPAA, will provide basic issues related to human research and HIPAA and share his experience and insights. Mr. Barnes regularly lectures for Public Responsibility in Medicine and Research (PRIM&R) organization, the nation's most well established training organization for institutional review boards, researchers and medical institutions. Dr. Sally Shumaker, Professor and Associate Dean, School of Medicine, Wake Forest University School of Medicine, will provide a first-hand perspective of an active researcher who successfully conducts clinical research with human subjects in the "age of HIPAA." A significant portion of the seminar will be dedicated to addressing questions and real world problems offered by attendees.