



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Spring 2002

President's Message

David B. Abrams, PhD, SBM President

Centers for Behavioral and Preventive Medicine, The Miriam Hospital, Providence, RI



It is an honor to be your President. Have you noticed a palpable feeling of new energy? Refreshing winds of change are permeating our Society. SBM is now almost 25 years old. Much has been achieved. We have come of age. The original vision, to make legitimate the value of a biopsychosocial approach to understanding health and illness, has become recognized and has been applied successfully in a number of areas. The roots and underlying principles

of SBM's vision are now emerging in many new forms to address complex problems in health and health care. This is wonderful progress even if SBM may not be recognized anymore as the impetus for these new developments.

SBM still has important new contributions to make across the human lifecycle, along the wellness-illness continuum from cells to society and from fundamental research to applications. Leaders in government, industry, and science see today's problems in health and health care in a more sophisticated way, requiring transdisciplinary research and solutions. Hence the theme of next year's annual meeting in Salt Lake City, a city itself transformed by the Winter Olympics. You won't want to miss this for anything. Our theme is "Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational."

What can SBM offer its members, and the scientific, consumer, and societal constituencies in the coming years? Built on a solid evidence-based foundation, SBM is now in an ideal position, and at an ideal time in history to reinvent itself in a way that brings renewed advocacy, credibility, and visibility for what we can offer in terms of research and applications. Not tinkering around the edges but a substantive transformation, not "business as usual". The SBM of tomorrow will be different! The reason I am so excited about the renewal and reinvention of SBM is that this energy and potential for making measurable differences in health outcomes for populations is happening at the grass roots level. Many of you expressed those feelings openly at the annual meeting in our nation's capital. The burgeoning expansion of our Special Interest Groups (SIGS) is but one of many examples. The climate in Congress, NIH, the private sector, and health services is more open and interested in evidence-based, value-added, solutions to improve health. Words that derive from SBM's biopsychosocial vision are everywhere (transdisciplinary, translational, transcultural, gene-environment interaction) but SBM may not be at the table.

People are saying SBM really feels different. We need to channel and focus that energy. I do not have all the answers but together we can strive for a new vision and new goals to make SBM even more relevant and central to science, practice and policy in the 21st century. Towards this reinvention of SBM, the work of long-range planning has now been funneled into near-term strategic objectives, a process begun last year facilitated by Allan Best, Tracy Orleans, and others. The investment is beginning to bear fruit.

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Outlook

President's Message (con't from page 1)

What are the next steps in this re-vitalization? What are the most urgent directions for change? I believe SBM needs to work harder to build a critical mass of members and to partner with other organizations in a collaborative with common interest in population health, including health outcomes, health services, policy, economics, cost-effectiveness, epidemiology, and other public health constituencies such as health education. We need more diffusion and dissemination research with larger, representative community samples. Business models will need to be developed if what we know is to become widely adopted and integrated into mainstream society to make a value-added impact at the population level. Dr. Susan Curry pointed out some of these challenges facing SBM in her inspirational keynote address at our annual meeting in Washington D.C. In the words of McKinlay and Marceau (2000) we need "To Boldly Go..." (1) beyond "riskfactorology" to examine individual and nested contextual interactions that make their influences felt at the population health level, in large absolute numbers.

We also need to continue to strengthen our society's infrastructure, networking, communication, and sense of community – something that the Board of Directors has been working hard on. And we need to continue to find ways to get **your** involvement and help, **since you are the heart and soul of our organization**. Here's what we learned from you in the spring membership survey — based on responses from over 600 of you and which Ed Fisher, our Secretary / Treasurer recently analyzed and reported to the Board. You said networking and a sense of community within an umbrella organization like SBM is most valued as is a need for strong advocacy for research support and for the translation of what is known into practice and policy. You told us that *Annals*, our annual meetings, and *Outlook* are much appreciated. Mentoring and early career development is highly desired, but you are also interested in finding avenues for professional growth during your mid-career years. You want more access to our most accomplished and experienced members and past presidents.

I was heartened to hear many members spontaneously tell me they felt that renewed energy from our Special Interest Groups

(SIGs). This also is at the heart of what is so special about SBM and we thank Martita Lopez, Membership Council Chair, for her efforts and support. It seems to me the SIGs are where the hottest issues are being debated and out of which the challenges for the future are emerging. Those who had concerns about whether SBM was still relevant to them also cared enough to express their concerns to other leaders or me. I hope those of you who wonder, given busy schedules and commitments to other organizations, if SBM should still be central to your professional growth and development will conclude that it is and will help us ensure the "new" SBM of the future continues to be that special and unique place that meets your needs—needs that cannot be satisfied elsewhere.

We are continuing our strategic planning process with a rosier future than ever. We express heartfelt thanks to Susan Rees, CEO, and The Rees Group for believing in us and standing by SBM during our hardest times; we could not have done it alone. Beth Klipping has now been Executive Director of SBM for over two years. Her competence, sharp mind and uncanny ability to get to the heart of an administrative issue has and will continue to make a significant difference in improving SBM operations. Ed Fisher and Barbara McCann reported to the Board that SBM is once more in a financial position of investing in our future, with revenues and savings to apply to new growth, thanks to strong membership dues, skilled Board leadership, successful annual meetings, and several supportive grants from The Robert Wood Johnson Foundation, the National Cancer Institute, and the NIH Office of Behavioral and Social Science Research (OBSSR).

Alan Christensen, Chair of Publications and Communications Council, and his team have been working to ensure that we meet the communication needs of our members. The Board approved expanding *Annals* to six issues per year. The number

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Deadlines and Rates

To advertise in the Summer issue of *Outlook*, please supply ad copy to Carol Kendall at the SBM National Office. Copy may be emailed to Carol at ckendall@reesgroupinc.com or faxed to 608-831-5485. The deadline for receipt of copy for inclusion in the Summer issue is June 1.

Advertising is billed at a rate of \$10 per line, based on *Outlook's* final layout. Sample layout and preliminary bill will be forwarded to the advertiser prior to publication.

Correspondence about articles and professional news should be sent to:

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Articles should be no longer than approximately 500 words, plus up to 10 references, and submitted to the Editor. Double-spaced papers should be submitted using APA or AMA writing style. Professional news is welcome at anytime via mail, phone, fax, or e-mail.

of applications, lag time from acceptance to publication and high percent rejection rate all warrant this expansion. *Annals* now has a rejection rate and a citation rate that is on a par with the very best journals. This is astounding and deserving of congratulations to the Editors past and present (Robert Kaplan) and all involved in the review and submission process. We are negotiating with the International Society (ISBM) to include their journal as part of the benefit package of membership. The Board also decided to once again send hard copies of *Outlook* to all members beginning with the Fall 2002 issue. We will increase dues by a moderate amount for 2003, primarily to cover the additional expenses of printing six issues of *Annals*, while retaining a subsidy for students and a graduated scale for new members. We still have relatively modest dues compared with similar organizations.

We had a record attendance in Washington, DC of over 1,300, topping the very successful meeting in Seattle and despite fears that the aftermath of Sept 11th would dampen enthusiasm and travel. Membership is stable at 2,220 with new students and other members joining SBM despite the increasing pull of smaller, specialty societies and the ever-increasing demands of employment and of the primary affiliation/discipline of our members. Susan Czajkowski, Program Chair, and Karina Davidson Program Co-chair, their Program Committee, Marc Gellman, Program Oversight Committee Chair, and Michael Goldstein, now Past President, deserve all the credit for putting together a fabulous Annual Meeting.

The SBM Board has worked extremely hard this past year and we are deeply indebted to them. We bid farewell to several Board members including Robert Klesges, Shari Waldstein, and Richard Botelho. SBM welcomes David Ahern, Chair of the Development Committee, Robin Mockenhaupt, Chair and Richard Seidel, Co-chair of the Scientific and Professional Liason Council, Robert Kerns, Chair of the Education and Training Council, Ken Wallston, Member Delegate and our new President-Elect, Linda Baumann. Judy Ockene's leadership is much appreciated in developing our mentoring program. Interest in the program dramatically increased again this year. There are many opportunities to participate in the program, so join as a mentor or a mentee. We welcome suggestions or volunteers to address our mid-and later-career membership's needs for professional development. We value the opportunity to develop future generations of outstanding scientist-practitioners. Martita Lopez, in her role as Membership Council Chair, has spearheaded the Special Interest Group program and recently appointed Jennifer Steele as Chair of the SIG Sub-committee of the Membership Council. If you would like to form a new SIG, please contact Dr. Steele directly. Contact information for the SBM Board of Directors and Committee Chairs is listed on the last page of the newsletter.

The real story behind a rebirthing of SBM goes back several years and remains a work in progress with many players, Board

members and Past Presidents involved. The Board is committed to implementation of the strategic plan and to a continuous cycle of quality improvement in the spirit of creating a learning organization. We have a new format for *Outlook* with all Board members and their email /contact information listed on the last page. I encourage you to contact them with suggestions or concerns. Consider joining a committee, working group, or SIG. If a SIG does not exist for your area of interest you can start one. I look forward to working with Program Chair Karina Davison and Co-chair Vanessa Malcarne to develop next year's program and maintain our positive and upward trajectory. If you have ideas for next year's program, please contact Karina, Vanessa or myself. Together we can reinvent and transform SBM to continue to meet your needs and to play a central leadership role in addressing the challenges facing health promotion and disease prevention for many years to come.

Reference

1. McKinlay JB, Marceau LD. To Boldly Go . . . *American Journal of Public Health* 2000;90:25-33. ◆

News about SBM Members

Steven Richards, PhD, Editor of *Outlook*

Ronald P. Abeles, Ph.D., has information about how to join a new NIH listserv that provides information on recent grant opportunities at NIH. Dr. Abeles is Special Assistant to the Director, Office of Behavioral and Social Sciences Research at NIH. Dr. Abeles may be contacted at 301-496-7859 or abeles@nih.gov for more information.

Lawrence W. Green, Dr.P.H., has been appointed Director of the CDC Office of Extramural Prevention Research. Dr. Green has also been appointed Associate Director for Prevention Research and Academic Partnerships for the Public Health Practice Program Office, which recently announced a new grant program for community participatory prevention research. Dr. Green is a Fellow of SBM.

New SBM Fellows are announced on page 4 of this issue of *Outlook*.

SBM Achievement Award Winners, announced at the 2002 Annual Meeting in Washington, DC, are listed on pages 6-7 of this issue of *Outlook*.

Cheryl L. Albright, PhD, MPH, has been selected as the new SBM Outlook Editor. The announcement was made at the April 2002 Meeting.

New SBM Fellows for 2002

Susan Czajkowski, PhD: Dr. Czajkowski received her PhD in Social Psychology in 1985 from the University of Maryland. She currently serves as a Social Science Analyst for the Behavioral Medicine Research Group at the National Heart, Lung and Blood Institute (NHLBI), National Institutes of Health. Prior to her current position, Dr. Czajkowski served as an Expert Consultant in the Behavioral Medicine Branch at NHLBI.

Karina Davidson, PhD: Dr. Davidson received her PhD in 1991 from the University of Waterloo. She is currently Assistant Professor of Cardiology at Mount Sinai School of Medicine and Assistant Attending Psychologist, Medical Staff, in the Department of Psychiatry at Mount Sinai Hospital in New York, NY. Dr. Davidson is also an Adjunct Assistant Professor in the Community Health and Epidemiology and Psychology Departments at Dalhousie University.

Larry Jamner, PhD: Dr. Jamner received his PhD from the State University of New York at Stony Brook in 1985. He currently serves as Associate Professor in the Department of Psychology and Social Behavior at the University of California at Irvine and as Associate Professor in the Department of Pharmacology in the School of Medicine, University of California at Irvine.

Mark Litt, PhD: Dr. Litt received his PhD in Psychology from Yale University in 1986. He currently serves as Professor in the Department of Behavioral Sciences and Community Health at the University of Connecticut School of Dental Medicine. In addition, Dr. Litt is Assistant Professor of Psychology in the Department of Psychiatry and the Department of Obstetrics and Gynecology at the University of Connecticut School of Medicine.

Jerome Markovitz, MD, MPH: Dr. Markovitz received his MD from the University of Minnesota in 1985 and his MPH (Epidemiology) in 1992 from the University of Pittsburgh. He is currently Associate Professor in the Department of Medicine at the University of Alabama at Birmingham School of Medicine. Prior to his current appointment, Dr. Markovitz was Assistant Professor of Medicine at the University of Alabama at Birmingham.

Robin Mermelstein, PhD: Dr. Mermelstein received her PhD from the University of Oregon in 1984. She is currently the Deputy Director of the Health Research and Policy Centers (formerly Prevention Research Center) at the University of Illinois at Chicago (UIC). Dr. Mermelstein also serves as Director of the Center for Health Behavior Research at UIC and is Associate Professor in the Department of Psychology and Assistant to Associate Professor, Community Health Sciences in the School of Public Health at UIC.

Paul Mills, PhD: Dr. Mills received his PhD in Neuroscience in 1987 from the Maharishi International University in Fairfield, Iowa. He currently serves as Director, Core Laboratory, General Clinical Research Center at the University of California at San Diego (UCSD). In addition, Dr. Mills is Assistant to Associate Adjunct Professor in the Department of Psychiatry at UCSD and an Adjunct Professor at San Diego State University.

Marcia Ory, PhD, MPH: Dr. Ory received her PhD in Family Studies and Sociology from Purdue University in 1976 and her MPH in Behavioral Sciences from Johns Hopkins University in 1981. She currently serves as Professor in the Department of Social and Behavioral Health, School of Rural Public Health, at Texas A and M University, and is Director of the Robert Wood Johnson Foundation National Program Office on Active for Life: Increasing Physical Activity in the 50 Plus in the Program Office located at Texas A and M University. Dr. Ory is also a consultant for the Office of Behavioral and Social Sciences Research at the National Institutes of Health.

Donald Penzien, PhD: Dr. Penzien received his PhD in Clinical Psychology in 1986 from Ohio University. He currently serves as Associate Professor of Psychiatry (Psychology) in the Department of Psychiatry and Human Behavior at the University of Mississippi Medical Center (UMC). Dr. Penzien is also Director of the Head Pain Center and the Behavioral Medicine Consultation Service at UMC.

Thomas Plante, PhD: Dr. Plante received his PhD in Clinical Psychology in 1987 from the University of Kansas. He currently serves as Academic Director at the Center for Professional Development and as Associate Professor in the Department of Psychology at Santa Clara University. Dr. Plante is also a Scholar in Residence at Santa Clara University at the Markkula Center for Applied Ethics and is a Clinical Associate Professor in the Department of Psychiatry and Behavioral Sciences at Stanford University Medical School. ◆

Upcoming Educational Opportunities

December 9–15, 2002: *The Psychology of Health, Immunity and Disease—14th International Conference*. Marriott Beach and Golf Resort, Hilton Head, SC. Sponsored by NICABM. Forty (40) CE/CME credits. Contact: Rose-Marie Attenello (800) 743-2226 or Rose@nicabm.com or visit our website www.nicabm.com to register. For additional information, please write to NICABM, PO Box 523, Mansfield CT 06250.

March 19-22, 2003: *Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural, and Transnational—24th Annual Scientific Sessions of SBM*. Grand America Hotel, Salt Lake City, Utah. Please contact the National Office for more information.

The Evidence-based Behavioral Medicine (EBBM) Committee at SBM 2002

Members of the EBBM Committee converged in Washington, D.C. to present a post-conference seminar entitled “Designing, Reviewing, and Using Evidence-Based Behavioral Medicine (EBBM).” We decided during our retreat in New York City last August that a seminar for researchers, educators, and reviewers would be the best forum for disseminating information about evidence-based behavioral medicine. Below we provide brief summaries of our presentations for those of you who couldn’t join us in the nation’s capital.

Reviewing the Evidence: How Evidence-based Medicine Tools and Concepts can Inform Evidence-based Behavioral Medicine

Evelyn P. Whitlock, MD, MPH, and C. Tracy Orleans, PhD

Where is the knowledge we have lost in information? —T.S. Eliot, “The Rock”

The tools and concepts that are being developed and applied through the evidence-based medicine movement can be usefully considered in evidence-based behavioral medicine. Evidence-based medicine, one of the 80 innovative ideas identified as having current and future cultural and disciplinary influence by the *New York Times* in 2001, is a young and growing field building on relatively recent scientific advances—such as randomized controlled trials and meta-analysis—and the burgeoning awareness of gaps in the quality of clinical practice and its consistency with known evidence. This movement advocates for “conscientious, explicit and judicious” use of the best evidence available from relatively unbiased critical appraisal and summary of the extant literature in formulating health policies and in the clinical practice of individual patient care. As inferred by the T.S. Eliot quote above, evidence-based medicine seeks to organize the vast quantity of research results into usable bodies of information for practitioners and to focus researchers on the areas where research information gaps exist.

Systematic evidence reviews comprise a series of discrete steps to assemble and evaluate the state of the available research evidence for a particular review question. Seven main steps comprise a systematic review: 1) Asking a clinically important question well enough to structure the rest of the review; 2) Searching for and retrieving the best available relevant research evidence; 3) Applying a priori methods to critically appraise the results of individual studies; 4) Using qualitative and quantitative methods, where appropriate, to summarize the results from multiple studies and reports; 5) Judging the overall body of evidence pertaining to the review question for consistency, coherence, bias and overall harms and benefits; 6) Communicating the evidence and potential for improved health outcomes; 7) Evaluating the impact of the review and periodically updating its findings.

Evidence-based behavioral medicine reviewers face unique challenges and requirements in each of these steps, as the methods to date have been predominantly developed for research literature addressing pharmacologic and other types of non-behavioral interventions. Evidence-based behavioral medicine reviewers need to be aware of these challenges and contribute to the appropriate adaptation of review methods. Participation by behavioral medicine researchers and experts in the developing field of evidence-based behavioral medicine is likely to improve the applicability of existing evidence-based methods to the review of behavioral medicine topics and the resulting relevance of the review results for behavioral medicine policy-makers and practitioners.

Applying Evidence-based Medicine Guidelines to the Reporting of Current Research

Karina Davidson, PhD, and Kimberlee Trudeau, MA

We in behavioral medicine persistently believe our analytic, methodological, and design expertise to be superior to that of our medical colleagues. Isolated anecdotal evidence to the side, however, a perusal of the quality of reporting in our own randomized controlled trials and that from said medical colleagues suggests otherwise. There are a number of clinical trial reporting areas on which we, as the ones with multiple graduate statistical and methods courses, remain oddly silent. For example, in a review we are conducting of behavioral medicine randomized controlled trial publications we have noted that the generation, concealment and preservation of the randomization sequence is rarely reported. These and other areas of clinical trial reporting omission will be described in an upcoming *Outlook* article.

As our ongoing review of published behavioral medicine interventions revealed numerous areas in which we all omit necessary details, a case-based approach to describing the CONSORT guidelines was adopted. These 22 guidelines to good reporting of a clinical trial have been adopted by over 200 medical journals, and *Annals of Behavioral Medicine*, *Health Psychology*, *Psychosomatic Medicine*, and *Journal of Pediatric Psychology* will all be adopting these guidelines shortly. We decided that presenting a recently completed behavioral medicine randomized controlled trial, and then reporting the details necessary to meet all 22 guidelines, would be useful for the dissemination and explication of CONSORT to behavioral medicine researchers.

We concluded that the reporting of behavioral medicine researchers can be enhanced by the use of the CONSORT Statement during the writing process. The more thorough the reporting of our randomized controlled trial results, the more likely it will be that our work will contribute to the field through future replication, analysis, and adoption by our colleagues.

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SBM Achievement Award Winners 2002

SBM continues its tradition of honoring outstanding research by recognizing the following individuals for their superior contributions to the field:

Distinguished Scientist Award

David Shapiro, PhD, is the recipient of the 2002 Distinguished Scientist Award. The following letter of nomination, submitted by Dr. Richard Surwit, details Dr. Shapiro's superior contributions to the field of behavioral medicine.

"It is my great pleasure to act as a referee for the nomination of Dr. David Shapiro for the the SBM Distinguished Scientist Award. I have known Dr. Shapiro for 30 years, both as a mentor and as a colleague. Consequently, I have followed his work closely for a considerable period of time. Dr. Shapiro is, by any metric, a major figure in modern psychology. He was a pioneer in the field of clinical psychology, psychophysiology and behavioral medicine who has made numerous seminal contributions.

"David Shapiro received his PhD in psychology in 1953, when clinical psychology was in its infancy. He was one of the first psychologists trained in the Boulder Model of "scientist-practitioner." After completing a Fulbright fellowship in France, he returned to the United States to begin his research career. His early work focused on social psychology and group interactions, but soon began to include psychophysiological measures. In 1964, David Shapiro, working with Andrew Crider and Bernard Tursky, published a landmark paper which described the manipulation of an autonomic response through operant conditioning. This was the first demonstration that the autonomic nervous system could respond to "voluntary" control and/or rewards and reinforcements. Prior to the publication of this study, Pavlov's hypothesis that the autonomic nervous system could only be manipulated through "classical" conditioning was accepted as dogma. David Shapiro's study shattered this artificial dichotomy and opened up the possibility that visceral function could be learned.

"It is almost impossible to underestimate the impact this 1964 paper had on the field of psychology. The observation was followed by similar findings from David Shapiro's laboratory and other groups. Many of these studies were published in "major" general journals such as *Science*. It soon became obvious to that the possibility of manipulating autonomic responses by operant conditioning implied that behavior modification could be used to treat disease. This was truly a revolutionary concept and it sparked an incredible amount of excitement at the time. Initial studies on the operant conditioning of galvanic skin response were followed by similar studies on blood pressure, heart rate, and peripheral blood flow. These early reports lead to the development of the "biofeedback" therapies, which, in turn, lead

to the development of the field of behavioral medicine itself. Literally hundreds of papers were published following up on David Shapiro's initial findings. In fact, the term "behavioral medicine" was coined by Lee Birk, one of David Shapiro's students, in a book that described the early biofeedback therapies. Therefore, it is no exaggeration to say that David Shapiro was in large part responsible for the birth of the field of behavioral medicine; a field to which he has continued to contribute to for over 35 years.

"The development of biofeedback was not the only contribution David Shapiro made to behavioral medicine. His early work on physiologic responses to mental tasks developed a paradigm for assessing physiologic "reactivity" that is still used today. The concept that reactivity could be an important individual difference has been the topic of literally hundreds of subsequent studies. Working with Bernard Tursky, David made pioneering contributions to pain research. Initial studies developed standardized techniques to assessing pain tolerance, and later studies described important cultural differences that impact on this variable. David pioneered behavioral treatments for smoking and orthostatic hypotension. In recent years he has made major theoretical contributions to our understanding of the psychological stimuli that modulate blood pressure. Although he officially "retired" in 1994, David Shapiro continues to be a highly productive clinical scientist with ongoing NIH support.

"As important as theoretical and empirical publications are in assessing a given scientist's impact on a field, perhaps a more important measure of impact is the number and quality of the students he or she has developed. Here too David Shapiro's contribution is outstanding. The list of people whose careers were shaped by David is a veritable Who's Who of psychophysiology and behavioral medicine. They include Andrew Crider, Phil Leiderman, Bernard Tursky, Lee Birk, Herbert Benson, Gary Schwartz, Rena Wing, Richard Surwit, Edward Katkin, Allan Sirota, John Reeves, James Lane, Iris Goldstein, Richard Davidson, Bruce Naliboff, and Larry Jamner among others. What is really unique about this group is that all of these individuals made very different contributions to the field. They were not cloned in the image of their mentor. For each one, the opportunity to collaborate with and learn from David helped them develop their own ideas and their own individual professional careers. This is due to the David's unlimited intellectual curiosity, as well as his ability to allow each student to develop their own contributions independently.

"There is little need to directly compare the contributions of David Shapiro to other Distinguished Scientist Award winners. Only a handful of psychologists have made the type of contribution to the field that David has. The only comparison that

comes to mind is the late Neal Miller. Like Neal, David has made a wide variety of contributions over an extremely long career and has trained a very diverse group of highly productive students. I am sure that other referees will agree that it is extremely fitting that he be honored by SBM with this award.

“Thank you very much for selecting me to write on his behalf.

Yours sincerely,

Richard S. Surwit
Professor”

Outstanding Dissertation Award

Lila J. Finney, PhD, received this year's award for her dissertation titled “Health Beliefs, Message Framing, and Mammography Screening Compliance: Measurement Development and Theory Testing.” The dissertation tests an intervention to increase compliance with recommendations for annual mammography and examines determinants of compliance in a subset of her population. Dr. Finney's dissertation was supported by a letter of recommendation from Ronald J. Iannotti, PhD. Dr. Iannotti describes the importance of Dr. Finney's research as making “a significant contribution to health psychology. The importance of early detection in the fight against breast cancer has been well established. Because of her community sample, her success in measuring the health beliefs of both compliant and non-compliant women, and her test of an intervention strategy, Dr. Finney's work will inform future efforts in cancer screening interventions.”

Young Investigator Award

Laura A. Linnan, ScD, received this year's award for her paper titled “Using Theory to Understand the Multiple Determinants of Low Participation in Worksite Health Promotion Programs.” Dr. Linnan was nominated for this award by David Abrams, PhD, and Karen Emmons, PhD. In her letter of nomination, Dr. Emmons notes that “Laura has published many fine papers, in some of our best journals. She has published both conceptual papers and empirical papers, and has used her publications as a way to bridge the gaps between the behavioral medicine and public health communities. I have selected her recent publication in *Health Education and Behavior*, 2001 8(5):591-607, which applies theory to understand the serious issue of intervention reach. If we are to move the field forward in terms of disseminating effective interventions, then it is critical that we have an understanding of the issues Laura tackles in this paper.”

Glaxo Young Investigator Award

Kimber P. Richter, PhD, MPH, received this award for her paper titled “A Population-based Study of Cigarette Smoking Among Illicit Drug Users in the United States.” Dr. Richter was nominated by Jasjit Ahluwalia, MD, MPH. In Dr. Ahluwalia's letter of nomination he describes the submitted research papers as “a

real contribution to the field. This analysis is one of the first epidemiological studies on the overlap in illicit drug use and smoking. Practically anyone would agree that alcohol, illicit drugs, and tobacco go together, but until now no one had run the numbers or looked for factors that might influence comorbid use.”

LifeScan Diabetes Research Award

SBM and Life Scan, Inc., a Johnson & Johnson company, have established this award to stimulate and recognize innovative research in the area of behavioral diabetes management and prevention. Janet Thomas, MA, received this year's award for her research paper titled: “The Prevalence of Affective Disorders in Low-Income Adults with Type 2 Diabetes.”

Pro-Change Research to Practice Dissemination Award

SBM and Pro-Change established this new award to stimulate and recognize innovative research in the area of research to practice dissemination. Joni Mayer, PhD, received this year's award for her research paper titled: “Promoting Sunscreen at the Point of Purchase.”

Distinguished Mentor Award

Timothy B. Baker, PhD, is the recipient of this year's Distinguished Mentor Award. Dr. Baker is a Professor of Psychology at the University of Wisconsin. His nomination for the award was supported by numerous letters of recommendation from current and former students and colleagues. The following is an excerpt from the letter of support submitted by Dr. Michael Fiore — it echoes the sentiments of many of the other letters we received in support of Dr. Baker. “If I was to state one word that epitomizes Dr. Baker's relationship to his students it is his generosity — both intellectual and personal. He demonstrates characteristics that, in my view, most reflect a good mentor — he provides them with the gifts of time, ideas, caring, honest feedback, and constructive criticism. I have sat frequently with Dr. Baker as he has mentored his students. These interactions are rich with an exchange of ideas, an encouragement to explore new concepts, and a challenge to think critically.”

Distinguished Service Awards

Marc D. Gellman, PhD: In recognition of his tremendous efforts toward oversight of the Annual Meeting and for his dedication to cultivating a relationship with the International Society of Behavioral Medicine.

J. Allan Best, PhD: In recognition of his enthusiastic and insightful work toward the Society's Strategic Planning process.

Judith K. Ockene, PhD: In recognition of her continued efforts toward expanding the SBM Mentoring Program.

Shari R. Waldstein, PhD: In recognition of her tremendous dedication and contributions as Chair of the Education & Training Council and as a member of the Mentoring Committee. ♦

EBBM (continued from page 5)

Evidence-Based Medicine from a Clinical Perspective

Bonnie Spring, PhD, and Sherry Pagoto, PhD

The evidence base for much of behavioral medicine practice is immature. Few treatment approaches currently are supported by a body of empirical research that satisfies CONSORT criteria. And yet, clinicians must address the needs of patients who require clinical care now. In response to those contingencies, two kinds of practice bias occur frequently. One is the tendency to refer cases out for medical intervention (e.g., pharmacotherapy, surgery) on the grounds that no alternative behavioral medicine treatment possesses adequate evidence-based support. The other, almost opposite, bias is the tendency to treat a diverse array of clinical problems similarly with forms of therapy (e.g., cognitive behavioral therapy, behavioral therapy) that generally possess empirical support, even though they have not been studied for the clinical condition at hand. The alternative approach recommended here makes constructive use of ignorance. We urge clinicians to incorporate literature search and CONSORT review into the initial stages of treatment planning. Research review occasionally turns up unfamiliar intervention approaches that have been surprisingly well studied, but also allows identification of clinically important treatment questions that urgently need research.

A few domains of behavioral medicine intervention are supported by a relatively mature science base. Smoking cessation treatment represents one example. Here different challenges arise in implementing evidence-based behavioral medicine. One worry frequently articulated by students and practitioners concerns the felt pressure to deliver manualized treatments "robotically" or "mechanically," without flexibility to tailor intervention to the client's individuality. A related concern is that manualization supports market-driven trends towards a "dumbing down" and "minimalization" of treatment, so that therapy can be administered less expensively by paraprofessionals or delivered via computerized expert systems. These issues highlight the critical need for collaboration between practitioners and basic scientists in continuing to grow behavioral medicine's knowledge base. Unless questions are posed about the biobehavioral mechanisms that achieve desired clinical outcomes, practice will tend towards rote technical delivery of procedures, uninformed by insight into the learning principles that promote health. As has occurred in smoking cessation, research then tends to devolve into "tinkering phase" evaluation science that examines dose-response variations on a basic protocol, dissemination or "technologization" of procedures. A vital evidence base will benefit by drawing upon basic science knowledge to generate new understanding of underutilized therapeutic mechanisms. It will also benefit from being responsive to largely unaddressed clinical questions, for example those concerning how to treat correlated unhealthy behaviors, whether to focus treatment on primary health outcomes, intermediate physiological outcomes, psychological processes, or behavior change. ♦

CLASSIFIEDS

Cancer Research Center of Hawaii

Based at the University of Hawaii's Cancer Research Center of Hawaii (CRCH), this program will train doctorally prepared scientists to become independent investigators. Our Cancer Control Research Training program begins in mid-2002. Training will be lead by population researchers in the disciplines of: Behavioral Sciences, Epidemiology, Nutrition, and Biostatistics.

Trainees will be selected for a two-year training program beginning Summer and Fall 2002. Review of applications will occur yearly. Stipends will range from \$ 35,000 to \$ 70,000 annually. For additional information and Application Form, visit: web site: www.crch.org/postdoc; email address for inquires: postdoc@crch.hawaii.edu.

Health Scientist Opening National Cancer Institute

Advance your career to the next level. The Applied Cancer Screening Research Branch of the National Cancer Institute (NCI) seeks an outstanding health scientist to develop, direct and implement a national program of behavioral and community intervention research in cancer screening.

You will collaborate with experts in cancer control within the NCI and the National Institutes of Health (NIH) and with other behavioral researchers in the external scientific community. Excellent communication and interpersonal skills are important for work in this collaborative, challenging and highly visible interdisciplinary setting.

Applicants must have a Ph.D. in the social, behavioral, epidemiological or public health sciences with a focus on health behavior. Mid-career level faculty are encouraged to apply. U.S. citizenship is required. The location is Rockville, Maryland, close to Washington, D.C. Salary range: \$78,265 to \$101,742. Excellent benefits.

Send us your curriculum vitae together with a cover letter describing your research interests: Helen I. Meissner, PhD, ScM, Chief, Applied Cancer Screening Research Branch, Behavioral Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, 6130 Executive Blvd., Suite 4102, Rockville, MD 20852, E-mail: hm36d@nih.gov, ACSRB Homepage: <http://dccps.nci.nih.gov/ACSRB/default.html>. NIH is an EOE. Post-Doctoral Training Program

Please Mark Your Calendars...

March 19-22, 2003

**Bridging Boundaries in Behavioral Medicine:
Transdisciplinary, Translational, Transcultural, and Transnational
24th Annual Scientific Sessions of SBM
Salt Lake City**

Postdoctoral Fellowship/Research Associate Providence, Rhode Island

Postdoctoral fellowship/research associate positions are available at The Weight Control and Diabetes Research Center at The Miriam Hospital/Brown Medical School. Applicants must have a Ph.D. in psychology, nutrition, exercise physiology, or related field. Position involves collaborating with multidisciplinary research group on various NIH-funded studies examining behavioral approaches to weight loss and maintenance (see www.weightresearch.org for more details). Responsibilities include assisting in assessment and intervention activities. Developing an independent line of research is not required but will be facilitated if desired. Submit statement of professional interests, CV, and list of three references to: Rena Wing, Ph.D., Weight Control and Diabetes Research Center, The Miriam Hospital, 14 Third Street, Providence, RI 02906. Tel: (401) 793-3777. Email: rwing@lifespan.org.

Medical Director University of Pittsburgh Cancer Center

Western Psychiatric Institute and Clinic and the University of Pittsburgh Cancer Institute are seeking a full-time psychiatrist to serve as Medical Director of the Behavioral Medicine and Oncology Program. The candidate will be part of a multidisciplinary team that provides inpatient consultation and liaison services and outpatient psychiatric care to oncology patients within the University of Pittsburgh Medical Center. Extensive research opportunities are also available, as part of a diverse and thriving behavioral medicine program. The ideal candidate would be a Board-Certified adult psychiatrist with expertise in C-L psychiatry, experience in the assessment and treatment of cancer patients, and a demonstrated interest in behavioral medicine research. Academic rank and tenure status are negotiable. We offer a competitive salary and comprehensive benefits.

Interested candidates should send a letter of interest and curriculum vitae to: Andrew Baum, PhD, Professor of Psychiatry and Psychology, Suite 405 Iroquois Building, 3600 Forbes Avenue, Pittsburgh, PA 15260, FAX: 412-627-1936, E-mail: baum@pitt.edu.

The University of Pittsburgh, as an educational institution and as an employer, does not discriminate on the basis of race, color, religion, ethnicity, national origin, age, sex, marital, veteran, or handicapped status. This commitment is made by the University and is in accordance with federal, state, and local laws and regulations.

Postdoctoral Fellow—Psychology Dept. University of Connecticut

The University of Connecticut's Department of Psychology seeks Ph.D. Behavioral Scientists at the level of Postdoctoral Fellow to join its Center for HIV Intervention and Prevention (CHIP) at the Storrs campus. The University is heavily invested in the Center's growth and success. A new facility will be constructed to house CHIP. The successful candidate should have a Ph.D. and a strong background in his/her field of study, preferably Social, Health or Clinical Psychology, Communication Sciences, Anthropology, or Sociology, and should be familiar with field, laboratory, survey and intervention outcome research design and analysis. It is helpful for candidates to have expertise regarding health behavior change theory, empirical work, and interventions, especially HIV risk reduction interventions in at-risk populations. High-level statistical abilities including multivariate analysis and structural equation modeling are also desirable, but not essential. The primary responsibility will be to work in the design, implementation and evaluation of large theory-based HIV risk reduction and medical adherence interventions as well as other health behavior change interventions. Other duties include: writing of grant proposals, data analysis, writing of journal articles, and conducting both basic and applied research related to health behavior change. Salary commensurate with experience. Send a cover letter, curriculum vitae and three letters of recommendation to: Dr. Jeffrey D. Fisher, University of Connecticut, Department of Psychology, 406 Babbidge Road, Unit 1020, Storrs, CT 06269-1020. We encourage applications from under-represented groups, including minorities, women, and people with disabilities. (Search #02A390)

Health Scientist Cancer Control Research National Cancer Institute

The National Cancer Institute (NCI), National Institutes of Health (NIH) seeks a resourceful, independent individual, who has a strong scientific background and knowledge of the federal grant process, to provide scientific and managerial support to the leadership of the Division of Cancer Control and Population Sciences. This is an exciting opportunity to be in an office that is highly visible and often provides information and advice to very senior individuals within government and other national organizations. DCCPS is at the intersection of science, practice and policy. The incumbent will play a key role in an NCI Division that has pioneered new areas of research in cancer genetics, tobacco control, communications, health services, and the social determinants of cancer.

Qualifications include: excellent skills in facilitating working groups, motivating others, writing and public speaking, knowledge of chronic disease research and experience conducting scientific reviews and assessments. The Health Scientist will work closely with the Director and Deputy Director of the Division in the scientific and administrative management of the Division, but is expected to take the initiative when appropriate and act independently. He/she often will help to respond to requests from the President, Secretary of Health and Human Services, Director, National Cancer Institute and others for quick response to questions related to cancer research. Candidates must have academic qualifications and experience in a field relevant to cancer control, such as epidemiology, medicine, biostatistics, or behavioral science. A Ph.D. or equivalent degree with a record of conducting research and scientific publications is highly desirable. This position may be filled in the Federal Civil Service or Excepted Service with an anticipated salary range of \$78,265 to \$101,742 or commensurate with experience. Please submit a letter of interest and Curriculum Vitae/Bibliography to Ms. Vicky Schneider, Executive Plaza North, Suite 3035, 6130 Executive Blvd., MSC 7343, Rockville, MD. 20892-7343, or email: schneidv@mail.nih.gov, by June 30, 2002. The NCI is an equal opportunity employer.

Outlook

Director of Behavioral Medicine Clinical Services University of Mass Medical School

The Division of Preventive and Behavioral Medicine at the University of Massachusetts Medical School is seeking a Director of Behavioral Medicine Clinical Services. This is a rare opportunity to continue the development of a respected and vibrant clinical program which provides integrative, evidence-based outpatient and inpatient consultation-liaison services within an academic medical setting. Academic rank is dependent on accomplishments. Position also involves direct service and supervision of trainees. Opportunities exist for the development of clinical programs including further integration of services into primary care and medical and surgical specialties, research activities and collaboration with well-funded researchers, and development of teaching activities.

The ideal applicant is a clinical psychologist from an APA-approved program with at least five years of experience in behavioral medicine in academic medical settings. Strong organizational and administrative skills are a necessity, as well as clinical supervisory experience, fiscal management skills, and enthusiasm for program development. The Division of Preventive and Behavioral Medicine is a strong independent division within the Department of Medicine consisting of 12 faculty and over 60 staff. Review of applications will begin October 10, 2001 and continue until the position is filled. Please send a cover letter describing current activities and interest, c.v., and three letters of recommendation to: Judith K. Ockene, PhD, Professor of Medicine and Chief, Division of Preventive and Behavioral Medicine, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655. University of Massachusetts Medical School is an AA/EOE.

Behavioral Medicine Consultant Kaiser Permanente Sacramento/Roseville, California

KAISER PERMANENTE Sacramento/Roseville invites qualified psychologists to apply for positions in the Department of Behavioral Medicine/Department of Adult Medicine. Qualified candidates will possess a doctorate in psychology from an APA-accredited university, have completed an APA-accredited internship, and be licensed or license-eligible in the state of CA. The ideal candidate will have research and clinical

training/work experience in behavioral medicine and embody a scientist-practitioner approach to primary care practice. Positions are available in Davis and Sacramento. Salary is commensurate with status and experience. Contact Sheri Pruitt, Ph.D. at sheri.d.pruitt@kp.org for more information. Kaiser Permanente is an Affirmative Action/Equal Opportunity Employer and supports a labor-management partnership.

The Eunice Kennedy Shriver Center University of Mass Medical School

The Shriver Center at the University of Massachusetts Medical School, located in suburban Boston, promotes understanding of typical and atypical neurological, cognitive, and behavioral development, with an emphasis on developmental disabilities and mental retardation. The Shriver Center is home to a Mental Retardation and Developmental Disabilities Research Center, a University Center on Developmental Disabilities, and a number of other nationally recognized research and service programs. The new partnership between the Shriver Center and UMMS affords a unique opportunity to expand our current interdisciplinary programs and create several new faculty and administrative career opportunities.

Director of Psychological Sciences: The Center announces the opening of a search for an accomplished senior scientist to provide scientific leadership and administrative direction to the Center's Psychological Sciences Division. Currently, the Division's multidisciplinary programs span the domains of behavior analysis, computer-assisted teaching technology, behavioral and cognitive neuroscience, cognitive/developmental psychology, psycholinguistics, and vision science. In addition to maintaining a productive individual research program, the successful candidate will take a leadership role in broadening and expanding existing programs and in developing new interdisciplinary programs. Qualifications include a Ph.D. and/or M.D. degree, a current program of externally funded research, and demonstrated scientific leadership skills.

Psychological Science Faculty: The Center invites applications for faculty positions at the rank of Assistant or Associate Professor within the Psychological Sciences Division. We encourage applications from qualified candidates whose research programs complement and/or extend existing Shriver/UMMS programmatic endeavors. Relevant programs in behavioral and cog-

nitive neuroscience are of particular interest. Qualifications will include an appropriate degree (e.g., M.D., Ph.D., Ed.D.), a program of externally funded or fundable research, and potential to collaborate productively with current Shriver and/or UMMS main-campus faculty. Startup funding is available and appropriate candidates will be considered for tenure-track positions.

Director, Center for Developmental Disabilities Health Studies: This newly established program within the Shriver Center emphasizes research and service programs to promote healthy lifestyles in people with mental retardation and developmental disabilities. We are seeking an outstanding individual who can provide scientific leadership within a multidisciplinary setting for health promotion and behavior change research programs. Programs that address obesity, eating disorders, and/or exercise promotion for individuals with developmental disabilities are of particular interest. Qualifications will include an appropriate degree (e.g., MD, PhD, EdD), a current program of externally funded research, a strong record of scholarly publications, and demonstrated scientific leadership. Appropriate candidates will be considered for a tenure-track position.

Applications & Information: To apply for any of the above positions, please submit via email a CV, contact information for three or more professional references, and a statement of professional interests to Dr. Charles Hamad charles.hamad@umassmed.edu. For all of the above positions, review of application will begin immediately and continue until the positions are filled. Each position offers a competitive salary and excellent benefits. Inquiries about the Psychological Science positions should be directed to Dr. William McIlvane at william.mcilvane@umassmed.edu. Inquiries about the CDDHS position should be directed to Dr. Hamad at charles.hamad@umassmed.edu. More information about the Shriver Center can be found on the web: <http://www.umassmed.edu/shriver>. The Eunice Kennedy Shriver Center, University of Massachusetts Medical School, 200 Trapelo Road, Waltham, MA 02452.

Assoc. Director–Translation Research Group Health Permanente

Group Health Permanente (GHP) is an integrated multi-specialty group practice in the Pacific Northwest. In partnership with **Group Health Cooperative** (GHC), we have developed the premier prepaid health care medical system in Washington and Northern Idaho, serving over 500,000 enrollees. Our two organizations (GHP & GHC) continue to be leaders in transforming healthcare, and have been fully accredited by NCQA and JCAHO. GHC has an internationally known Center for Health Studies that conducts more than 10 million dollars/year in public domain research, and includes the Dept. of Preventive Care.

GHP, in collaboration with the Center for Health Studies, has created a position for an Associate Director for Translational Research, Department of Preventive Care, and are seeking an individual with a doctoral degree (MD, MPH or PhD) to lead the development and delivery of the highest quality preventive care services to enrollees. The applicant will work with established researchers to actively seek external grant funds to building and/or evaluate primary and secondary prevention services. This position will develop and execute an independent program of innovations for the delivery of clinical prevention services, help set the strategic goals and overall priorities for the Department, and promote departmental objectives for the program through national funding agencies and the scientific community.

The successful candidate will have at least five years experience as a scientific investigator including successful pursuit of grant funds from national agencies, a background in publishing scientific articles, an established reputation for contributions to his/her own field of research, and must demonstrate a clear commitment to building and improving preventive care services for our patient population. Experience/training in epidemiology, health services, behavior change, health economics is desirable.

CVs may be e-mailed to ghprecruting@ghc.org. For more information about the position, please contact: Michelle Anderson, Director of Staffing and Recruiting, 1-800-543-9323.

Assistant/Associate Professor Behavioral Studies of Smoking Initiation University of California San Diego

The University of California San Diego Department of Family and Preventive Medicine and the UCSD Cancer Center invite applications for a non-tenured Assistant/Associate Professor to work with an interdisciplinary team focused on tobacco use in California. This team has ongoing research that includes large-scale population surveys of the Californian population, follow-back surveys of adolescents identified in these population surveys as well as a randomized trial to influence the probability of adolescent smoking. The successful candidate will have a doctoral degree in one of the public health sciences, demonstrable strong analytic skills in the analysis of large data sets, a firm foundation in the psychology of adolescent behavior and good management and leadership skills. The level of appointment will be commensurate with experience and salary will be based on the UC pay scale. UCSD is an affirmative action and equal opportunity employer. Applicants should e-mail their curriculum vitae and names and addresses of three references to tspitchley@ucsd.edu or mail to: John P. Pierce, PhD, Chair, Search Committee, Department of Family and Preventive Medicine, UCSD, 9500 Gilman Drive, 0645, La Jolla CA 92093-0645. National Human Genome Research Inst.

Behavioral and Social Sciences Senior Investigator

The National Human Genome Research Institute (NHGRI) announces an expanding research initiative in behavioral and social science in human genetics. We are seeking a dynamic and experienced senior investigator to direct this initiative. Our goal is to identify an outstanding leader to establish and direct a world-class behavioral and social science program that will quickly become one of the premier programs in this area worldwide.

The successful candidate should have broad expertise in conducting innovative quantitative research on behavioral and social aspects of human genetics research and practice, with an appreciation for qualitative research. The candidate will have leadership responsibility in establishing the program, guiding a team of dynamic investigators, mentoring genetic counseling graduate students, and working interactively with leading medical and clinical geneticists. In addition to superlative scholarship, the successful candidate must have well-honed administrative skills to meet the demands of both research and program direction.

The successful candidate will be able to interact highly with members of the Division of Intramural Research (DIR) in pursuing their own research interests, particularly in the context of innovative family- and population-based studies for which the Institute is known. Core support services available to the successful candidate include high level computational and bioinformatics support unparalleled on the NIH campus. The candidate will also have access to the NIH Clinical Center for their own patient-oriented studies.

The position is at the Associate or Full Professor level. This position includes a startup allowance, an ongoing resource commitment of research support and space, a supply budget, support personnel for data collection and other critical roles, and post-doctoral positions.

The NIH is an EOE and encourages applications from women and minorities. Interested applicants should send a curriculum vitae, a three-page description of research interest and vision, and three letters of recommendation to: Dr. Robert T. Croyle, Search Committee Chair c/o Ms. Claire Rodgaard, NHGRI Behavioral and Social Sciences Search Committee, Building 50, Room 5222, 50 South Drive, Bethesda, MD 20892-8002. The closing date for this position is June 30, 2002.

For more information on NHGRI's Intramural Program, http://www.nhgri.nih.gov/Intramural_research.

Outlook

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