Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Summer 2003

President's Message

Linda C. Bauman, Ph.D., R.N., SBM President
University of Wisconsin School of Nursing, Madison, Wisconsin

The Strategic Direction of the Society of Behavioral Medicine (SBM)

As you read this newsletter, I am hoping that you are enjoying summer's change of pace. Summer offers an opportunity to enjoy one's pleasures—gardening, camping and hiking, attending outdoor concerts and festivals, vacationing on quiet lakes—activities that rejuvenate and offset the frenetic pace of our professions. I trust that you will be able to partake in some fashion.

The SBM Board of Directors is implementing its strategic plan for 2003-2006. The plan was adopted as a measure to ensure the future of SBM as a vital, dynamic, and forward-thinking organization. The Board identified three goals to be achieved by 2006: 1) energize SBM membership, 2) establish SBM as an advocacy organization, and 3) create and execute a capital campaign. I would like to comment on each of these goals and ask that you think about what is most important to you as an SBM member.

One of the greatest achievements of SBM has been the building and maintaining of a satisfied membership. SBM has accomplished this through nurturing relationships and cultivating networks among its members. One example is the SBM Annual Meeting, which offers a highly valued opportunity to meet with, listen to, debate with, and develop collegial relations with clinicians, researchers, and educators from a variety of disciplines and regions of the country and the world—all with an interest in behavioral approaches to address health and disease management. Evaluations of the 2003 Annual Meeting were outstanding as a forum for the exchange of new research and clinical data on the interactions of health and behavior. The Program Committee is carefully reviewing the many comments and suggestions for the 2004 meeting.

To quote McGinnis et al. (2002), SBM needs to "provide leadership that informs and motivates, policies that facilitate change, and science that moves the frontiers." We need to enrich the diversity of the SBM membership by soliciting members from a range of disciplines, race/ethnicity backgrounds, and ages. One of SBM's strengths lies in its capacity to provide members, at early stages in their careers, an intellectual home from which their scientific endeavors can develop and flourish. To do this, we need to be responsive to the rapidly developing scientific and technological advances that will continue to affect behavioral research.

For SBM to develop as an advocacy organization, which is our second strategic goal, members first must define our role as an advocate. We need to identify our skills and resources to target issues that are important to us. At first glance, one may envision advocacy in terms of political objectives such as influencing legislative policy and funding to increase NIH dollars for behavioral research. As this would require a presence in

continued on page 2

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Issue Highlights...

President's Message (continued from page 1)

Washington, D.C., it is not feasible at this time. Advocacy needs to be envisioned in a broader context. We can effectively advocate on a more personal platform with respect to daily choices of diet; physical activity; sexual behavior; use of drugs, alcohol, and tobacco; and coping strategies that influence health. SBM can advocate for improving the evidence base for behavioral medicine. An Institute of Medicine report, titled *Promoting Health: Intervention Strategies from Social and Behavioral Research* (2000), documents clinical interventions for which there is solid empirical evidence about effectiveness in promoting and maintaining health. Great efforts have been made by SBM in this area under the leadership of Karina Davidson with the Evidence-based Behavioral Medicine Committee.

It is important that advocates strike a balance between being self-serving and altruistic. Advocacy involves promoting certain causes, such as the efforts over the past year for the World Health Organization to declare smoking a threat to world health. This advocacy strives to reduce health disparities and improve social justice. Special interest groups play a large part in changing health policy. However, there is differential support for public versus private control of lifestyle behaviors. A Harvard study recently reported that respondents demonstrated ambivalence (41%) in supporting a tax on junk food, yet nearly 59 percent supported restrictions on ads pitching junk food to children, and 81 percent supported expanding public space for exercise.

The third strategic goal, to create and execute a capital campaign, is a project of the Development Committee, chaired by David Ahern. Funds from this effort will be used to support scholarships for career development, mentoring by senior scientists, and advocacy initiatives that emerge from special interest groups, supported by the knowledge and expertise of members and consistent with the mission and vision of SBM. You will hear more about this campaign over the next year.

Please contact me with your comments on SBM's strategic plan. I encourage you to share with me the advocacy initiatives on which you think SBM should focus in the next three to five years. Send your e-mails to ljbauman@wisc.edu. Remember, the best directions will emerge from our members.

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Spotlight on SIGs (Special Interest Groups)

Barbara Resnick, Ph.D., CRNP
University of Maryland, Columbia, Maryland

Spotlight on New SIG: Behavior Change Across the Lifespan

There is an exciting new opportunity for those interested in addressing behavior change issues across the lifespan. Specifically, the Lifespan SIG addresses the special issues of behavior change across the lifespan, with a particular focus on the influence of cultural, environment and policy factors. There is a tendency to compartmentalize behavior change and focus on specific age groups and place less of an emphasis on how the environmental (i.e., physical, political, cultural, and social) influences the individual. The workgroup has identified the need and interest in exploring the ways in which individuals learn health promotion and practice health promoting activities from "cradle to grave", and how we can facilitate health lifestyles over time. The research considering behavior change over the full lifespan has been sparse and it is not clear what types of interventions have the greatest impact at different ages. Moreover, the cultural influence of health promotion and what is expected of individuals at different life points is also not well studied. The work group is currently focusing on developing a symposium for the 2004 SBM Annual Meeting to address a specific lifespan issue such as the impact of culture or policy on behavior change over the lifespan. Please contact Barbara Resnick at bresnick@umaryland.edu; (410) 706-5178 if you are interested in joining this SIG and participating in the symposium development for the 2004 meeting. ◆

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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.

Outlook on Life

Cheryl Albright, Ph.D., M.P.H.
CRC, Honolulu, Hawaii

Editor's note. In addition to his participation in the retrospective column about SBM, Dr. Steve Weiss also agreed to be featured in Outlook on Life. These questions come from the TV show "Inside the Actor's Studio", where the host interviews actors and asks them to reflect on the "craft" of theater and film. I have adapted some questions he asks at the end of the show for this column.

C. Albright, Editor

Featuring: Stephen M. Weiss, Ph.D., M.P.H., Professor and Vice Chair for Research, Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine

Outlook On Life	Stephen M. Weiss, Ph.D., M.P.H.
What is your favorite word?	**Love**
What is your least favorite word?	**Boring**
What "turns you on" or excites you about the field of behavioral medicine?	**The people, the ideas, the coming together of many disciplines to discuss an idea, and to come out of such a process with an approach that no one person could have conceived of going into the process.**
What turns you off/frustrates you about the field of behavioral medicine?	**People becoming too doctrinaire and defensive about their discipline, those who look at other disciplines from an adversarial rather than a collegial sense.**
What sound or noise do you love?	**Soft soothing music.**
What sound or noise do you hate?	**Teeth grinding in frustration.**
What was the most unusual job (outside of behavioral medicine/academia) you ever had?	**Ice cream creation designer (made huge 24 scoop ice cream creations).**
What profession, other than yours, would you like to attempt?	**Fighter pilot. (I applied in college, but I didn't meet the vision requirements.)**
What profession or job would you not like to participate in?	**Something where you have to do the exact same thing over and over and over again.**
If heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?	**Welcome, but sneak in under the tent.**

TURN TO PAGE 4 FOR A MORE IN-DEPTH INTERVIEW WITH DR. WEISS!

Reflections and Projections: Interviews with the Founders of the Society of Behavioral Medicine

Editor's note: This is the first column in a series of columns that will commemorate the 25th anniversary of SBM I will be asking the founders of SBM to reflect on SBM's past, and to project SBM into the future. The first person featured in this column is Stephen M. Weiss, Ph.D., MPH, who was President of SBM from 1984-1985 and served on the Board of Directors from 1980-1984, and 1993-1996. Dr. Weiss is currently Professor and Vice Chair for Research at the Department of Psychiatry and Behavioral Sciences, University of Miami School of Medicine.

C. Albright, Editor

1. *Why was SBM initially created? How was it different from other professional organizations at that time (e.g., APA, Division 38 and AABT)?*

Before we could form a professional organization we had to first define the field. Gary Schwartz and I organized the Yale Conference on Behavioral Medicine in 1977, inviting over 30 prominient scientists concerned with "mind-body" issues to come up with a definition of the field of "behavioral medicine", and then to place it in context within the larger picture of health and illness issues. The definition we came up with was more what behavioral medicine wasn't than what it was. This was due to our preoccupation at the time with trying to differentiate "behavioral medicine" from "psychosomatic medicine".

Following the Yale Conference there was a meeting at Rockefeller that Neal Miller chaired. The purpose of this meeting was to bring together people who wanted to form a professional/clinical organization and people who wanted to form a research organization, to try to determine if there was really a need for two organizations, i.e., if a single organization could cover both areas of interest. This meeting was a precursor to a much larger meeting held at the National Academy of Sciences, Institute of Medicine (IOM). Also, after the Yale conference several of us realized that the definition was not as positive a statement as we wanted it to be. So at the IOM meeting, hosted by David Hamburg, we attempted not only to redefine behavioral medicine in a more positive sense, which I think it accomplished, but we tried to assist in the development of where the field was going organizationally. People had talked about the organization being primarily a research-oriented enterprise; but, there was a group of people that were very enthusiastic about the clinical, professional side. Following this meeting, Gary Schwartz and I wrote an editorial based on the discussions held at the IOM meeting, which was published in the *Journal of Behavioral Medicine* (Schwartz and Weiss, 1978) .

At the conclusion of the IOM meeting it was decided that two organizations would be necessary to cover all of the issues raised during the meeting: a broad-based professional and scientific organization with open membership (henceforth known as the "Society of Behavioral Medicine") and an invitation only senior research group that would provide scholarly leadership and guidance for the field (aka "Academy of Behavioral Medicine Research") consisting of leading researchers in the field who would focus on synthesizing research in various specific areas and try to develop research agendas for these areas. The Academy still meets every year and for 15 years published a book covering the proceedings of the meeting; now it does special issues of journals.

Many of the people who attended the IOM meeting belonged to a Special Interest Group called "Behavioral Medicine" within the Association for the Advancement of Behavior Therapy (AABT). When the idea of forming an organization came up the first question was "how do you do it?". The people most interested in "doing it" were the people from this Special Interest Group. Some of these people were defining behavioral medicine as behavior therapy in applied medical settings. But for most of us this seemed far too narrow a definition. The concept of behavioral medicine was much broader than the field of behavior therapy. If the new organization was too narrowly focused it would not bring in the various disciplines needed to respond to the definition of behavioral medicine as defined at the IOM meeting. But the SIG members were the most active and vocal people who wanted to form this new organization. So, the Society of Behavioral Medicine had its first annual meeting nestled within the annual AABT meeting. It was right in the center of the AABT program in 1979 or 1980. Some of us were disappointed that it really looked like an expansion of this Special Interest Group within AABT and that's all it was going to be.

Right after that first SBM meeting Mike Follick asked me to write a op-ed piece for the AABT newsletter. I asked him if I could write a "provocative" editorial and he said that would be fine. My editorial said that as long as SBM was an off-shoot of AABT it would always be a very small part of the ultimate movement in this area. One of the reasons for linking with AABT was to use shared administrative resources since there were no funds to set up a separate SBM organization. I said it was a little like the

kid who says to his Mommy "I'd run away from home but I'm not allowed to cross the street". So, I felt that the people who were involved in SBM should be given the opportunity to vote on whether they wish to be a separate organization or remain part of AABT. I suggested that every person who felt strongly enough about a separate organization should send in $100 to the SBM leadership to be earmarked exclusively for seed money to get the organization started. I sent in my check for $100. Mike called me to ask me if I was really serious about this – and I said yes – so he printed it. People responded to it; there was a lot of feeling on both sides – some felt that it was outrageous, others felt this is exactly what we needed to do. That year the group decided to split off from AABT. The rest is history but you must admit this was a unusual birthing process.

The SBM differs from APA division 38-Health Psychology. There are certain ties, but I think the overlap is more in the minds of the behavioral scientists. Health Psychology is a subspecialty of psychology. But, behavioral medicine is an umbrella. It brings together the biomedical, behavioral, and social sciences in such a way that they can pose questions about health and illness that are broader than any one discipline. For example, with AIDS, CVD, and cancer, there are strong behavioral components to their etiology treatment, and prevention. If we study these in isolation from the biological reality we don't get the total picture. That's why we need our biological, pharmacology, and physiology colleagues to help us. By joining forces with these other disciplines we are able to collectively address these questions in a much more sophisticated way.

2. What was your main role in the creation of SBM?

I guess the editorial I wrote embodied my hope that any new professional organization be 100% behind the definition of behavioral medicine. If SBM hadn't become a separate organization, it might not have been as representative as it is today. Today it is a strong organization and a great forum for research in the area of behavioral medicine.

3. Where would you like SBM to go in the next 25 years?

Joe Brady and I chaired a Long Range Planning Committee for SBM from 1993-1995. We met with Federation of American Societies for Experimental Biology (FASEB), which is a collection of various biological and physiology societies that have common interests. They have a single meeting that represents the various interests of their members across disciplines. We went to see them because they were successful at establishing a multidisciplinary approach with this federation of societies. The question at that time was whether or not SBM should participate in a federation of behavioral science societies. Joe thought it was a good idea for SBM; my idea was it was a good idea but not right now. Because SBM was still in the process of defining itself,I felt that it would be premature to participate in a federation of societies until it established its own identity. Doing so at that time could mean losing any identity that it had established. Afterwards the SBM Board of Directors decided to pursue this idea at a later time. I think that perhaps now may be the opportunity to resurface this idea.

The Center for the Advancement of Health, organized by Jessie Gruman, Ph.D, has tried to promote more collegial activities amongst the behavioral science societies. But they need to decide how such a "society of societies" might help to further their collective "ends", if they could agree on what those collective ends were. That's the challenge for APA Div 38, SBM, APS, and a variety of other groups that have "spun off" from SBM, like the Society for Research on Nicotine and Tobacco (SRNT). These groups often have meetings that overlap or conflict. First level is advising people of the dates of their meetings, so they don't conflict. Second level is considering having back-to-back meetings with one day of overlap. These things have been tried and have been somewhat successful. There are opportunities for a more collegial approach between all these organizations. The field would probably benefit from some level of cooperation and collaboration and perhaps a federation type structure might be beneficial for all concerned.

Definition of Behavioral Medicine:

Behavioral Medicine is the interdisciplinary field concerned with the development and integration of behavioral, psychosocial, and biomedical science knowledge and techniques relevant to the understanding of health and illness, and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation. (ISBM definition, Orth-Gomer and Schneiderman, 1996)

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A Student's Perspective

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The ongoing advance of technology continuously brings new methods for collecting, analyzing, and presenting data. Technology allows us, as researchers, to complete our work more efficiently, provides more productive use of time, and helps broaden our theoretical and methodological questions. Consider the use of video for taping interviews of study subjects, handheld computers for environmental monitoring, and the implementation of power-point presentations at the recent SBM conference. Even more, imagine *not* using a computer with a statistics package for analyzing your data! The Web represents another step in the evolving relationship between behavioral research and technology. In the past few years, published web-based research studies have begun to migrate from computer specific behavioral science journals to more mainstream, and more prestigious, psychology journals.

In my work as a graduate student, I have completed two web-based studies, one targeting breast cancer patients (Schmidt & Andrykowski, 2002), and the other investigating reactions to the events of September 11, 2001 (Schmidt, Graves, & Andrykowski, 2003). In addition to the normal challenges involved in behavioral research, these projects presented other problems and potential pitfalls. To put a survey up on the Web does require either (a) some programming skill, (b) money to hire a programmer, or in my case, (c) a good friend to help me through the tough spots. But, you certainly don't have to be a full-fledged programmer. Web-based research also brings new concerns to University Institutional Review boards (see Nosek & Banaji, 2002 for ethical considerations of Web-based research). When considering a Web-based project, be sure to become familiar with any additional IRB or HIPAA requirements. In the remainder of this column, I will briefly discuss the main advantages and disadvantages of conducting a web-based study. (See Birnbaum, 2000, and Reips, 2002 for more in-depth discussions.)

There are many advantages to conducting a web-based study, including the possibility of reaching a heterogeneous and geographically diverse study sample. A web-based study may also be used to target a specific population of interest, such as cancer patients. Respondents to a web-survey may be less likely to conform to demand characteristics or supply socially desirable responses when answering sensitive questions (Joinson, 2001). Web-based surveys eliminate the need for paper resources, mailing, and publishing costs. Web collected data are automatically entered into a usable database, eliminating the need for data entry and the possibility of human error when transferring data from paper to computer. Further, web pages can also be dynamic and interactive, making the experience of participation more appealing to the subject, and helping retain user interest as well as generate additional subjects. With the advances in Web technology and the increasing use of high-speed Internet lines, we may see more complex use of web-based research, perhaps implementing sound and video.

There are also a number of potential problems for web-based research such as multiple or incomplete submissions. Environmental control is limited, but there is little the Web experimenter can do to ensure a consistent and stable research environment. Web research has also shown to have very high drop out rates. Issues that may help control drop-out rate are creating an attractive web site, emphasizing the trustworthiness of the site by using institutional name, describing scientific purpose, ensuring confidentiality, and providing contact information to answer any questions or concerns respondents may have. Finally, validity and generalizability of Web-collected data is a fundamental concern.

While it is not possible to conduct all types of research over the internet, for the many areas of psychology where this is a viable alternative, the advantages may well outweigh the disadvantages. Many of the problems discussed may be solved by careful planning, good web page design, and sound experimental methodology. As this method of research becomes more popular, and more studies are put 'on-line', additional problems will surface as well as better solutions to those issues that are already known. The studies that have been completed and published to date show that the Web may be a powerful new tool for health-related psychological research.

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continued on page 11

Did you know? NCCAM Funds Research on Behavioral Medicine Approaches

Margaret A. Chesney, Ph.D., Deputy Director, National Center for Complementary & Alternative Medicine
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Cognitive behavioral therapy, meditation, and therapeutic massage were all once considered outside the mainstream of conventional medicine.[1] Yet today, these approaches are being integrated into medical practice for certain conditions. However, other behavioral medicine approaches to health promotion; disease prevention and treatment are still not completely integrated into standard, conventional medicine. As the new Deputy Director of the National Center for Complementary and Alternative Medicine (NCCAM) at the National Institutes of Health (NIH), and a member of the Society of Behavioral Medicine (SBM), I wanted to introduce SBM members to NCCAM and let them know that research on some of these approaches could be supported through our programs and initiatives.

The mission of NCCAM is to support rigorous scientific research on complementary and alternative medicine (CAM).[2] This raises the question of what is considered "CAM." For NCCAM, CAM practices are those that are not presently considered an integral part of conventional medicine.[3] These practices span a number of domains relevant to behavioral medicine—including mind-body medicine. NCCAM seeks to test a wide range of mind-body interventions, and explore the mechanisms underlying their possible efficacy. For example, NCCAM grantees are:

- using functional magnetic resonance imaging to define the effects of meditation on the brain;
- assessing the effects of meditation on hypertension and on the underlying mechanisms of coronary heart disease;
- investigating how relaxation-based therapies can be used to treat chronic back pain;
- studying mindfulness-based art therapy and meaning-centered psychotherapy for cancer patients;

In addition to studying prevalent mind-body or behavioral approaches that are outside of mainstream medicine, NCCAM is interested in supporting research focused on identifying promising new approaches that merit further investigation. In January 2003, NCCAM joined 15 other components of NIH in releasing two requests for applications (RFAs) regarding mind-body interactions and health. The RFAs focused on three scientific areas of emphasis: effect of cognitions or personality (e.g. beliefs, attitudes, values) and of emotions on physical health; determinants or antecedents of health-related cognitions; and how stress influences physical health. "Mind-Body Interactions and Health: Research Infrastructure Program" sought applications from scientists and institutions already conducting high-caliber mind-body research to pursue new opportunities. "Mind-Body Interactions and Health: Exploratory/Developmental Research Program" was targeted to institutions at earlier research stages.[4] The co-sponsors intend to release a third RFA in this area.

NCCAM not only supports a broad array of basic and clinical research to determine safety and efficacy of therapies, and the mechanisms by which they exert effects, but also provides opportunities for training and career development. From funding for young researchers and clinical scientists to support for senior scientists who wish to increase their knowledge and experience in a specific research area, NCCAM is working to increase the number, quality, and diversity of researchers interested in testing CAM approaches and integrating them into conventional medicine.[5]

For those behavioral medicine practices that might be considered today to be outside mainstream medicine but shown tomorrow to be safe and effective, NCCAM has a further commitment to facilitate their integration into standard medical care. And, NCCAM is already addressing the future needs of the field by supporting research regarding the barriers to integration of mind-body medicine. Understanding these barriers will be essential in learning how to best integrate proven new behavioral therapies to create a more comprehensive medical and behavioral approach to health. ◆

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1 To learn more about NCCAM and how we define CAM visit our web site nccam.nih.gov and view our fact sheet, "What is Complementary and Alternative Medicine?"at nccam.nih.gov/health/whatiscam/.

2 To learn more about NCCAM and our mission visit our Web site nccam.nih.gov and view our 5-year strategic plan, *Expanding Horizons of Healthcare* at nccam.nih.gov/about/plans/fiveyear/index.htm.

3 To learn more about how NCCAM defines CAM view our fact sheet, "What is Complementary and Alternative Medicine?"at nccam.nih.gov/health/whatiscam/.

4 These RFAs may be found in the NIH Guide for Grants and Contracts at http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-004.html and "http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-005.html" http://grants1.nih.gov/grants/guide/rfa-files/RFA-OB-03-005.html, respectively.

5 To learn more about NCCAM's training and career development programs, visit nccam.nih.gov/training/.

Spotlight on Education and Training

Featured Program: Doctoral Program in Human Services Psychology at the University of Maryland

Interviewed: Shari R. Waldstein, Ph.D.
Associate Professor and
Director, Behavioral Medicine Program
University of Maryland, Baltimore County

Brief description of doctoral program:

The Human Services Psychology (HSP) Doctoral Program at the University of Maryland, Baltimore County (UMBC) has an integrative conceptual structure encompassing three component specialty programs in Behavioral Medicine, Clinical Psychology (APA-accredited), and Community-Social Psychology. Students with interests in behavioral medicine may enter the Behavioral Medicine program or may choose to combine areas of focus by entering one of our combined programs: Clinical Psychology/ Behavioral Medicine or Community-Social Psychology/Behavioral Medicine. The HSP Program provides an innovative scientist-practitioner model of training that uses a biopsychosocial approach as the integrative perspective for training human service researchers and providers. Human Services Psychology is defined as that sector of professional psychology concerned with the promotion of human well being through the acquisition and application of psychological knowledge and principles concerned with the diagnosis, treatment, and prevention of psychological and physical disorders.

Does your program have any required academic coursework or clinical responsibilities?

The HSP Program requires a core curriculum that includes course work in the following areas: research methods, statistics, ethics, human diversity, biological bases of behavior, learning and cognition, personality, and social psychology. Behavioral Medicine specialty courses include: Introduction to Behavioral Medicine, Clinical Interventions in Behavioral Medicine, Topics in Behavioral Medicine, Physiological Systems in Behavioral Medicine, and Epidemiology. Students in the combined Clinical Psychology/Behavioral Medicine program also take Clinical Psychology specialty courses including: Adult Psychopathology and course sequences in Methods of Assessment and Clinical Intervention. Community-Social Psychology/Behavioral Medicine students take Community-Social specialty courses including: Community Psychology, Primary Prevention, Applied Social Psychology, Applied Psychology and Public Policy, Evaluation Research, and Topics in Community-Social Psychology. Behavioral Medicine students in all tracks are required to take 1-2 advanced seminars in behavioral medicine. Course offerings cover topic areas such as Child Health Psychology, Social Health Psychology, Addictions, Eating Behaviors, Cardiovascular Behavioral Medicine, Psychoneuroimmunology, and Medical Neuropsychology.

Starting in their second year, all HSP students are expected to begin some practicum experiences. Those in the Clinical Psychology/Behavioral Medicine track complete clinical practicum experiences in a wide variety of settings many of which are applied health care settings such as HIV/AIDS treatment centers, consultation liaison services, stroke and orthopedic rehabilitation services, eating disorders clinics, behavioral pediatrics, high-risk infant follow-up clinics, hematology-oncology, child and adult neuropsychology services, and others. These medical and surgical facilities provide access to medical populations, and neuropsychological testing experience. A variety of additional settings provide general clinical training in assessment and therapy. A one-year clinical internship is also required. Students who choose the Behavioral Medicine or Community-Social Psychology/Behavioral Medicine tracks take research and other applied practicum experiences, and are not required to participate in a one-year internship.

What types of research programs do your graduate students typically become involved in?

There are numerous multidisciplinary research opportunities available with program faculty, who frequently collaborate with colleagues at the University of Maryland School of Medicine, the Johns Hopkins School of Medicine, the National Institutes of Health, and many other local, national, and international institutions. Graduate students are typically involved in their mentor's research team throughout the duration of their training. Several of the current research areas of our behavioral medicine faculty include:

- Assessment and evaluation of the stages and processes of intentional behavior change;
- Treatment and prevention of alcohol abuse and dependence;
- Development and evaluation of interventions in medical and community settings for smoking cessation, dietary modification, injury risks reduction, and pregnancy and STD prevention;
- Community and worksite-based cancer prevention and cardiovascular risk reduction;
- Assessment of decision-making and self-efficacy in addictive and health behaviors;

- Understanding the process of change for initiation of addictive behaviors;
- Predictors of individual differences in cardiovascular reactivity;
- Psychosocial factors and cardiovascular disease;
- Relation of cardiovascular risk factors and cardiovascular diseases to cognitive function;
- Brain mechanisms linking cardiovascular risk/disease to cognitive function;
- Influence of psychosocial characteristics and interventions on immune function;
- Health outcomes in chronic illness, surgery, and pain populations;
- Treatment of children's anxiety and pain associated with medical treatment, acute pain, and chronic pain conditions;
- Parent-child and physician/nurse-child interactions during invasive medical procedures;
- Social adjustment in children with chronic illnesses;
- Protective parenting and child and family adjustment to chronic childhood illnesses;
- Biobehavioral analysis of the controls of food intake and body weight;
- Determinants and consequences of consuming high-fat diets;
- Learned food preferences and meal size;
- Role of taste sensations in satiety;
- Mechanisms of taste aversion learning and vomiting;
- Effects of exposure to heavy particles (cosmic rays) on behavioral and neurochemical endpoints;
- Developmental neurobiology;
- Neuropathology;
- Applied behavior analysis

Various additional departmental research opportunities are available in the areas of:

- Risk and protective factors and resilience in the lives of urban, underserved women and families;
- Intergenerational transmission of addictive behaviors;
- Treatment of dual diagnosis;
- School and community-based prevention interventions;
- Minority student achievement;
- Causes and treatment of intimate partner aggression;
- Prevention and treatment of adolescent antisocial behavior;
- Application of methodological and quantitative techniques to field research.

Research opportunities are also available with our numerous, multidisciplinary adjunct and affiliate faculty and other colleagues at the University of Maryland School of Medicine, Johns Hopkins University School of Medicine, National Institutes of Health, and elsewhere.

What kinds of support (other than stipends) do you provide students (i.e., access to computers/statistical programs, travel funds, etc.)?

Graduate students are typically funded by teaching or research assistantships. Fellowship funds are available for minority students in behavioral medicine as part of the Meyerhoff Graduate Program's training grant. Graduate students have access to their own computer room housed within the department as well as the facilities in their mentors' labs. In addition, UMBC offers extensive computing services that are available for research and various platforms are provided, including Macintosh, DOS, Unix, and VMS. The campus-wide network provides access to word processing, graphics, database, and statistical software (e.g., SAS, SPSS). Special purpose devices for graphics plotting and color output are available, as are digital imaging and animation capabilities at the UMBC Imaging Research Center.

The Graduate Student Association (GSA) represents the interests of all graduate students in the University of Maryland Graduate School Baltimore. It has a small fund of money to defray the costs of research or travel, and sponsors an annual Graduate Student Research Day. The GSA generally provides an opportunity to meet students in other disciplines and to participate in the functioning of the organization.

What do you think makes your program unique within behavioral medicine?

Our programs offer students unique opportunities for comprehensive, integrative, and applied education and training in behavioral medicine. First, because our HSP program is predicated on a biopsychosocial model of training, our coursework offers integrative perspectives that cross boundaries among biological, psychological, and social factors. In addition, the behavioral medicine specialty courses are truly multidisciplinary, including not only psychosocial approaches to behavioral medicine, but also basic physiology and epidemiology. Opportunities for cross-program training and combined programs in clinical psychology and behavioral medicine or community psychology and behavioral medicine prepare students for a broad range of possible career opportunities. Through faculty research and consulting, students have opportunities to interact with colleagues from numerous disciplines in medical settings. As part of our Topics in Behavioral Medicine seminar and speaker series, students meet and interact with behavioral medicine researchers throughout the resource-rich Baltimore-Washington area. Faculty research projects are multidisciplinary, and provide students an opportunity to interact with individual in numerous disciplines. In general, the Baltimore-Washington area provides perhaps one of the best areas in the country in terms of access to nu-

continued on page 10

Spotlight on Training (continued from page 9

merous patient populations in wide range of medical settings for both research as well as clinical training. Students commonly publish their research, and present their work at local and national meetings and many are active members of the Society of Behavioral Medicine and other professional organizations.

How do you think your program will change in the future (next five years)?

Over the next five years, our program will change in several ways. First, we are currently revising our core curriculum to even more strongly reflect our integrative biopsychosocial perspective. Next, we are seeking to further enhance our Community-Social Psychology/Behavioral Medicine track to provide students with cutting-edge training opportunities in policy and other community based-applications in our field. Behavioral medicine faculty and affiliated faculty are continuing to develop multidisciplinary research programs and obtain grant funding that support student participants. We are also continuing to identify new local colleagues to visit our department for our speaker series, and interact with our students by occasionally teaching courses, participating on thesis and dissertation committees, and becoming adjunct faculty.

What one "tip" or piece of advice would you give to prospective applicants?

Our graduate program operates on a mentorship model, and therefore applicants should identify a faculty member with whom they perceive a good fit in terms of research interests. The potential match of interests should be clearly stated in the application materials. Participating in applied research or clinical experiences is very helpful prior to applying for graduate training. Associated letters of recommendation are of critical importance. Our HSP program generally accepts 10 to 12 students per year, half or more of who choose to participate in our behavioral medicine programs. The application deadline is January 5. For additional information contact Dr. Shari Waldstein at waldstei@umbc.edu or 410 455-2374. Also visit our program's website at www.umbc.edu/psyc/grad/hsp.html

Current graduate student's perspective:

Interviewed: Karl J. Maier, M.A.
Doctoral Candidate
Clinical Psychology/Behavioral Medicine
University of Maryland, Baltimore County &
Clinical Health Psychology Intern
VA Connecticut Healthcare System
West Haven

What is the most important thing you have learned as part of your pre-doctoral training?

Facts are important to know, and I have learned many important ones in my graduate training at UMBC. However, perhaps the most valuable thing that I have learned while here is to appreciate what is not known in the field, and understanding the limits to what I know as a psychologist. I feel that this is an important foundation to have in order to develop timely and useful research projects, and to provide the best in clinical services.

How has the program impacted your career development?

This graduate program and the mentoring that I have received over the years have been tremendously helpful in cultivating my interests, confidence, and future direction. Although I had a general sense of my interests before beginning this program, my time here has truly developed my sense of becoming a psychologist, and more specifically, a specialist in behavioral medicine. Consistent with the scientist/practitioner model of my program, I feel that I have learned to effectively apply science to my clinical, research, and teaching pursuits.

What advice would you give future applicants to this program?

Many of the considerations for applying to this program are probably generic to applying to other graduate psychology programs. However, from my experience, I found it particularly important to know with whom I wanted to work. So first, I would suggest that you seek out faculty who do work in an area that truly interests you; graduate school is too demanding to be involved in an area of research that you are not passionate about. Before applying, get involved in research in areas that are consistent with the general direction you wish to pursue in graduate school. This helps clarify in your mind that you have the interest for the particular field, and it helps insure that you are not surprised by the demands of research. Hard work with a research mentor prior to applying to a graduate program also makes for a potentially valuable reference to accompany your application.

Second, if you like to be spoon-fed in terms of learning and "what to do next," then this, and most graduate programs, are not for you. Our faculty members are intelligent, warm, understanding people, with a passion for mentoring; however, they also respect you as junior colleagues, and as such, they generally expect that students are responsible for making the most of the opportunities available to them in this program. Yet, they are also very open to hearing the needs of their students and are responsive to those needs.

For additional information contact Karl Maier at kamaier@umbc.edu ◆

CLASSIFIEDS

Tenure-Track Faculty Position (Rank Open) Social & Behavioral Sciences Program Cancer Research Center of Hawai'i

The Cancer Research Center of Hawai'i, an NCI-designated Cancer Center at the University of Hawai'i, is seeking an outstanding behavioral scientist for a faculty position. Hawai'i's diverse multiethnic population, with disparate rates of cancer morbidity and mortality offers unique opportunities for research. The appointee will develop and conduct research in one or more areas of social and behavioral sciences applied to cancer prevention, detection, and control.

Qualifications include a doctoral degree in health behavior, psychology, or related field; strong research & community relations experience. Experience in cancer prevention/control, & with ethnic minorities, is desirable. Rank and salary depend on qualifications and experience.

To apply, send a letter summarizing your experience and research interests, a CV, and 3 references to: Karen Glanz, PhD, MPH, Cancer Research Center of Hawai'i, 1960 East-West Road, Biomed C-105, Honolulu, HI 96822. Closing date: September 30, 2003 or when position is filled. Inquiries: (808) 586-3076; www.crch.org; e-mail personnel@crch.org. EEO/AA Employer.

Student Perspective (continued from page 6)

Reips UD (2002). Internet-based psychological experimenting: Five do's and five don'ts. *Social Science Computer Review, 20*, 241-249.

Schmidt JE, Andrykowski MA. (2002). The role of social and dispositional variables associated with emotional processing in adjustment to breast cancer: An internet based study. Manuscript submitted for publication.

Schmidt JE, Graves KD, Andrykowski MA (2003). Evaluation of psychological responses to September 11, 2001: Use of social cognitive processing theory. Manuscript submitted for publication. ◆

Pennington Biomedical Research Center Louisiana State University System

The Pennington Center is a unique, internationally recognized nutritional research center. Its 65-member faculty apply multidisciplinary approaches to understanding the interactions between nutrition, health and chronic disease primarily as it relates to obesity, diabetes, cardiovascular disease, cancer and aging. As a research Center, its teaching and training is limited to mentoring of graduate students and postdoctoral fellows. The Center has made significant investments in a range of cutting edge technologies including genomics, proteomics, microarrays and transgenics and has both inpatient and outpatient facilities for clinical studies. The current 5-year development program includes a 180,000sq. ft. expansion of research space and the recruitment of 30 new faculty positions. Further information on current faculty and their research may be found at www.pbrc.edu. All faculty appointments are academic appointments within the Louisiana State University (LSU) system.

Applications from and/or nominations of outstanding candidates that hold a PhD, MD or equivalent degree, with a distinguished record of research productivity, are sought for appointments at the levels of Full Professor or Associate Professor in the following area:

Behavioral Science Clinical Research. Individuals with a wide variety of interests will be considered. Research approaches to the problem should be comprehensive and may include clinical trials, prevention science, or inpatient studies. Research on the mechanisms of action for therapeutic effects is highly valued. Special consideration will be given to investigators who study the interface between CNS structure/function and behavior using technologies such as functional imaging in conjunction with behavioral studies.

The Pennington Biomedical Research Center/ Louisiana State University System is an equal opportunity employer. Applications should indicate clearly the position applied for and include a full curriculum vitae, a statement of past and current funding, a description of research plans and the names of three referees. Applications will be accepted until suitable candidates are found. These should be sent to: Director, Human Resource Management, Pennington Biomedical Research Center, 6400 Perkins Road, Baton Rouge, LA, 70808-4124. Electronic submission of applications from qualified candidates should be sent to hrm@pbrc.edu

Research Associate Dept. of Family and Community Medicine University of Arizona College of Medicine Arizona Health Science Ctr., Tucson, AZ

The Dept. of Family and Community Medicine, University of Arizona College of Medicine invites applicants for a Research Associate position as a behavioral scientist to conduct interdisciplinary research in the field of tobacco cessation and/or substance abuse. Current tobacco-related research projects include: innovative training models for tobacco interventionists, pharmacologic and behavioral interventions for smoking cessation, smoking cessation in pregnant women, tobacco control policy for Hispanic and Native American populations, and development of tobacco cessation research capacity in developing countries.

Minimum Qualifications: Doctoral degree in a behavioral or social science or public health discipline; Preferred Qualifications: Experience in the design and evaluation of health behavior interventions, provider education and associated areas of health behavior theory and research methods. Previous experience with tobacco cessation research is helpful but not essential. Salary based on previous background and experience.

Review is ongoing and will continue until position is filled. Please send a curriculum vitae, and two letters of reference to: Myra L. Muramoto, M.D., M.P.H.; Department of Family and Community Medicine, University of Arizona, 1450 N. Cherry Ave.,Tucson, Arizona, 85719; myram@u.arizona.edu. For more information see job #992173: www.hr.arizona.edu.

The University of Arizona is an EEO/AA Employer – M/W/D/V.

Memorial Sloan-Kettering Cancer Center Department of Psychiatry & Behaviorial Sciences

Postdoctoral research fellowships supported by the National Cancer Institute provide mentored training in psychological and behavioral aspects of cancer prevention and treatment. Many research projects target urban, medically underserved populations. Fellows actively participate in all aspects of project development and implementation including grant writing, supervision of research assistants, data management, liaison with multidisciplinary co-investigators, data analyses, and dissemination of findings vial oral presentations and manuscript preparation.

Fellows also attend weekly departmental Grand Rounds, journal clubs and an advanced seminar in research design and quantitative methods. Opportunities for integrating clinical and community consultation activities complementary to research interests are available and encouraged. Faculty interests include cancer risk perception and communication, genetic testing, tobacco control, cancer survivorship, family issues, quality of life, cancer screening, and disparities in cancer care.

The Department of Psychiatry & Behavioral Sciences was established in 1977 and currently has 12 full-time faculty members. Departmental faculty hold academic appointments through the Weill Medical College of Cornell University. Multi-disciplinary collaborations within the institution and community-based organizations are well established and allow strong ties to community populations. Stipends and benefits are highly competitive (based on training and experience). Doctorate in psychology or a related behavioral sciences field, prior experience conducting clinical or community-based research related to health, and strong quantitative skills preferred. Review of applications will begin immediately and will continue until all training slots are filled. Applicants must be U.S. citizens or permanent resident. Send letter summarizing research interests/experiences, curriculum vitae and at least three professional references to: Jamie Ostroff, Ph.D., Department of Psychiatry & Behavioral Sciences, Memorial Sloan-Kettering Cancer Center (MSKCC), 1275 York Avenue, Box 590, New York, NY 10021 or e-mail at ostroffj@mskcc.org. MSKCC is an Equal Opportunity/Affirmative Action Employer

Clinical Psychologist
Dean Medical Center
Madison, Wisconsin

Dean Medical Center, a 400+ physician medical group is recruiting a full-time clinical psychologist with a specialization in Health Psychology and/or Behavioral Medicine to join a multiple site, 40+ member multidisciplinary psychiatry department. The primary work site will be at the medical center's newest clinic opening on the east side of Madison, WI. This will be an exciting opportunity to join a 10+ multidisciplinary psychiatry team participating in the development of this new site. The successful candidate will have documented broad behavioral medicine expertise including experience with primary care integration and be able to work with child, adolescent and adult patients. Astute assessment skills and strong clinical experience are a necessity. Must have solid interpersonal and team-building skills, as well as ability to function independently. Responsibilities include: psychodiagnostic evaluation; individual and group treatment modalities; psychological testing; collaboration with the Behavioral Medicine team, program development; staff supervision; consultation to medical staff; limited call and inpatient work. Applicants must have PhD or PsyD in Clinical Psychology from an APA-accredited doctoral program, an APA-accredited internship, and be eligible for licensure in Wisconsin and for inclusion in the National Register. Only candidates with solid work experience will be considered. Preference given to individuals with supervised postdoctoral training in Behavioral Medicine or Health Psychology. Excellent salary and benefits. Send resume and letter of introduction to : Emily R. Hauck, Ph.D., Dept of Psychiatry, Dean Medical Center, 1313 Fish Hatchery Rd., Madison WI 53715.

Deadlines and Rates

To advertise in the Fall issue of *Outlook*, please supply ad copy to the SBM National Office. Copy may be emailed to Jessie Goedken at jgoedken@reesgroupinc.com. The deadline for receipt of copy for inclusion in the Fall issue is August 30.

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