

Outlook

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Fall 2000

PRESIDENT'S MESSAGE

C. Tracy Orleans, Ph.D., President
Robert Wood Johnson Foundation, Princeton, NJ



C. Tracy Orleans, PhD

June 27, 2000...

One ordinary day this summer raised extraordinary possibilities for the future of behavioral medicine. On June 27th, two scientific accomplishments were announced: the completion of a working draft of the human genome—the blueprint for human life—and the release of the new USPHS tobacco guidelines—a blueprint for treating tobacco use and dependence.

While vastly different in scope and monument, these events represent equally important opportunities for behavioral medicine. And SBM is rising to the challenge, supporting exciting work all along the research to practice continuum.

The Human Genome Project

On June 27, 2000, Drs. Francis Collins and Craig Venter announced that over 90% of the humane genome had been sequenced. This stunning achievement promises to revolutionize the understanding, detection, prevention and treatment of disease. Francis Collins predicted that by 2010, screening tests would allow everyone to assess their unique health risks. And while widespread gene therapy is at least a decade away, new uses of genetic testing to individualize drug treatment are reported weekly, foreshadowing the development of pharmaceuticals that can treat the molecular causes of diseases even before they arise.

The opportunities for behavioral medicine have been less well defined, but are essential for using this new knowledge to improve health and prevent disease:

- the post-genomic era brings new potential for investigations

into the genetic underpinnings of behavioral risk factors ranging from obesity to tobacco use to cardiovascular stress activity;

- behavioral medicine research on risk perception and communication is critically needed to find ways of communicating genetic risk that can spur positive preventive action and minimize fear and distress; and
- advances in genetic technology will not yield improvements in health outcomes without a much better understanding of how to support patient and provider adherence to genetic risk assessment and therapeutic intervention.

What SBM is doing:

- organizing jointly with the American Psychosomatic Society and interdisciplinary Task Force on Behavioral Medicine Genomics, under the direction of Redford Williams, M.D., and Steven Manuck, Ph.D., to help assure that advances in genetic research are integrated into and informed by behavioral medicine research. Activities will include a national conference in 2001 followed by continuing education workshops (beginning-intermediate and intermediate-advanced) and paper sessions during future annual meetings of both societies.
- working to build innovative new mentoring strategies for SBM members involved in interdisciplinary research on genetic risks and susceptibilities.

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

USPHS Guidelines for Treating Tobacco Use and Dependence

On the same day, Surgeon General David Satcher announced the release of the updated Public Health Service tobacco treatment guidelines www.surgeongeneral.gov/tobacco/default.htm. While in the long run, far less momentous than mapping the human genome, putting these guidelines into practice might actually save many more lives in the next decade than applying results from genome mapping.

These guidelines represent two decades of behavioral medicine research. (SBM members served as first authors or co-authors on 40% of the core articles on which the guidelines are based, and played key roles on the multidisciplinary guideline panel.)

- they expand the previous guidelines to include additional behavioral and pharmacological treatments (from telephone counseling to bupropion), and outline specific healthcare system changes proven to promote guideline adherence.
- for the 50 million Americans who use tobacco products, these treatments could prolong millions of lives and save billions in dollars.

But, the sobering reality is that only 50% of patients get even brief provider advice to quit, and fewer than half of state Medicaid programs cover the treatments recommended by the guideline. Changing this state of affairs requires new collaborations and alliances among behavioral medicine researchers and health policy experts, health services researchers, health care decision makers, pharmaceutical companies and communications experts – and new public health advocacy roles – to build demand for guideline-based care and expand the capacity of our health care system to deliver it.

What SBM is doing:

- publicly endorsing the guidelines and promoting their use by SBM members;

- arranging joint SBM-SRNT workshops and a keynote address by John Eisenberg, M.D., Director of the Agency for Healthcare Quality and Research, on translating the guidelines into practice;
- inaugurating a new "Research to Practice" track in SBM's annual meeting; and
- forming an NHLBI-supported working group, chaired by Karina Davison, Ph.D., to identify other evidence-based behavioral medicine interventions.

Based on a single day's events, I would say that the future looks bright for behavioral medicine!

NEW MENTORING PROGRAM

SBM will be initiating a new mentoring program. SBM plans to pair mentors with mentees based on common areas of interest. We will be recruiting mentors and mentees for this program in the coming months. Watch your e-mail and the Winter issue of *Outlook* for details on getting involved in this program!

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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 in a standard writing style, such as AMA or APA style. Professional news is welcome at anytime via mail, phone, fax, or e-mail.

RESISTANCE TRAINING TAKES CENTER STAGE *

Richard A. Winett, Ph.D.

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For over 35 years, exercising to improve health and prevent disease always meant doing some form of continuous endurance training. Anaerobic exercise such as resistance training was seen, at best, as necessary and more likely dangerous for health and safety. As recently as a decade or so ago, if you told friends or colleagues involved in various health professions that you resistance trained or (worse) seriously did bodybuilding, you'd probably get some dismissive looks and replies.

Many of us, certainly myself included, did resistance training because we liked it and really liked getting stronger and developing our physiques. But, many of us, again myself included, may have rationalized our resistance training by saying "But, I also do things for my health such as aerobic training."

While the health professions tend to still focus primarily on lower intensity continuous aerobic exercise and activity, scientific research is showing that resistance training is probably one, if not the best thing one can do to preserve health and prevent disease and disability. I'm not suggesting that people abandon aerobic training. Aerobic training has multiple beneficial effects and can complement resistance training. However, I am suggesting that resistance training can and should be at the *center* of any exercise program that has health protection and disease and disability prevention as a goal. In that respect, strength training should be for everyone and national public health policies should focus on resistance training. Here's why.

We know that resistance training enhances the musculoskeletal system (1,2). That is, resistance training increases strength and muscle mass and maintains or increases bone mineral density. Aerobic training simply does not provide those benefits. The fact that resistance training provides three benefits – strength, muscle mass, increased bone mineral density – already means it's an unusual and valuable intervention because of multiple favorable outcomes.

We all are also aware that most traditional and passive treatments for lower back pain and other lower back problems have virtually no empirical support. Yet, as little as 75 seconds per week of training on a proper lower back machine can substantially strengthen the lower back and prevent future episodes of lower back problems (3). Lower back problems are responsible for billions of dollars each year in health care expenditures that may be largely preventable.

Scientific research now points toward other benefits that are derivable from the same simple protocols that provide the benefits to the musculoskeletal system. Strength training has been shown to help decrease body fat and increase insulin sensitivity (4-8). This is a constellation of risk factors that is associated with diabetes and re-

cent research indicates that the same syndrome is associated with colon cancer (9-10). Reduced body fat also appears to decrease the risk of other kinds of cancers through multiple mechanisms. Resistance training also decreases gastrointestinal transit time and that means that it could protect against colon cancer (11). Resistance training also appears to lower blood pressure so that, for example, people with borderline hypertension can move into the normal range for blood pressure (12,13). Hypertension is the leading risk factor for heart disease. Resistance training also contributes to functional strength meaning that the tasks of daily living exert much less stress on the cardiorespiratory system (14,15). Thus, strength training appears protective against our three leading diseases.

It also appears likely that traditional ways of losing weight that involve sharply reduced caloric consumption and a large volume of lower intensity activity to expend calories soon may be seen biologically contraindicated. That's because not only does the traditional approach result in caloric deprivation and a lot of time spent on lower intensity activity, the approach does little to preserve lean body mass and resting metabolic rate. Following the traditional approach to weight loss can often mean the loss of lean body mass and a decreased resting metabolic rate. Basically, now a person must eat less and less to maintain the weight loss. If they resume normal eating, most of the weight gain will be fat (because people typically do no resistance training) and as far as body composition, they may be fatter than before they started weight loss efforts.

Strength training preserves lean body mass and resting metabolic rate when a person modestly reduces calories (16,17). Resistance training along with a prudent, modestly reduced calorie diet and some simple increase in daily activity biologically seems to be a better approach to weight loss and body composition change.

There are several caveats that need to be introduced, however. Although these results from research studies are exciting, these results are still preliminary. Often, these studies were done with small groups of men and women. Typical training protocols were intensive and involved whole body resistance training two or three times per week. There's no evidence at present that doing a few sets of resistance training once per week will produce these beneficial outcomes or that using unchallenging resistance will promote any favorable changes. In addition, these are experimental studies focused on mechanisms associated with diseases. They are not prospective studies where, for example, we track for many years health outcomes and early mortality for men and women who do, or do not, strength train. Those studies are just beginning to be done (18).

Although it is beyond the scope of his article to fully describe effective resistance training theory, principles, and practice, readers should know that from a scientific perspective virtually everything they will

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Resistance Training (continued from page 3)

read in the mass media and the Internet is *not* correct. Here are just a few points to consider.

Progressive resistance training can be viewed as a preventative medicine intervention that is largely effective with certain dosages. The actual dose that is required to produce a beneficial response is actually very small (19). In fact, it appears that the only requirement is to train each major muscle group twice per week using one set of repetitions in one or two movements per muscle group wherein you just marginally surpass what you have done in either resistance or repetitions in the recent past. That marginal overload appears to be the stimulus causing adaptations in the musculoskeletal and other systems. Increasing the dose by doing more exercises or more sets or training more frequently is not only unnecessary, it usually undermines the recovery process from exercise and hence reduces progress. It's the precision, consistency, and small overload that are important. There has been a great deal of confusion in professional and lay circles regarding how little resistance training is the right dose – perhaps two 15-to-20 minute sessions per week – are *required* and how much exercise may be *tolerated* by a few select people.

Effective resistance training also does not mean using a great deal of resistance or force or moving rapidly (mass x acceleration). These are widely practiced tactics that simply allow people to *demonstrate* their strength (such as in weight lifting) by essentially heaving resistance and engaging a great deal of momentum, but have little to do with safely *building* strength. Moving slowly with control, that is taking 8 to 10 seconds to raise the resistance (concentric phase) and 4 to 5 seconds to lower the resistance (eccentric phase), and doing a set with 4 to 8 such repetitions, is a safe way to train. Moreover, because using slower repetitions reduces momentum and keeps tension on targeted muscle groups, we have found that this style of controlled training produces better strength outcomes than conventional methods (20).

For those of us involved in resistance training for many years, all of this seems improbable, yet very satisfying. Scientific research is showing that resistance training should take center stage for health promotion and disease prevention.

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*This article is adapted from an article that appeared in the author's publication, Master Trainer, 10(4), 1-3.

LIFE-THREATENING HEART DISEASE AND PTSD

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Recently, it has been reported that posttraumatic stress disorder (PTSD) may be associated with serious heart disease. In an early report, Kutz and colleagues (1) described four patients who experienced PTSD following a MI. The features described in this report included re-experiencing the coronary event, avoidance of stimuli associated with the event, numbing of responsiveness, and increased autonomic arousal.

Research conducted by my colleagues and I suggests that approximately 8% of patients meet the criteria for PTSD, 1-3 months after a MI (2), 3-6 months after a MI (3), and 6-12 months after a MI or CABG surgery (4). Our findings also indicate that PTSD symptoms correlate strongly with self-reported anxiety, depression, anger, and quality of life. In our most recent study (3), we examined whether the occurrence of stressful cardiac events or complications (e.g., cardiac catheterization) or perceptions of control, predictability, or danger were related to PTSD symptoms 3-6 months after a MI. Ratings of perceived control during the MI (but not danger or predictability) were significantly correlated with PTSD symptoms, with greater control associated with *lower* PTSD scores. Furthermore, PTSD symptoms were significantly associated with patients' reports of the duration of pain during their MI, duration of the MI, and the number of times they were re-admitted to the hospital.

In summary, PTSD may be an unrecognized problem for people with life-threatening heart disease. Although a small percentage of cardiac patients may be at risk for this disorder, PTSD is strongly associated with psychosocial impairment and possibly with early death (5).

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SBM Distinguished Mentor Award

The SBM Task Force for Mentoring and Professional Development announces initiation of two annual Distinguished Mentor Awards, one for a clinical/professional mentor and one for a research mentor. The first round of awards will be made at the next SBM meeting in March 2001. The deadline for receipt of nominations is December 31, 2000. The nomination process is as follows:

- A. Nominations may be made by any member of SBM, based on personal experience of having been mentored or by personal observation of mentoring. Students and faculty/professionals may nominate. Self-nominations will not be accepted.
- B. The nominator and the nominee should both be members of the Society.
- C. Nominations should be in the form of a one-page statement, with a maximum of three accompanying documents. These documents could include a list of mentees and their accomplishments, or other materials the nominator thinks are relevant. If the nominator observed the mentoring but did not experience it directly, it would be important to have one or more mentees write letters of support.
- D. The one-page statement must specify whether the individual is being nominated for the clinical/professional award or the research award.
- E. In the statement, the specific characteristics of the individual and his/her behavior that make him/her an outstanding mentor should be detailed, along with any professional accomplishments of the mentee directly or indirectly related to the mentoring. The relationship between the mentoring and the accomplishments should be explicitly spelled out.
- F. Deadline for receipt of nominations is December 31 each year.

Please submit four complete sets of nomination materials to Beth Klipping, Executive Director at the SBM National Office. For more information, please contact the National Office.

SBM Honor Roll Nominations

Craig K. Ewart, Ph.D., was nominated by Michael P. Carey, Ph.D., for his outstanding leadership in developing and directing the Center for Health and Behavior, Department of Psychology, at Syracuse University.

THE FELLOWS COMMITTEE: NEW SBM FELLOWS HONORED

Laura L. Hayman, Ph.D., R.N., Fellows Committee Chair

The SBM Fellows program was designed to identify and honor individuals who have made significant contributions to the field of behavioral medicine in research, teaching, clinical practice, and/or public service. To this end, the Board of Directors solicits nominations (on an annual basis) for Fellows in the Society. Consistent with current guidelines and criteria for Fellowship, the individuals elected this year were nominated and seconded through letters of recommendation from two current Fellows. Highlights of our new Fellows' outstanding accomplishments and contributions to the mission and goals of behavioral medicine are presented below. The SBM Board of Directors, current Fellows, and members extend warmest congratulations to our new Fellows who were honored at the Annual Meeting and Scientific Sessions in Nashville.

Jasjit Ahluwalia, MD, MPH, MS, is Vice-Chair, Director of Research and Associate Professor, Departments of Preventive Medicine and Division of General Medicine at the University of Kansas School of Medicine. His letters of support emphasize his research and service contributions to behavioral medicine particularly those focused on addressing the nation's economic and racial disparities in health status and health behavior including tobacco control in minority and low-income populations. An active member of SBM, Dr. Ahluwalia's activities include service on the Society's Physician Membership Committee and as Chair of the Addictive Disease Track for the April 2000 meeting.

Michael Antoni, PhD, is Professor, Departments of Psychology, Psychiatry and Behavioral Sciences at the University of Miami. He serves as co-director, NIMH-funded AIDS program project and training grant; senior investigator, Helen Dowling Cancer Institute, Rotterdam, Netherlands; and, Associate Editor, *International Journal of Behavioral Medicine*. Letters of support outline his research and service contributions to behavioral medicine with emphasis on his pioneering /seminal research in HIV/AIDS. Dr. Antoni has been an active contributor to SBM annual meetings and received the 1993 New Investigator Award.

Richard J. Contrada, PhD, is Associate Professor, Department of Psychology, Rutgers University. He is recognized for his research contributions focused on cardiovascular psychophysiology (including plausible mechanisms linking Type A behaviors to coronary disease), neurobiologic processes underlying Type A behaviors and personality, stress and disease. Dr. Contrada's recent work (funded by NIA) focuses on behavioral control of blood pressure in African-American hypertensives and adaptation to chronic illness and its treatment. He has served on numerous NIH review panels and as Associate Editor of *Health Psychology*.

Robert Croyle, PhD, is Associate Director for Behavioral Research, Division of Cancer Control and Population Sciences, National Can-

cer Institute. He is recognized internationally for his visionary research, teaching and service contributions to Behavioral Medicine. Dr. Croyle's multidisciplinary program of research, focused on appraisal of health threats, risk communication and genetic testing for cancer susceptibility, has been continuously funded by NIH and other agencies; the results have been disseminated widely in peer-reviewed, interdisciplinary journals. An active member of SBM, Dr. Croyle serves as Chair of the 2001 SBM Program Committee.

Karen M. Emmons, PhD, is Associate Professor, Health and Social Behavior, Dana-Farber Cancer Institute and Harvard School of Public Health. Her letters of support emphasize her varied conceptual, and empirical contributions to behavioral medicine, including cancer prevention and control, tobacco control and health behavior change. Dr. Emmons has been funded by several NIH Institutes and has 50+ publications in peer reviewed journals. She has been an Associate Editor of *Annals*, serves on numerous editorial boards, and has served on the Program committee for SBM.

Kenneth Freedland, PhD, is Associate Professor of Medical Psychology at Washington University. Letters of support emphasize his research contributions focused on psychosocial aspects of CVD including his major role in the assessment of depression as part of the ENRICH multi-center clinical trial. Currently he is the PI of several NIH -funded grants including studies of cognitive behavior therapy for the treatment of depression in post-MI patients, and medical and psychosocial outcomes in depressed patients with CHF. He has 70+ publications in peer-reviewed journals, is active in numerous health and behavior organizations, and has been a regular presenter at SBM.

Simone French, PhD, is Associate Professor, Division of Epidemiology School of Public Health, University of Minnesota. Currently, she is the PI of three NIH-funded grants focused on increasing availability of low fat foods in high schools and behavioral strategies to prevent osteoporosis in females. Her letters of support emphasize her research, mentoring and service contributions to behavioral medicine. Dr. French has 70+ publications including those focused on primary and secondary prevention of obesity, nutrition and dietary intake across the lifespan, and eating disorders. She has been an active member of SBM serving as campus representative, member of the Publications Committee, and column editor for *Outlook*.

Russell Glasgow, PhD, is Senior Scientist, AMC Cancer Research Institute, Denver, Colorado. His letters of support emphasize his substantial and diverse contributions to behavioral medicine including his seminal work in smoking cessation and tobacco control, diabetes self-management, worksite wellness, computer-tailored interventions, and chronic disease management. Dr. Glasgow has received 20+ grants awards and published 180+ articles in peer re-

viewed journals. An active member of SBM, Dr. Glasgow has also served on numerous editorial boards including *Annals*, and this year received the Society's Distinguished Scientist Award.

Jessie Gruman, PhD, is Executive Director of the Center for the Advancement of Health (CFAH) (Washington, DC). Her letters of support emphasize her contributions as Executive Director of...“one of the most important organizations for our field”. As founding Executive Director of CFAH, Dr. Gruman formed the Health and Behavior Alliance, a coalition of over 26 professional societies with an interest in health and behavior; initiated the online newsletter HABIT (designed to link members of the Alliance organizations); developed the “Facts of Life” newsletter; and, co-chaired the 1999 OBSSR working group on “integration of evidence-based behavioral approaches into health care”. Dr. Gruman has been an active member of SBM, and this year received the Society's Distinguished Service Award.

Dorothy Hatsukami, PhD, is Professor, Department of Psychiatry and Adjunct Professor, Departments of Psychology and Epidemiology, University of Minnesota. Her letters of support emphasize her research contributions in several areas of nicotine dependence and substance use. She has received numerous awards for her work (including the Ovid Ferno Award) and is the current president of the Society for Research on Nicotine and Tobacco and a member of the National Advisory Panel, Substance Abuse and Mental Health Services Administration. She has authored over 100 publications in peer-reviewed journals, and is recognized as an outstanding mentor for the next generation of behavioral medicine scientists/advocates.

Vicki Helgeson, PhD, is Associate Professor of Psychology at Carnegie Mellon University. She is currently the PI on two NIH-funded grants focused on breast cancer survivors, support groups for women with breast cancer, and adjustment to breast cancer. Her letters of support emphasize her conceptual/theoretical contributions focused on the role of personality (agency and communion) in effectiveness of support networks and adjustment to chronic illness and her empirical work on social support interventions for breast cancer patients. She has 50+ publications in peer-reviewed journals, is an active member of several scientific organizations, and has presented regularly at SBM.

Gail Ironson, MD, PhD, is Professor of Psychology and Psychiatry and Behavioral Sciences at the University of Miami. Her letters of support emphasize her broad research, clinical and service contributions to the field of behavioral medicine. Dr. Ironson has “a long history of playing a major role in extramurally funded research...” Her current NIH- RO1 focuses on the psychology of health and longterm survival with HIV/AIDS. She has 100+ publications in interdisciplinary journals, has served as Associate Editor of *Health Psychology* and *Mind/Body Medicine*, and on numerous NIH review panels.

Randall S. Jorgensen, PhD, is Associate Professor, Department of Psychology, Syracuse University. Dr. Jorgensen's program of research has focused on the relationships between emotions and cardiovascular health with emphasis on the role of biological factors and personality variables (anger expression, sociotropic thinking) in moderating physiologic responses to daily life stressors. To clarify the interactions between biologic and behavioral variables in CV risk, he pioneered the use of cluster analytic methods to identify risk profiles constituted by multiple indices of vulnerability and personality. His sponsors emphasize his leadership efforts in the development of training programs in behavioral medicine and in Syracuse University's new Center for Health and Behavior Research.

Sharon Manne, PhD, is a member of the Fox Chase Cancer Center, Philadelphia, and Adjunct Associate Professor, Mt. Sinai School of Medicine, Rutenberg Cancer Center, New York. Her sponsors emphasize her research contributions focused on the impact of cancer on families and issues relevant to children's distress and coping with invasive medical procedures. She is PI/Co-PI on several NIH grants focused on couples dealing with cancer: analysis and intervention, maternal distress, cognitive processing and pediatric BMT. Dr. Manne has 50+ publications in peer reviewed journals, and is a recent recipient of a Career Development Award from NCI, and has served on the editorial boards of *Health Psychology*, *Journal of Behavioral Medicine* and *Annals*.

John P. Pierce, PhD, holds the Sam Walton Endowed Chair in Cancer Research and leads the Cancer Prevention and Control Program at the University of California-San Diego. Dr. Pierce was the founding Chief of the Epidemiology Branch at the Office of Smoking and Health, CDC. He has authored 150+ publications focused on the epidemiology of smoking behavior and the multidimensional influences on smoking initiation and cessation. His work has helped to define the trends in smoking in the US (a series of papers that formed the basis for the year 2000 goals for the US for tobacco), establish the effectiveness of telephone counseling and a Smoking Helpline as a strategy for providing assistance for smoking cessation, and outline the power of tobacco industry advertising and promotional activities in encouraging youth to start smoking and thwarting the efforts to convince adolescents not to smoke.

James O. Prochaska, PhD, is Professor of Psychology at the University of Rhode Island and Director of the Cancer Prevention Research Consortium and Director of the Self-Change Laboratory. His letters of support emphasize the critical conceptual and empirical contributions to behavioral medicine...” Since his initial conceptualization of the Transtheoretical Model of Change (TTM), Dr. Prochaska has published 125+ data-based articles, served as PI on 8 major grants (including a PO1 from NCI), and has served regularly as a grant reviewer for NCI and ACS. He has also been a consistent contributor to SBM annual meetings. The TTM has been applied to address a wide variety of health behaviors across the lifespan and in diverse populations.

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Fellows (continued from page 7)

Michael Scheier, PhD, is Professor of Psychology at Carnegie Mellon University. His sponsors note his "...multiple and significant contributions to behavioral medicine..." including the development of a theory of self-regulation (with Chuck Carver) that "has had a broad impact on basic and clinical research in the field..." Dr. Scheier is recognized for his conceptual and empirical work on optimism and his widely used instrument, the LOT. Currently, Dr. Scheier is the PI of an NCI-funded grant focused on adjustment to breast cancer among younger women. He has served on numerous Editorial Boards and Review Panels and has been an active contributor to SBM.

Herbert Severson, PhD, is Senior Research Scientist, Oregon Research Institute. His research contributions to behavioral medicine and tobacco control have added substantially to our understanding of the biopsychosocial factors determining the initiation, maintenance and cessation of smoking and smokeless tobacco use. Sponsors emphasize his work to develop, evaluate and disseminate tobacco cessation interventions through dental hygienists. He contributed to the IOM report, *Growing Up Tobacco Free* and to the Surgeon General's Report on Smoking and Health. Dr. Severson has served on numerous Editorial Boards and Expert Panels and has contributed to SBM annual meetings.

Andrew Sherwood, PhD, is Associate Professor of Medical Psychology, Department of Psychiatry and Behavioral Sciences, Duke University. His sponsors emphasize his research contributions to behavioral medicine including clarifying the role of stress in blood pressure regulation with emphasis on ethnic and gender differences in response to stress. "He has been a pioneer in the development of noninvasive methods for measuring cardiac output and peripheral resistance using impedance cardiography. Recently, he developed an ambulatory device that permits the non-invasive measurement of hemodynamic functioning during activities of daily living." Dr. Sherwood has published 60+ articles resulting from his program of research and has served as consultant on numerous NIH grants and Editorial Boards.

Catherine (Kate) Stoney, PhD, is Associate Professor of Psychology at Ohio State University. Her sponsors emphasize her research, teaching and service contributions to behavioral medicine. Dr. Stoney's research has focused on the effects of behavioral stress on lipids and lipoproteins; she has been funded by NIH-NHLBI for this research and related work in cardiovascular reactivity. Her research has resulted in 40+ publications and in 1986-1990, she served as Associate Editor of *Health Psychology*. Dr. Stoney has been an active member of SBM; she participated on the Program Committee, regularly reviews abstracts for the annual meetings and consistently presents scientific papers.

Dawn Wilson, PhD, is Associate Professor of Medicine, Division of Clinical Pharmacology and Hypertension, Medical College of Virginia. Her program of research (funded by NIH and other extramural sources) has focused on clarifying the role of psychosocial and behavioral factors in risk for hypertension among African-American adolescents. Dr. Wilson's research has been instrumental in demonstrating the interactions among gender, ethnicity, salt-sensitivity, and stress. Most recently, Dr. Wilson edited "Health-Promoting and Health Compromising Behaviors Among Minority Adolescents", one of the few texts that addresses health and behavior issues in minority adolescents. Dr. Wilson chaired the 1997 SBM Program Committee and served as Chair of the Program Oversight Committee, and this year received the Society's Distinguished Service Award.

Dana Robin Hill, PhD, was Social Science Analyst, Behavioral Medicine Branch, NHLBI. (See the special tribute to Dr. Hill in the Summer 2000 issue of *Outlook*).

CLASSIFIEDS

Database Administrator
Medical College of Georgia

The Georgia Prevention Institute at the Medical College of Georgia, Augusta, GA (www.mcg.edu/institutes/gpi) seeks a database administrator (DBA) capable of creating and maintaining a large databases obtained from a variety of sources in varying formats. DBA will work directly with cardiovascular researchers and statisticians and should have familiarity with longitudinal data sets. Salary is \$43- \$46K. Send CV and 3 reference letters to Dr. Frank Treiber, GPI (HS1640), Medical College of Georgia, Augusta, GA 30912 (email: ftreiber@mail.mcg.edu)

Call for Nominations for SBM Fellows 2001!

The SBM Board of Directors solicits nominations for new Fellows to be honored during the 22nd Scientific Sessions (March 21-24, 2001) in Seattle, Washington. To be eligible for election for Fellowship in the Society of Behavioral Medicine, a candidate must be nominated and seconded through letters of recommendation from two current SBM Fellows. Letters of recommendation should describe the nature of the candidate's contributions to the field of behavioral medicine in research, teaching, clinical practice or public service (see previous article).

The nominating Fellow or Sponsor is asked to send nominations (including two letters of support and the candidate's curriculum vitae) to the Fellows Selection Committee (SBM National Office) by December 15, 2000, or send information in the form of e-mail attachments to <sbm@tmahq.com>

Fellows are encouraged to identify and nominate individuals who have made outstanding contributions to behavioral medicine!

Research Faculty Position The University of Massachusetts

Research Faculty Position: The University of Massachusetts Medical School Department of Family Medicine & Community Health is recruiting an experienced social sciences or health services researcher at the Assistant/Associate Professor level to join a growing research division focused on psychosocial factors in health, quality of life research in primary care, and community-based health services research on underserved populations. Individual will play an important role in collaborating with Departmental leadership to develop and establish a practice-based research network. Ideal candidate will have demonstrated success in obtaining extramural funding and track record of peer-reviewed publications. Candidate will be expected to conduct a program of independently-funded research and collaborate with other faculty. Start-up funding available. Contact: Carolyn Schwartz, Sc.D., at carolyn.schwartz@umassmed.edu for full description.

VA Palo Alto Health Care System Postdoctoral Fellowship

The VA Palo Alto Health Care System is announcing an opening for a one-year postdoctoral fellowship in the Psychology Service with a Behavioral Medicine focus. Applicants should have received a Ph.D. from an APA-approved graduate program in Clinical/Counseling Psychology, completed an APA-approved internship with some concentration in clinical Behavioral Medicine or research, and be U.S. citizens. Fellow will spend approximately 60% time clinical, 20% research, 20% teaching/supervision. Excellent opportunity for interprofessional training. Salary \$37,000. Application due 3/1/01; start date 9/1/01. Make inquiries or application material requests (specify Behavioral Medicine fellowship) to Dr. Zeiss at Antonette.Zeiss@med.va.gov or call (650) 493-5000, ext. 64743.

Cancer Control Researcher University of Louisville

Two positions are available at the Assistant or Associate Professor level in this new Cancer Prevention and Control Program at the James Graham Brown Cancer Center. These are permanent positions on a ten-

ure-track. Successful candidates are expected to have related research experience. These faculty positions will work with the Kentucky Cancer Program, a statewide cancer control program offering unique resources and research opportunities. Areas of interest might include cancer prevention and screening, public and professional behavioral interventions, practice guidelines and continuing medical education, patient support services, and community coalitions with special emphasis on breast, cervix, colon, lung, and skin cancers as well as tobacco control. These positions represent an opportunity to participate in the exciting growth of this regional cancer center and are open immediately. Applicants should send a cover letter and curriculum vitae to: Donald Miller, MD, Director, Brown Cancer Center, and Connie Sorrell, Director, KY Cancer Program, 529 S. Jackson St., Louisville, KY 40202. An AA/EEO Employer

Postdoctoral Training Opportunities D.H. Rutenberg Cancer Center Mount Sinai School of Medicine

Multidisciplinary Training in Cancer Prevention and Control

Postdoctoral research training: The Rutenberg Cancer Center of The Mount Sinai School of Medicine announces openings for Postdoctoral Trainees interested in behavioral aspects of Cancer Prevention and Control. The training program integrates biological, behavioral, epidemiological, psychological and community perspectives through formal lectures, seminars, one-on-one mentoring, and hands-on involvement with federally-funded interdisciplinary studies being conducted by the faculty. Current areas of research include: Psychosocial Analysis of Cancer Screening in Managed Care and Minority Populations; Stress Induced Consequences of Familial Cancer Risk; Psychosocial Factors in Genetic Testing; Cue-reactivity in Smoking Risk; Interventions to Promote Colon Cancer Screening; Maternal Distress with Pediatric Cancer; Hypnosis Intervention for Breast Surgery Patients; Immune Effects of Surgery Stress; Classical Conditioning during Chemotherapy; Patient Activation Intervention for Pain Reduction; Post Traumatic Stress Disorder Symptoms in Survivors. Advanced degree in Medicine, Nursing, Psychology, Public Health, or related discipline is required. Full time position for two years. Salary starts at \$36,000. Subsidized

housing may be available. Send letter of research interests and curriculum vitae including relevant experience and names of advisors, as well as citizenship status to: Dr. Dana Bovbjerg, Cancer Prevention & Control, Rutenberg Cancer Center, Mount Sinai School of Medicine, Box #1130, 1 Gustave L. Levy Place, New York, NY 10029.

Scientist-Canadian Cancer Society National Cancer Institute of Canada Centre for Behavioural Research and Program Evaluation University of Waterloo

The Centre for Behavioural Research and Program Evaluation (CBRPE) is funded by the National Cancer Institute of Canada with funds from the Canadian Cancer Society (CCS). CBRPE's mission is to (a) conduct research that contributes to improved cancer prevention and care, and (b) assist CCS evaluate its major programs and services. CBRPE is housed in the Faculty of Applied Health Sciences at the University of Waterloo.

The primary responsibility of the Scientist will be to mount an independent research program related to cancer prevention or care. This research will be supported mainly through peer reviewed grants secured by the Scientist from national funding agencies. A secondary responsibility will be to contribute to CCS program evaluation activities.

CBRPE offers a stimulating research environment. There are four scientist positions within CBRPE. Faculty members at the University of Waterloo and other institutions are active in CBRPE projects. Scientists will be affiliated with an appropriate academic department at the University of Waterloo. There are opportunities for supervision of research trainees. CBRPE operates a national research network that provides a platform for multi-site studies and an extensive group of collaborators across the country.

A doctoral degree and evidence of scientific productivity is required. There are no restrictions on disciplinary background. An initial short list will be established January 31, 2001. Please send a Curriculum Vitae, a statement of research interests, and names of three scientific referees to: Roy Cameron, PhD, Director, Canadian Cancer Society/National Cancer Institute of Canada, Centre for Behavioural Research and Program Evaluation, Room 1618, Lyle

S. Hallman Institute, University of Waterloo, Waterloo, Ontario, N2L 3G1.

The University of Waterloo encourages applications from qualified individuals, including women, members of visible minorities, native peoples, and persons with disabilities. The position is funded for five years, it is anticipated that the position will continue beyond five years, but this is contingent on availability of funds.

University of Pittsburgh Assistant Professor, Tenure Track

We seek a recent Ph.D. with training in Clinical as well as Health Psychology for a faculty position at the Assistant Professor level, pending budgetary approval. Candidates are sought who have strong research credentials and an expertise in psychological processes of relevance to health and disease. Areas of specialization are open but may include addictive behavior and psychopharmacology of substance abuse, cardiovascular behavioral medicine, psychoneuroimmunology, behavioral oncology, psychopathological and neuropsychological correlates of disease, and other related areas. The University of Pittsburgh has nationally prominent graduate training programs in both Health and Clinical Psychology, and many faculty have joint ties with other units of the University, particularly in the Health Sciences and the School of Public Health. Specific teaching areas are flexible, but a commitment to effective graduate and undergraduate teaching must be demonstrated. APA-approved clinical internship training is also required.

Review of applicants will begin **November 15, 2000** and continue until a suitable candidate is identified. Interested candidates should submit a letter of interest, CV, three letters of recommendation, and representative publications to: Deborah Connell, Clinical/Health Search Committee, University of Pittsburgh, Department of Psychology, 455 Langley Hall, Pittsburgh, PA 15260. The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Women and members of under-represented minority groups are especially encouraged to apply.

Pitt County Memorial Hospital Psychology Department

Psychologists: Pitt County Memorial Hospital is a 731-bed teaching hospital affiliated with the Brody School of Medicine at East

Carolina University and part of University Health Systems of Eastern Carolina. Our Psychology Department provides services to the Regional Rehabilitation Center, the Regional Heart Center, the Cancer Center, Children's Hospital, Behavioral Health Services, and other inpatient units and outpatient clinics. We are seeking two team-oriented psychologists to fill key positions in our dynamic and growing hospital-based Psychology department.

Pediatric Psychologist: Will work with our Pediatric Rehabilitation Team and provide assessment and treatment services to children and families in other areas of the hospital. Experience with pediatric rehabilitation is required.

Health Psychologist: Will work with our Spinal Cord Injury Team and provide general consultation/liason services throughout the hospital.

In addition to experience in medical and/or rehabilitation settings, both positions prefer a Doctorate from an APA-approved program, pre-doctoral internship and eligibility for immediate licensure in North Carolina.

In addition to an excellent compensation package, superb opportunities for professional growth and generous relocation assistance, Pitt County Memorial Hospital offers all the benefits of Greenville, NC—a progressive community only a short drive from Carolina's magnificent seashore, where the low cost of living is matched by a high quality of life. For more information, call Brian Lewis, Ph.D., ABPP, Psychology Department Manager at: (252) 816-4321. Resume should be mailed to Employment Office, Attn: OUT10/00, Pitt County Memorial Hospital, P.O. Box 6028, Greenville, NC 27835-6028; FAX: (252) 816-8225; or E-mail to covens@pcmh.com. Please visit us at www.uhseast.com. EOE.

University of Kansas Medical Center Assistant/Associate Professor Tenure Track

The Department of Preventive Medicine, a dynamic, multidisciplinary group of 23 faculty, has an immediate opening for a tenure track faculty member in the area of nutrition, obesity and/or physical activity. The candidate should have a doctoral degree in epidemiology, social/behavioral sciences, nutrition, health education, or psychology, and have experience in collaborative extramurally funded research, publications, and teaching. Join a growing team of federally

funded researchers working in a number of areas such as cardiovascular disease prevention, breast cancer, smoking cessation, substance abuse, and outcomes research. Excellent collaborative research opportunities, and joint appointments, exist with the Center on Aging, The Kansas Cancer Institute, a newly created Center for Health Care Research, the Department of Health Policy and Management, and the Department of Dietetics and Nutrition.

The primary responsibility will be to build an active program of research in this thematic area. The faculty member will also teach in the department's innovative statewide, Master of Public Health Program.

Review of applications and nominations will begin immediately and continue until a suitable candidate is found. Send a cover letter, CV and three references to: Jasjit S. Ahluwalia, MD, MPH, MS, Chair, Search Committee, University of Kansas Medical Center, Department of Preventive Medicine, 3901 Rainbow Boulevard, Kansas City, KS 66160-7313; 913-588-2772 KUMC is EO/AA Employer.

Christiana Care Health System Clinical Positions in Health Psychology

One Full-Time Clinical Position in Health Psychology in the Christiana Care Health System in Wilmington, Delaware: Psychologist to be part of a multidisciplinary treatment team at the Cancer Center, providing clinical services and participating in program development in support of cancer patients and their families. Psychological assessment and treatment of inpatients and outpatients, pain management services, and participation in the coordination of complementary services through Mind/Body programs. Expertise working in the spectrum of psycho-oncology clinical skills. Candidates must have a doctoral degree in Psychology or other mental health field, with 2 years of relevant experience in behavioral medicine/health psychology setting. Must be eligible for Delaware license (which requires 2 years of post-doc supervised clinical experience). Competitive salary and full benefits. The best way to apply is to go to our website at www.christianacare.org and apply on-line. Resumes may be emailed to christianacare@hiresystems.com (Attn: PSBM/PR78), or mailed to Christiana Care Resume Service, Attn: PSBM/PR78, PO Box 549251, Waltham, MA 02454-9251. EOE, M/F/D/V.

Alcohol Harm Reduction Intervention Research—The University of Rhode Island Post doctoral Fellowship

The Alcohol Risk Reduction Program at the University of Rhode Island is seeking a postdoctoral fellow to join a multidisciplinary research center starting on or about September 1, 2000. The position involves assisting investigators with one or more recently funded or ongoing randomized trials evaluating brief interventions for alcohol harm reduction. The interventions provide individually tailored “expert system” cognitive-behavioral feedback using computer technology being delivered to populations of community dwelling adults, college students, and high school students. Research opportunities include assisting research team members on one or more longitudinal studies that are funded by the National Institutes on Alcohol Abuse and Alcoholism (NIAAA) and the National Cancer Institute (NCI). One project also involves the longitudinal study of health care utilization by light to moderate drinkers in the general population. Position duties include assisting with intervention evaluation, analysis of data, writing reports and manuscripts for publication, and planning new research. Opportunities to develop one’s own program of research using project resources are available. Previous research experience in the alcohol field is also desirable, as is a demonstrated knowledge of statistical analyses, and scientific writing. Knowledge of the Transtheoretical Model, and research experience with randomized trials is preferable, but not required. Placement is for one or two years, with possible extension (Two-year placements are preferred). Applicants must have a Doctoral degree in Psychology, Epidemiology, Statistics, Public Health or a related field (ABD will be considered). Send letter of interest, curriculum vitae, to Dr. Robert Laforge, Alcohol Risk Reduction Program, Cancer Prevention Research Center, 2 Chafee Road, University of Rhode Island, Kingston, RI 02881, or <rlaforge@uri.edu>. Candidates will be reviewed until position is filled. The University of Rhode Island is an Affirmative Action/Equal Opportunity Employer and actively solicits applications from women, minorities and protected persons.

The University of Rhode Island Cancer Prevention Research Center Postdoctoral Fellows

The Cancer Prevention Research Center at the University of Rhode Island is seeking two postdoctoral fellows to join a multidisciplinary research center starting on or about September 1, 2000. The positions involve assisting investigators in several grants studying the Transtheoretical Model applied to high-risk sexual behavior OR dietary interventions as well as other multiple risk behaviors. Position duties include database management, analysis of data, writing reports and manuscripts for publication, intervention material development, project implementation and management, as well as planning future research. There are opportunities to conduct own research using project resources. Applicants must have Ph.D. in Psychology, Nutrition or related field (ABD will be considered), and strong interest in research with the Transtheoretical Model and high-risk sexual behaviors OR nutrition interventions. Send letter of interest and curriculum vitae to Colleen A. Redding, Ph.D., (for high risk sexual behaviors) or Geoffrey W. Greene, Ph.D., RD, LND (for dietary interventions), Cancer Prevention Research Center, 2 Chafee Road, University of Rhode Island, Kingston, RI 02881 or email at: credding@uri.edu or gwg@uri.edu. Candidates will be reviewed until position is filled.

Faculty Position in Psychosocial Services and Psychological Research in Cancer

The Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine and the Division of Health Behavior Research, Departments of Medicine and Pediatrics, Washington University School of Medicine, seek to fill a faculty position for an individual with doctoral level training pertinent to multidisciplinary psychosocial care of patients with cancer and their families. A faculty appointment is available in the Department of Medicine, with rank commensurate with experience.

REQUIREMENTS: (1) a doctoral degree in clinical psychology, social work, spiritual care, or related fields; (2) interest and experience in working with a medical population; (3) interest and evidence of potential for research productivity in these areas.

RESPONSIBILITIES: (1) Provision of clinical services for patients and families receiving care at The Siteman Cancer Center; (2) Consultation to providers of medical and psychosocial services for patients; (3) Participation in educational and outreach programs within or sponsored by The Siteman Cancer Center; (4) Development of and collaboration in research projects of The Siteman Cancer Center.

JOB SETTING: The Division of Health Behavior Research is a principal part of the Prevention and Control component of The Siteman Cancer Center.

The Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine is supported by the medical school, its clinical partner Barnes-Jewish Hospital, and by a Cancer Center Planning Grant from the National Cancer Institute.

If interested in this position, please send a CV, three letters of reference, and a cover letter describing specific interests to: Teresa Deshields, Ph.D., Director, Psychosocial Services, The Alvin J. Siteman Cancer Center, 4444 Forest Park, Suite 6700, St. Louis, MO 63108. Phone: 314-286-1900; Fax: 314-286-1919. E-mail: tdeshiel@imgate.wustl.edu.

RATE CHANGE AND DEADLINE

To advertise in the Winter issue of *Outlook*, please supply ad copy to Carol Kendall at the SBM National Office. Copy may be faxed to 608-831-5485 or emailed to ckendall@tmahq.com. [The deadline for receipt of copy for inclusion in the Fall issue is December 1.](#)

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

Upcoming Educational Opportunities

National Center for Responsible Gaming

Dec. 3–5, 2000: The Comorbidity of Pathological Gambling
Las Vegas, Nevada.
www.ncrg.org

American Academy of Addiction Psychiatry

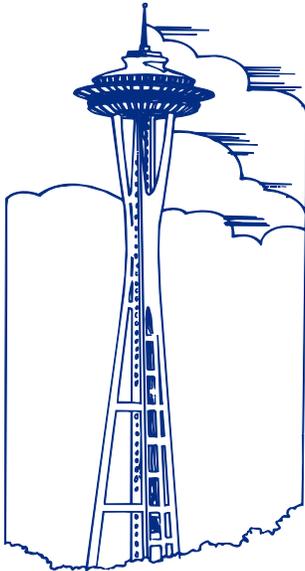
Dec. 7-10, 2000: 11th Annual Meeting and Symposium
Pointe South Mountain Resort, Phoenix, Arizona

Society for Research on Nicotine and Tobacco

March 23-25, 2001: 7th Annual Meeting
Sheraton Hotel and Towers, Seattle, Washington
phone: 608-836-3787 // e-mail: srnt@tmahq.com //
web site: <http://www.srnt.org>

American Academy of Addiction Psychiatry

Dec. 13-16, 2001: 12th Annual Meeting and Symposium
The Ritz-Carlton, Amelia Island, Florida



Mark your Calendar...

**Plan to join us for SBM's 22nd Annual Scientific Sessions
on March 21–24, 2001 at the Seattle Convention Center,
Seattle Washington.**

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