



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Winter 2002–2003

President's Message

David B. Abrams, Ph.D., SBM President

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



I hope you and your loved ones had a meaningful holiday season. The staff at SBM National Office, myself and the Board wish you a happy, healthy and peaceful New Year. For the last of my presidential columns, I want to explore further the theme (The Four T's – Transdisciplinary, Translational, Transcultural, and Transnational) of our upcoming Annual Meeting in Salt Lake City and the issues

raised in my previous columns. How does our theme reflect our roots? Can we link the theme to the extraordinary opportunities and the considerable challenges of the next decade with respect to fulfilling the promise of behavioral medicine? This all relates to the central mission of our leadership over the past several years - developing a refreshing and evolving vision for our Society through the work of the long range/strategic planning committee. Since some of the ideas in this column reflect my own personal views, as always, I and the SBM Board welcome your reactions, input, and proactive involvement as we move towards adopting the recommendations of the strategic planning group and implementing them to position SBM for the coming decade of the new century.

SBM will be celebrating 25 years in 2004. We have much to celebrate and to be proud of. For your information, the Board

has formed a 25th Anniversary Planning Committee to showcase a 25-year retrospective at our meeting in Baltimore, March 24 -27· 2004. We ask all our Past Presidents and the founding fathers and mothers of SBM to consider contributing to the content of the celebration. Make a special effort to attend this milestone and share memories of turning points that shaped our Society. Dr. Linda Baumann, President-elect, will chair this committee. One idea is to construct a "family tree" of all our current members and student members to identify whom their primary mentors are, and who the mentors of those mentors are, going back over the generations to the founding fathers and mothers. A trivia question – How many great great grandfathers and grandmothers can we all trace our roots back to? Are there only one or two or are there many – and what primary disciplines did they come from?

My own genealogy includes an internship and fellowship with Mike Follick (he founded Brown Medical School's Behavioral Medicine training program under David Barlow in 1976-77), and contact with Dick Carleton MD (Pawtucket Heart Health Program) and Barbara Mc Crady (Behavioral Alcohol Addiction Treatment Program) also at Brown in 1978-1980. Before them I studied in the PhD program in Behavior Therapy with Terry Wilson, Peter Nathan, Cyril Franks, Arnold Lazarus and others at Rutgers University in 1974-1978.

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For history buffs - a fascinating account of the historical roots of behavioral medicine by Richard C. Kennerly may be found at the website <http://www.unt.edu/bmed/abrief.htm>. Kennerly states "There appear to be at least five major factors which converged to form the field of behavioral medicine. Three.... were the development and successes of behavior modification/behavioral analysis, the successes of biofeedback, and the emergence of chronic illnesses as a primary source of mortality (Blanchard, 1982). A fourth less clear factor.... was the unprecedented escalation in health care costs during the 1970's (Agras, 1982). The fifth.... was the failure of psychosomatic medicine to provide clinically relevant and useful interventions (Agras, 1982). There was a clinical need going unmet by the branch of research and medicine which was supposed to be filling it. Had psychosomatic medicine adapted its approaches.... to be more clinically relevant and useful it is doubtful that the field of behavioral medicine would have formed.

"The first published use of the term 'behavioral medicine' was in the 1973 book by Lee Birk *Biofeedback: Behavioral Medicine* (Birk, 1973). In 1974, two research and clinical programs were developed in behavioral medicine. The first was The Center for Behavioral Medicine formed by John Paul Brady and Ovide F. Pomerleau at the University of Pennsylvania (Pomerleau, 1982; Agras, 1982). The second was The Laboratory for the Study of Behavioral Medicine at Stanford University (Agras, 1982). Both programs had a clinical emphasis (Agras, 1982) and they were soon followed by the establishment of other research and training programs in both psychology departments and medical schools (Agras, 1982). In 1977, the first conference on behavioral medicine was held at Yale University, establishing a formal definition

of behavioral medicine. The conference included researchers from the fields of anthropology, epidemiology, medicine, psychiatry, psychology, and sociology (Schwartz and Weiss, 1978a.)" (Direct quotes from: *A Brief History of the Origins of Behavioral Medicine: Formation of the Field and its Roots in Medical Mind Body Dualism*. By Richard C. Kennerly University of North Texas, <http://www.unt.edu/bmed/abrief.htm>).

At the same time, as we marvel at how forward thinking and visionary SBM's mission statement and definition was back then, we must now ask what areas were not addressed and why. With 20-20 hindsight how can we capitalize on lessons learned and how must we position ourselves for the future? SBM needs to be an ever-evolving, dynamic "learning organization" if it is to remain on the cutting edge of research, training the next generation of scientists, and educating, communicating and translating science into evidence-based applications for prevention, treatment, and policy.

The definition of behavioral medicine from 1978 that has served us well is still the one SBM embraces and is featured on our website. "Behavioral medicine is the interdisciplinary field concerned with the development and integration of behavioral and biomedical science knowledge and techniques relevant to health and illness and the application of this knowledge and these techniques to prevention, diagnosis, treatment and rehabilitation (*Schwartz and Weiss, 1978 a.b.*)" This is closely allied with Matarazzo's (1982, 1983) view of health psychology. "Yearly expenditures for

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Deadlines and Rates

To advertise in the Spring issue of *Outlook*, please supply ad copy to the SBM National Office. Copy may be emailed to info@sbm.org or faxed to 608-831-5485. The deadline for receipt of copy for inclusion in the Spring issue is April 30.

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

Please send *Outlook* correspondence to:

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

Outlook on Life

Cheryl Albright, Ph.D., M.P.H.
SCRDP, Palo Alto, California

Editor's note: This column is a fun way our members can learn more about each other. The questions come from a TV show called "Inside the Actor's Studio", where actors are asked a set of questions that reveal components of the personality and "philosophy on life". Today's guest for this column is C. Tracy Orleans, Ph.D., a Past President of SBM and is a Senior Scientist at the Robert Wood Johnson Foundation.

<i>Outlook On Life</i>	C. Tracy Orleans, Ph.D.
What is your favorite word?	Peace. My car has one bumper sticker "Peace is possible"– a message we always need, and now more than ever.
What is your least favorite word?	This is hard...I'm not sure I have one. But I do have some pet peeves about language – including when people confuse "complimentary" and "complementary," or confuse "fleshing out" with "flushing out" ideas.
What "turns you on" or excites you about the field of Behavioral Medicine?	The potential we have now to translate the fruits of our work into practice, and the growing energy and effort that is going into innovative translational work. Also exciting are the new partnerships this work is forging with health services researchers and health policy experts.
What turns you off/frustrates you about the field of Behavioral Medicine?	Our insularity. We need to work in astute partnerships with our colleagues in the more basic bio-behavioral sciences, in primary care, in social marketing and communications if we are to realize the full potential of our science and practice.
What sound or noise do you love?	The sounds of the waves and seagulls along the beaches of the Outer Banks in North Carolina.
What sound or noise do you hate?	The sounds the straw makes as you finish the last few drop of a milkshake – sounds that tell you there is no more left...
What was the most unusual job (outside of behavioral medicine/academia) have you ever had?	I worked one summer in college as a travel agent for a large corporation. It was a lot of fun. I learned a lot of short cuts for booking travel plus some useful trivia–like all those three letter codes for airports.
What profession, other than yours, would you like to attempt?	Interior design has always been appealing; also photography. I spend a lot of time informally on both and they give me great pleasure.
What profession or job would you not like to participate in?	Any job in which I could not, in some way, use my "gifts" or personal talents to make a difference. I feel really fortunate to have discovered what I love to do, and ways I can contribute to make a difference, and then to have the opportunity to do them both. This is a real privilege.
If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?	"We have been waiting here for you with all those gloves, umbrellas and earrings that you've ever lost."

Spotlight on Education and Training

Cheryl Albright, Ph.D., M.P.H., SCRDP, Palo Alto, California

The purpose of this column is to highlight pre-doctoral, internship, and post-doctoral training programs in Behavioral Medicine. Although information about such programs is available on the SBM Directory of Training Opportunities (website: <http://www.sbmorg>), this column will provide “insights” about behavioral medicine training programs and will present the perspective of current students/post-docs.

Interviewed: Lisa Terre, Ph.D.
Associate Professor and Program Director
Clinical Health Psychology
University of Missouri-Kansas City

Brief Description of Doctoral Program:

Based on a scientist-practitioner model, the doctoral program in clinical health psychology at the University of Missouri-Kansas City (UMKC) provides broad professional preparation in clinical psychology at the entry-level as well as clinical and research training in clinical health psychology.

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

Students follow a core curriculum that includes instruction in (a) the breadth areas of scientific psychology (e.g., biological, cognitive, affective, and social aspects of behavior, psychological measurement, research design and statistics, history and systems of psychology); (b) clinical psychology (e.g., foundations of practice, psychopathology, assessment and intervention); and (c) clinical health psychology (e.g., theoretical foundations, research methods in health psychology, health psychology interventions, seminar in healthcare leadership). Beginning in year two, students enroll in six semesters of practicum during which they are involved in many different types of supervised clinical experiences, ranging from work in specialized health care programs to more general clinical settings for psychotherapy and psychological assessment. Students also are required to complete a pre-doctoral internship.

What types of research programs do your post-doctoral fellows typically become involved in?

Research opportunities are abundant in the program. Faculty research areas are diverse and include the following:

- Physiological measures of attention and emotion, attentional function and dysfunction, aging and psychopathology;
- Behavioral dentistry, particularly temporomandibular disorders and health effects of information posted on the internet;
- HIV/AIDS, cancer, behavioral medicine, and health promotion in communities of color;
- Behavioral cardiology, tobacco control, weight and eating disorders, biostatistics and epidemiology, military psychology;
- Obesity, cardiovascular risk reduction, eating disorders, health policy, prevention, substance abuse;
- Psychoncology, chronic pain;
- Health promotion, initiation and maintenance of health-related behaviors, psychological factors affecting medical conditions, illness behavior and health care decision-making, ethical issues in psychology;
- Personality factors and interpersonal relations, social factors in applied psychology, micro-computers and applied psychology;
- Community organizing, methods in community psychology, program evaluation, sense of community;
- Child abuse and neglect; community psychology; family violence; human development; prevention; program evaluation; psychology, law and public policy; psychology of women; therapeutic jurisprudence; violence against women; violence prevention.

Students have the opportunity to become involved in a variety of funded research projects, including clinical trials, longitudinal cohort studies, and cross-sectional research.

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

Clinical health doctoral students are funded on assistantships. In addition, graduate students have access to computers, statistical programs (e.g., SPSS, SAS), and may apply for travel funds if they are presenting research at conferences.

Additional training materials and equipment are available to students working on specific projects or coursework (e.g., psychophysiology laboratory equipment, A-V resources etc.). The University libraries provide on-line databases and several specialized collections (e.g., libraries in the schools of law, dentistry, and medicine). UMKC also provides numerous student services (e.g., Minority Student Affairs, Women's Center, International Student Affairs, Disabled Student Services, the Counseling, Health and Testing Center).

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

The program is designed to develop scientist-practitioners who are skilled at conducting health research with a clinical focus, encompassing the full spectrum of tertiary care to population-based interventions. In addition, students are given a variety of opportunities to publish and present study outcomes in a variety of venues.

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

Over the next five years, we anticipate that (a) the program faculty will continue to pursue and develop extramural research funds that include students; (b) the program will continue to emphasize active involvement in national scientific organizations; and (c) the program will further develop its own clinical resources to include an evidence-based clinic serving indigent and underserved populations.

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

Given the program's scientist-practitioner emphasis, students seeking a different model of training and education (e.g., those primarily interested in clinical practice) may be better served by other programs. Students with a strong interest in applied research (including the full range from tertiary care to population-based interventions) as well as in science-practice integration are the best fit for the clinical health program at UMKC. The program normally accepts four to six students each year. The application deadline is January 15. For additional program information contact, Dr. Lisa Terre (terrel@umkc.edu; 816-235-1066).

Current post-doc's or student's perspective:

Interviewed: Melissa L Hyder, B.A., and Buddy Poje, M.A.
Clinical Health Psychology
University of Missouri-Kansas City

To provide responses to the editor's questions, we informally surveyed our fellow students and supplemented the group responses with our own personal experiences. As the student representatives for the first year (Buddy Poje) and fourth year (Melissa Hyder) classes, we decided to present the results separately for beginning students (years 1 and 2) and more advanced students (years 3 and 4) since years in the program may have influenced our peers' responses.

What is the most important thing you have learned as part of your post-doc fellowship?

Responses to this question revealed a striking consensus. Most students in years 1 and 2 of the program responded by pointing to the extensive research training as well as the opportunity to develop professional skills that are central to the development of clinical health psychologists. Graduate students in the program have experienced a hands-on, interdisciplinary training approach to the biopsychosocial study of health and illness. For instance, in a recent study in which I (B.P.) participated, clinical health psychology graduate students worked with psychologists, cardiologists, neurologists, and psychophysicists in order to design a multidisciplinary study of cognitive and behavioral health outcomes following coronary artery bypass grafting (CABG). Educational experiences like this at UMKC have proven invaluable in terms of the planning and training for careers within clinical health psychology.

Upper level students (years 3 and 4) shared similar responses as students in years 1 and 2. However, the two most common responses to this question among the third and fourth year students were the importance of empirically-based methods and the importance of being open to different methods and opinions. One student stated, "The results of science and practice are optimized when they are guided by one another. In fact, empirically guided clinical practice and research that has practical guidance for the clinician are the hallmarks of the scientist-practitioner model." Finally, and perhaps most importantly, two students indicated that the

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Spotlight on a SIG: Women's Health

Helen L. Coons, Ph.D., and Laura A. Linnan, Sc.D., Co-Chairs

The Society of Behavioral Medicine Special Interest Group in Women's Health is an interdisciplinary group of researchers, clinicians, educators, and public health advocates who are committed to promoting research, clinical and community interventions, policy as well as education, training and mentoring in women's health. The SIG is also dedicated to supporting the professional advancement of women and women's issues in behavioral medicine. During our first year (2001), over 50 colleagues attended a roundtable discussion and planning meeting in Seattle to help shape the 2002 SIG activities. An active listserv was subsequently established, and over 70 participants attended our second SIG program on women's health at the 2002 SBM conference in Washington, D.C. We had a highly successful roundtable discussion on research, funding, program development, and clinical collaboration in women's health as well as a conversation hour with leaders in women's health. Vivian W. Pinn, M.D., presented on "Current Mandates, Priorities, and Programs of the Office of Research on Women's Health, NIH," while Susan M. Clark, M.A., reviewed "Innovative Models for Advancing Women's Health" at the National Centers of Excellence in Women's Health, and discussant Margaret A. Chesney, Ph.D., highlighted future directions and opportunities within these two outstanding federal offices committed to women's health.

During the March 2003 meeting in Salt Lake City, the SIG roundtable discussion will focus on "What's New in Women's Health Research, Care and Policy." Please check the time in the conference program!

In addition, at the request of SIG members, the two SIG co-chairs look forward to having dinner with interested colleagues on Thursday, March 20 or Friday, March 21. Research, clinical, networking, and professional/mentoring themes will be highlighted during a lively, informal dinner at a local restaurant. See email announcements in early March about the dinner as well as other women's health presentations on the conference program! The SIG is also working on a resource list for professional advancement and mentoring in women's health, behavioral medicine, academic medicine, university faculty appointments, clinical practice, etc. We look forward

to working with the SBM Mentoring Committee to promote opportunities in women's health professional advancement. In fact, mentoring opportunities are a priority for the Women's Health SIG in Salt Lake City! Stay tuned for updates about women's health activities on the 2003 program!

For additional information about the SBM SIG in Women's Health, contact co-Chairs: Helen L. Coons, Ph.D., (hcoons@voicenet.com) and Laura A. Linnan, Sc.D. (linnan@email.unc.edu). ♦

Announcement: The Evidence-Based Behavioral Medicine (EBBM) Web Page is Up and Running!

Please visit www.sbm.org/ebbm/ at your earliest convenience. There you'll find not only a photo of some of our members from the 2002 Summer Retreat in New York City, but also detailed descriptions of:

- What is EBBM?
- Committee Mandates (2000-2002 and 2002-2004)
- A list of committee members
- Information on how to join the EBBM Special Interest Group
- Links to EBBM authored *Outlook* articles
- A reference list of other committee publications, including an upcoming *Annals of Behavioral Medicine* article entitled, "Evidence-based behavioral medicine: What is it, and how do we achieve it."
- SBM conference activities—past and upcoming
- And how to contact us.

We would appreciate any and all feedback from *Outlook* readers on this new web page.

Thank you for your attention!

The Evidence-based Behavioral Medicine Committee

President's Column (continued from page 2)

health care in the US exceed \$200 billion; interdisciplinary analysts believe that the financial human costs associated with such preventable dysfunctions as lung cancer, cardiovascular disease, drug and alcohol abuse, and vehicle accidents are a needless waste of human and fiscal resources. A consensus has emerged that the behavior of the individual is today's unexplored frontier in the study and understanding of health. Psychology is a discipline with 100 years of experience in the study of individual behavior, including behavior change. Although this potential is considerable in behavioral medicine, it is equal if not greater in the field of behavioral health, which involves helping willing and currently healthy children and adults to remain healthy."

Ultimately I believe that in the 21st century we will need to witness a much larger shift from the original focus of SBM, which was, albeit interdisciplinary, primarily a bio-behavioral and a psychology-based orientation to individuals, individual differences and clinical treatments. If SBM is to make a major contribution to improving the health and well being of not only individual but of the POPULATION, then we must evolve a new vision and advocate and communicate it vigorously to constituencies including the scientific, governmental, private sector and general public. Here are a few selected thoughts about the future.

First where are the foci of population health, health care delivery and its financing today - and where are they going to be in the next five years? As Wayne Gretsky said, "skate to where the puck is going to be". The promise of capitated-managed care (which theoretically should have put SBM in the drivers seat with a priority on whole population primary prevention, screening and early intervention, improved adherence and chronic care management and so on) was never fulfilled in practice. The era of capitated care now appears to be over as the pendulum swings the other way again. Health care costs are once again rising at levels that cannot be sustained. The buzzwords are value-based health care, efficiency, cost-effectiveness and accountability. SBM has the potential in both research and applications to develop business models and provide evidence-based direction to inform health services and health policy of the future.

Second, SBM can also embrace models that view the "causes of the causes" of the largest absolute numbers of preventable disease burden in populations from the public health perspective. One emerging consensus, that Dr. John

McKinlay will address in his keynote, is that the ultimate power for health improvement is in the macro-environment related to socioeconomic factors, health disparities and even international trends. Hence the focus on transcultural and transnational views in the theme of our meeting in Salt Lake City. Difficult questions about how to allocate finite resource in the most efficient manner possible require rational, research-based answers. For example, what emphasis should be placed in research and in health services policy at each leverage point along the continuum of possible interventions from primary prevention to high risk screening, to early intervention to treatment, rehabilitation, survivorship and end-of-life issues? What happens when new approaches change the landscape of primary and secondary prevention such as in high risk screening and chemo preventive intervention (e.g. CT scans for early detection of lung cancer or heart disease; genetic susceptibility tests, chemo prevention agents that blur the distinction between traditional primary prevention via lifestyle modification and use of drug treatments in breast cancer or in cholesterol management in asymptomatic younger individuals)? Can SBM be there to help provide answers and capitalize on new opportunities as they emerge? This is an example of new opportunities in transdisciplinary and translational research.

Third, basic biobehavioral science and its translation into clinical research trials needs to be supplemented by basic research into the fundamental mechanisms that accelerate the proactive dissemination (rather than the passive diffusion) of evidence-based interventions into communities and larger populations – a different kind of translational research – from bench and bedside to the "trenches" of community and public health. Dissemination research at basic science and at applications levels must also better address the needs of uninsured, underserved, and minority groups where disproportionate "pockets of prevalence" exist. Health communications, tailored and targeted interventions and informatics technology provide new opportunities here too so that culture, gender, and reading level can be taken into consideration.

Fourth, transdisciplinary research must lead to new integrative conceptual models that embrace the full range of disciplines from cells to society. SBM is still predominantly an organization that is skewed towards the cells - to - individual end of this continuum and towards a psychological perspective.

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Education and Training (continued from page 5)

most important thing they have learned as part of their graduate training is to be adaptable to an ever-changing career field. In fact, one student stated, "It is important to be open to new ideas, particularly with respect to health promotion, and to accept the challenges that come with working in a very fluid field."

How has the program impacted your career development?

The most common response of first and second year students was the vast opportunity to be involved in research and practice activities at UMKC and the surrounding community. Many UMKC clinical health students have been able to develop excellent regional as well as national professional contacts with other scientist-practitioners in their discipline. Personally, the training I (B.P.) have received in the program has impacted my career development by solidifying my professional interests of examining the impact of health on brain-behavior relationships. In addition, program experiences have solidified my (B.P.) interest to pursue continued clinical health research. For instance, anticipated future studies in this area include application of psychophysiological measures of nervous system functioning (e.g. electromyography and pupilometry) to study aspects of the impact of health conditions (e.g. Huntington's disease, schizophrenia, traumatic brain injury and stroke) on affective and attentional functioning. The opportunity for collaboration with faculty, students and other collaborators provides important opportunities for career development.

Upper level students indicated that, as a result of their experiences in the program, that they now view the role of a health psychologist in a broader context. One thing the program has done has been to demonstrate the potential for contributions of a health psychologist to current health care needs and the program also has given us the tools needed to achieve these contributions. The program has impacted my (M.L.H.) career in numerous ways. First, it has given me the opportunity to work on projects with very well respected researchers both on UMKC faculty as well as with collaborators at other major research centers. Second, extra opportunities have presented themselves because of professional contacts my professors have made. For example, I have been able to go to the Cooper Institute for additional training in weight management and exercise. Finally, the UMKC clinical

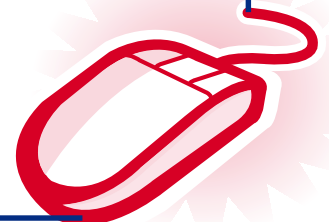
health program has fostered my enjoyment of research. As a fourth year student, I have published numerous abstracts and manuscripts. Clearly, I (M.L.H.) have been given many opportunities for professional development.

What advice would you give future applicants to this program?

First and second year students offered three specific suggestions: 1) contact current faculty with similar research and/or professional interests, in order to foster your development as a researcher; 2) contact current students in the program to gain information about research and current projects ongoing in the program; 3) Future applicants should have a strong interest and appropriate background in conducting research. The program is structured after the scientist-practitioner model. There is opportunity for practice as well as research in the program, with a strong emphasis on continuous involvement in both mentored research and supervised practice. The 3rd and 4th year students added an additional four points of advice for future students: 1) be willing to explore other areas of interest than the ones you bring to the program but, at the same time, continue to stay informed about your area of initial interest; 2) be persistent and dedicated in order to accomplish your goals; 3) be prepared for a lot of unanswered questions in this field, but also for a lot of tools for figuring out the answers; 4) BE ADAPTABLE.

For additional information, contact Melissa Hyder (Mhyder12@aol.com) or Buddy Poje (abpc05@umkc.edu).

Our website address has changed. Be sure to change your bookmark to www.sbm.org!





Society of Behavioral Medicine 2003 Annual Meeting

Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational

Karina Davidson, Ph.D., Marie-Josée and Henry R. Kravis Center for Cardiovascular Health
Mount Sinai Medical Center, New York, New York

We have a terrific Annual Meeting nicely taking shape, and we hope that you have already made arrangements for yourself (and maybe your family) to visit Salt Lake City this March, where both science and snow can be found. We have outstanding speakers lined up for our 'Four T' Annual Meeting: **David Abrams**, our current SBM President, will give the annual Presidential Address and Awards Presentation. To address the translational aspect of our meeting, **David Ahern** will present, "Health e-Technologies for Behavior Change and Disease Management: Opportunities and Challenges." **Sherman James** has kindly agreed to discuss transcultural (and transgender) issues in his interesting talk, "Engendering John Henryism: Are the Health Costs and Benefits of Persistent High Effort Coping with Adversity Different for African-American Men and Women?" To meet our transdisciplinary curiosity needs, **JoAnne Epping-Jordan** from the World Health Organization will present transnational information on "Health Care for Chronic Conditions and Non-communicable Diseases." Continuing the transnational theme, we have **Kristina Orth-Gomér** presenting "Why Are Social Supports Protective: Empirical Evidence of Hazards, Mechanisms, Pathways and Preventive Effects." We are also very excited to have **John McKinlay** speak to us about the important translational topic, "Where to From Here: The Lifestyles Approach to Health Policy or a Policy Approach to Healthy LifeStyles?"

Francis Keefe, current American Psychological Association Division 38 (Health Psychology) President, will give the annual Division 38 Presidential Address, "Pain in Context: Implications for Behavioral Medicine." And, the winner of the Distinguished Scientist Award, **David Shapiro**, will give a talk entitled, "Exploration of the Biopsychosocial Model in Everyday Settings: New Directions in Behavioral Medicine." Our Town Hall meeting this year will be on the "Future of Evidence-Based Behavioral Medicine", and will be hosted jointly by APA Division 38 and SBM. We are proud to have as moderators **Timothy Smith**, **Bonnie Spring**, and **Evelyn Whitlock**. **Michael Roberts** will kick off our first SBM Me-

morial Lecture, in remembrance of Lizette Peterson and other behavioral medicine researchers that we have lost in the past years, and we hope that this tribute will become a regular feature of SBM Annual Meetings.

In response to the helpful suggestions of our Special Interest Groups (SIG), we now have a number of networking opportunities for both our junior and senior members, and we have arranged poster sessions and funding agency roundtables so that there is more time to mix and mingle. We have instituted a "Meritorius Student Poster Session" in which our next generation of behavioral medicine scientists and practitioners will be recognized. We also have many other mentoring and learning opportunities planned for this meeting. So, to hear where behavioral medicine is heading, to learn about the 'trans' nature of our research and practice, to learn more about funding opportunities, to mentor or find a mentor, the place to be is SBM's 2003 Annual Meeting! ♦

Visit Salt Lake City in March! Salt Lake City combines unparalleled natural beauty and the amenities of a major metropolitan area with the friendliness of a small, western city. Nestled in a valley at the base of two alpine mountain ranges, Salt Lake City is a thriving cultural center with a diverse mix of night spots, a world-class symphony and opera, art galleries, historic sites, great restaurants and shopping. Spring in Salt Lake City is mild enough for golf in the valley, while offering great skiing at one of the 10 major ski resorts that are within 90 minutes of the conference center. Spend a day at the conference and enjoy the local night life (it's as easy to get a drink as it is to order dinner), or go night skiing and dine in the spectacular mountains of nearby Park City. Be sure to join us!

Mark your Calendar: March 19–22, 2003 2003 Society of Behavioral Medicine Annual Meeting & Scientific Sessions

Bridging Boundaries in Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational

The SBM Annual Meeting & Scientific Sessions will begin on Wednesday, March 19 with pre-meeting seminars scheduled from 2:00 p.m.-5:00 p.m. (available for a separate fee). You are invited to attend the Opening Reception and Student Poster Session on Wednesday evening from 7:00 p.m.-8:30 p.m. The educational program begins at 7:30 a.m. on Thursday morning, March 20 with breakfast roundtables and continues until 1:00 p.m. on Saturday, March 22. Post-meeting seminars are available on March 22 in the afternoon from 1:30 p.m.-4:30 p.m. (at an additional cost).

A program brochure including registration and hotel reservation information will be mailed to all members in early February. Complete program information and online registration will be available on the SBM web site in January 2003.

Registration Fees:	Before February 21	After February 21
SBM Member	\$210	\$245
Member Trainee/Transitional	\$110	\$145
Non-Member	\$400	\$435
Non-Member Trainee	\$190	\$225
Non-Member Transitional	\$260	\$295
One-Day Registration	\$200	\$200

Seminar Registration (available at an extra fee)

Seminars will be held on Wednesday, March 19 from 2:00 p.m.-5:00 p.m. and Saturday, March 22 from 1:30 p.m.-4:30 p.m.

	Before February 21	After February 21
Member	\$60	\$60
Non-Member	\$85	\$85
Trainee/Transitional	\$35	\$35

The SBM special room rate at the Grand America Hotel in Salt Lake City is \$154 for a premiere sleeping room and \$164 for an executive suite (these rates do not include an 11.2% sales and room tax). To reserve a room, call the Grand America Hotel at 1-800-621-4505. Please refer to the SBM Annual Meeting in order to receive the discounted rates. Feel free to visit the hotel's website at <http://www.grandamerica.com>.

Reservations must be received by **February 19, 2003** to be eligible for the discounted rates (or until the room block is sold out). You are encouraged to make your room reservations early!

To make a flight reservation, contact Burkhalter Travel from 8:30 a.m.-5:00 p.m. (CST) Monday through Friday. Please refer to the SBM Annual Meeting when making your reservations. Call Burkhalter Travel at 1-800-556-9286 (press #0 and ask for the group department) or contact them by e-mail at pwilliams@burkhaltertravel.com.

Preliminary Program

Wednesday, March 19, 2003

12:00 noon-7:00 p.m.
Registration

2:00 p.m.-5:00 p.m.
Pre-Meeting Seminars
(available for an extra fee)

7:00 p.m.-8:30 p.m.
Opening Reception
(cash bar and light hors d'oeuvres)
Meritorious Student Poster Session A

Thursday, March 20, 2003

7:30 a.m.-5:00 p.m.
Registration

7:30 a.m.-8:30 a.m.
Breakfast Roundtables

8:30 a.m.-10:10 a.m.
Poster Session B

9:00 a.m.-10:30 a.m.
Symposia Sessions

10:30 a.m.-11:00 a.m.
Break

11:00 a.m.-12:00 noon
Presidential Address and Awards
Presentation
David B. Abrams, PhD
Professor and Director, Centers for Behavioral and Preventive Medicine
The Miriam Hospital, Providence, RI

12:00 noon-1:30 p.m.
Break for Lunch (on your own)

12:15 p.m.-1:15 p.m.
Expert Consultations

1:30 p.m.-2:15 p.m.

Master Lecture

Health e-Technologies for Behavior Change and Disease Management: Opportunities and Challenges
David K. Ahern, PhD
National Program Director
E-Technologies in Health Care Initiative, Robert Wood Johnson Foundation, Assistant Professor of Psychology (Psychiatry) at Harvard Medical School, Chestnut Hill, MA and Chief Science Officer, Abacus Management Technologies, LLC, Cranston, RI

1:30 p.m.-3:00 p.m.

Paper Sessions

2:15 p.m.-3:00 p.m.

Master Lecture

Engendering John Henryism: Are the Health Costs and Benefits of Persistent High Effort Coping with Adversity Different for African-American Men and Women
Sherman A. James, PhD, FAHA
John P. Kirscht Collegiate Professor of Public Health and Chair, Department of Health Behavior and Health Education, School of Public Health, University of Michigan, Ann Arbor, MI

3:00 p.m.-3:30 p.m.

Break

3:30 p.m.-4:15 p.m.

Master Lecture

Lessons from the World Health Organization on Globalizing Behavioral Medicine: Transdisciplinary, Translational, Transcultural and Transnational Considerations
JoAnne Epping-Jordan, PhD
Coordinator, Health Care for Chronic Conditions (CCH), Noncommunicable Diseases and Mental Health (NMH), World Health Organization, Geneva, Switzerland

4:15 p.m.-5:00 p.m.

Master Lecture

Memorial Master Lecture in Remembrance of Lizette Peterson
Beyond Chronic Illness: More Words of the Day to Vitalize Pediatric Psychology
Michael C. Roberts, Ph.D., ABPP
Professor and Director, Clinical Child Psychology Program, University of Kansas, Lawrence, KS

3:30 p.m.-5:00 p.m.

Paper Sessions

5:00 p.m.-6:00 p.m.

Keynote Lecture

Where to From Here: The Lifestyles Approach to Health Policy or a Policy Approach to Healthy LifeStyles?
John B. McKinlay, PhD, FAHA, FACE
Senior Vice President and Chief Scientist, New England Research Institutes, Watertown, MA

6:00 p.m.-7:30 p.m.

Poster Session C

8:00 p.m.-10:00 p.m.

NCI Listens: An Open Discussion for Cancer Investigators
Huntsman Cancer Institute

Friday, March 21, 2003

7:30 a.m.-5:00 p.m.

Registration

7:30 a.m.-8:30 a.m.

Breakfast Roundtables

8:30 a.m.-10:10 a.m.

Poster Session D

9:00 a.m.-10:30 a.m.

Symposia Sessions

10:30 a.m.-11:00 a.m.

Break in the Exhibit Hall

11:00 a.m.-12:00 noon

APA Division 38 Keynote Lecture

Pain in Context: Implications for Behavioral Medicine
Francis J. Keefe, PhD
Professor of Psychiatry and Behavioral Sciences, Professor in Anesthesiology and Professor, Psychology: Social and Health Sciences
Duke University Medical Center, Durham, NC

12:00 noon-1:30 p.m.

Break for Lunch (on your own)

12:15 p.m.-1:15 p.m.

Expert Consultations

12:15 noon-1:00 p.m.

Members Forum/Business Meeting

1:30 p.m.-2:15 p.m.

Distinguished Scientist Award Master Lecture

Exploration of the Biopsychosocial Model in Everyday Settings: New Directions in Behavioral Medicine
David Shapiro, PhD
Professor Emeritus, University of California, Los Angeles and Executive Committee, UCLA Center for Integrative Medicine, Los Angeles, CA

1:30 p.m.-3:00 p.m.

Paper Sessions

2:15 p.m.-3:00 p.m.

Master Lecture

Why Are Social Supports Protective: Empirical Evidence of Hazards, Mechanisms, Pathways and Preventive Effects
Kristina Orth-Gomér, MD, PhD
Professor of Community Medicine, Dept. of Public Health Sciences Div. of Psychosocial Factors and Health, Karolinska Institutet, Stockholm, Sweden

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Program (continued from page 11)

Saturday, March 22, 2003

3:00 p.m.-3:30 p.m.
Break/Visit the Exhibits

3:30 p.m.-5:00 p.m.
Paper Sessions

3:45 p.m.-5:00 p.m.
Town Hall Meeting
Meeting of the Minds: Town Hall
Meeting on the Future of Evidence-
Based Behavioral Medicine
*Hosted jointly by APA Division 38 and
SBM*

5:00 p.m.-6:00 p.m.
Keynote Lecture
(To be announced)

6:00 p.m.-7:30 p.m.
Poster Session E

7:30 p.m.
Optional Event: Skating the Olympic
Oval

7:30 a.m.-2:00 p.m.
Registration

7:30 a.m.-8:30 a.m.
Breakfast Roundtables

8:30 a.m.-10:10 a.m.
Poster Session F

9:00 a.m.-10:30 a.m.
Symposia Sessions

10:30 a.m.-12:00 noon
Paper Sessions

12:00 noon-1:00 p.m.
Closing Keynote Lecture
Health and Productivity Management:
A New Paradigm for Behavioral
Medicine Professionals
Ron Z. Goetzel, PhD, MA
Director, Institute for Health and
Productivity Studies (IHPS), Cornell
University, a Division of the Cornell
Center for Policy Research, and Vice
President, Consulting and Applied
Research, The MEDSTAT Group,
Washington, DC

1:30 p.m.-4:30 p.m.
Post-Meeting Seminars
(available at an extra fee)

5:00 p.m.
East West Basketball Game

CLASSIFIEDS

Postdoctoral Fellowship Behavioral Medicine Research in Cardiovascular Disease

The Behavioral Medicine Research Program at the University of Miami has an opening for a postdoctoral trainee interested in working with a multidisciplinary team investigating the biobehavioral bases of coronary heart disease (CHD) risk and management. Ongoing research includes assessment of the relationships among behavioral risk promoting variables, poor diet, inadequate exercise and evaluation of cognitive behavioral interventions on these risk variables in adolescents with elevated blood pressure and adult post-myocardial infarction patients. Other relevant research involves examining treatment to resolve fatigue and circulatory abnormalities in chronic fatigue syndrome as well as behavioral and neurophysiological studies in Watanbe heritable hyperlipidemic rabbits. We are seeking fellows that desire advanced research training in cardiovascular psychophysiology, statistical methods, psychosocial assessments, and psychosocial interventions.

Applicants must have a Ph.D. or M.D. degree. U.S. citizenship or residency is also required. This position is funded by a training grant from the National Heart, Lung, and Blood Institute.

Faculty include: Neil Schneiderman, PhD, Ronald Goldberg, MD, Barry Hurwitz, PhD, Gail Ironson, MD, PhD, Nancy Klimas, MD, Maria Llabre, PhD, Philip McCabe, PhD, Rafael Sequeira, MD, Jay Skyler, MD, Martin Bilsker, MD, Patrice Saab, PhD, and Marc Gellman, PhD.

Please send a letter expressing interest in the above position, official transcripts, curriculum vitae, and three letters of recommendation to: Dr. Marc Gellman, University of Miami, Department of Psychology, P.O. Box 248185, Coral Gables, FL 33124-2070 or e-mail inquiries to mgellman@miami.edu.

Upcoming Educational Opportunities

February 17–21, 2003: Registration has begun for the [14th Annual Art and Science of Health Promotion Conference](#). The Society for Behavioral Medicine is a collaborator for this event. The 2003 meeting will be held in Washington, D.C. To register or to find out more about the conference, please go to <http://www.HealthPromotionConference.org>.

Postdoctoral Fellowship Biopsychosocial Research Training in Immunology and AIDS

The Behavioral Medicine Research Program at the University of Miami has an opening for a postdoctoral trainee interested in working with a multidisciplinary team investigating the biopsychosocial aspects of HIV and AIDS. An ongoing NIMH-funded program project, "Behavioral Management and Stress Responses in HIV/AIDS" is examining the effects of a cognitive behavioral stress management (CBSM) group intervention on the psychological, neuroendocrine, and immune function of HIV+ individuals. Research projects include 1) CBSM Intervention in Gay Men with HIV/AIDS; 2a) CBSM Intervention in Women with HIV/AIDS; 2b) CBSM Intervention in Women with HIV HPV at risk for cervical carcinoma; 3) CBSM Intervention in Latino men with HIV/AIDS; 4) CBSM Intervention in HIV+ Substance Users. Other ongoing projects include examining coinfection with Hepatitis C, and assessing the impact of nutritional antioxidant intervention on immune function and cardiovascular disease risk in HIV+ men and women.

The position will provide opportunities to write manuscripts for publication, pursue individual research interests, and obtain intervention-based research training. Applicants must have a M.D. or Ph.D. degree in the areas of psychology or clinical immunology. U.S. citizenship or residency is also required. This position is funded by a training grant from the National Institute of Mental Health (T32-MH18917).

Faculty include: Neil Schneiderman, Ph.D., Michael Antoni, Ph.D., Mary Ann Fletcher, Ph.D., Barry Hurwitz, Ph.D., Gail Ironson, M.D., Ph.D., Nancy Klimas, M.D., and Mahendra Kumar, Ph.D.

Application deadline is March 1, 2003. Please send a letter expressing interest in the above position, official transcripts, curriculum vitae, and three letters of recommendation to: Dr. Marc Gellman, University of Miami, Department of Psychology, P.O. Box 248185, Coral Gables, FL 33124-2070 or e-mail inquiries to mgellman@miami.edu.

Endowed Professorship Director of Cancer Control Wake Forest University Health Sciences

The Comprehensive Cancer Center of Wake Forest University Health Sciences and the Department of Public Health Sciences invite applications for Director of Cancer Control to coordinate a program of cancer control across numerous medical school departments as well as to establish an active program of independent and collaborative research.

The successful candidate will lead an active program in cancer control as part of an NCI-funded Comprehensive Cancer Center. The Wake Forest University Health Sciences has a large and active group of faculty in numerous departments collaborating in the areas of prostate and breast cancer, neuro-oncology, as well as other cancers. The institution has also recently established the Genomics Center, with a major focus in prostate cancer. We are one of several Behavioral Centers of Excellence in Breast Cancer funded by the Department of Defense and currently have a training grant in cancer prevention and control. WFUHS is establishing the Maya Angelou Research Center for Minority Health. The Department of Public Health Sciences has an excellent group of research colleagues involved in cancer control research programs and is ranked second nationally in NIH research funding among medical school departments of public health and preventive medicine.

The faculty position is offered at the level of Professor or Associate Professor in the Department of Public Health Sciences, and/or another department, depending upon the applicant's qualifications and interests. The position will be supported by an Endowed Professorship and will include a recruitment package that will provide funds to recruit additional faculty. Applicants should have an M.D. or Ph.D. with additional training/experience in epidemiology, health services research, clinical trials, behavioral medicine, or molecular/genetic epidemiology.

Wake Forest University Health Sciences is located in Winston-Salem, North Carolina, one hour east of the Great Smoky mountains and four hours west of the Atlantic coast beaches.

Applicants should send a letter, curriculum vitae, and a summary of research interests to Ms. Donna Ashford, Section on Epidemiology, Department of Public Health Sciences, Medical Center Blvd, Wake Forest University Health Sciences, Winston-Sa-

lem, NC 27157, 336-716-6618, 336-713-4300 (fax), dashford@wfubmc.edu. Applications will be accepted until the position is filled.

Wake Forest University Health Sciences is an equal opportunity/affirmative action employer. Applications from women and minority candidates are encouraged.

Harvard School of Public Health Dept. of Health and Social Behavior Assistant or Associate Professor of Health and Social Behavior

The successful candidate will play a leadership role in the school's growing emphasis on health communication. Within HSB, responsibilities include teaching, advising students, and contributing as a colleague and collaborator, as well as informing and advising the department's activities as needed. The successful candidate will also be actively involved in communication research activities at Dana-Farber Cancer Institute.

Applicants must hold a doctoral degree in a related discipline such as communication, computer science/engineering, psychology, education, public health, or a professional doctoral degree in medicine or nursing.

The successful candidate must have experience in the study of communication with special focus on communication related to health. Special emphasis on use of media and computer-based technologies related to health communication and prevention is strongly desired. An emphasis on population-based research, is considered an asset.

Please submit a curriculum vitae, a statement of research interests, and the names of three references to: Chair, Search Committee in Health Communication, Harvard School of Public Health, Department of Health and Social Behavior, SPH3-710, 677 Huntington Avenue, Boston, MA 02215.

Outlook

Integrating Mindfulness-Based Interventions into Medicine, Health Care, and Society - 1st Annual Conference for Clinicians, Educators, and Researchers

March 14 - 16, 2003 **at the Crown Plaza Hotel, Worcester, Massachusetts.** Sponsored by the Center For Mindfulness In Medicine, Health Care, and Society The University of Massachusetts Medical School

Through this program we will:

- engage in the creation of an international MBSR learning community
- acquire instructional skills critical to MBSR and other mindfulness-based interventions
- explore the current state of MBSR and other mindfulness-based interventions
- review current mindfulness research and brainstorm about future investigation
- renew and nourish ourselves and draw inspiration from one another

Featured Presenters include: Jon Kabat-Zinn, PhD, founder and former Director of the Stress Reduction Clinic and the Center for Mindfulness, **Saki Santorelli, EdD**, Executive Director, Center for Mindfulness, **Zindal Segal, PhD**, author and co-developer of Mindfulness-Based Cognitive Therapy for Depression, and **Leonard Riskin, JD, LLM, C.A.** Leedy Professor of Law, and Director of the Center for Dispute Resolution, University of Missouri-Columbia School of Law.

Pre and Post Conference Workshops:

- **March 14:** Growing Our Practice, Refining Our Skills, Embodying Our understanding, Situating Our Work—Jon Kabat-Zinn
- **March 17:** Mindfulness, Critical Self-Reflection, and Longing Kindled in Service of Life—Saki Santorelli

Full registration includes 3 day conference and pre and post conference workshops - \$550. Partial registrations: 3 day conference - \$300. Workshops \$125 each.

Register by January 31 for \$50 discount on the 3 day conference.

Call Jean Baril at the Center for Mindfulness, 508-856-5493 for conference description and registration information or go to www.umassmed.edu/cfm.

Call Crowne Plaza Hotel and Resort Reservations 1-800-628-4240 for discounted reservations through 2/21/03. Reference MBSR Annual Conference.

Harris Post-doctoral Fellowship Psychosocial Oncology Evanston Northwestern Healthcare

Harris Post-doctoral Fellowship in Psychosocial Oncology Kellogg Cancer Care Centers and Center on Outcomes, Research and Education (CORE) Evanston Northwestern Healthcare offer a 1-2 year post-doctoral fellowship providing specialized clinical and research training in psychosocial oncology. During the first (required) year, approximately 80% time will be spent in clinical duties with a broad range of cancer patients and their family members: the remaining 20% will be spent in related research activities. The optional second fellowship year will provide additional clinical experience and involvement in psychosocial oncology and quality of life research. Requirements include: Ph.D. in clinical psychology, APA-approved clinical internship, and previous clinical experience in a medical setting. Previous psychosocial oncology experience strongly preferred. To apply, please send a cover letter, CV, and 3 letters of recommendation to: Amy Peterman, Ph.D., Director, Psychosocial Oncology Services, Evanston Northwestern Healthcare, 1001 University Place., Suite 100, Evanston, IL 60201, 847-570-7305, or apeterman@northwestern.edu.

Society for Research on Nicotine & Tobacco Global Initiatives In Tobacco Research Pre-Conference Meeting February 19, 2003 The Sheraton—New Orleans • New Orleans, LA

The Society for Research on Nicotine & Tobacco (SRNT), which includes over 750 leading scientists in nicotine and tobacco research in the US and 33 other countries, invites you to attend a 1-day Global Initiatives Pre-Conference Meeting to explore the opportunities for expanding global research capacity, collaboration, and training. The conference will feature a scientific program, sessions on training opportunities, and a roundtable on funding of international work. Dr. Kenneth Warner will deliver the keynote address. Attendees will also have the chance to meet with tobacco scientists from around the globe, including grantees of the Fogarty International Center's "International Tobacco and Health Research and Capacity Building Program."

Abstracts for a scientific poster session are encouraged and should be submitted directly via email to Dr. Laura Klein (LXK18@psu.edu) by midnight (EST) January 22, 2003. Abstracts no longer than 300 words should include a title, authors, body of the abstract, sources of research funding, and corresponding author information. There is space for up to 50 presentations. Pre-conference registration is free. However, space is limited and early registration is recommended strongly. Meeting attendees are encouraged to extend their stay in New Orleans and register to attend SRNT's 9th annual meeting that will be held February 19-22, 2003. Registration and hotel accommodations for either meeting are listed on the SRNT website at <http://www.srnt.org> (under "Annual Meeting"). Additional information regarding the annual meeting also can be found on the SRNT website.

For additional information, contact the SRNT National Office at (608) 836-3787, ext. 130 (or by email at meetings@srnt.org). Make your plans now to join SRNT for this exciting pre-conference meeting!

President's Column (continued from page 7)

The power of SBM continues to lie in our values and attitudes—an openness to improving the four T's—Transdisciplinary, Translational, Transcultural and Transnational scientific knowledge and its evidence-based application to population-based health enhancement, illness prevention and disease management. The exponential power of T to the fourth power (T^4) shows the way to the future. The exponential is greater than the additive effect and that is the essence of SBM.

References

Matarazzo JD (1982). Behavioral health's challenge to academic, scientific, and professional psychology. *American-Psychologist*. Jan; Vol 37(1):1-14

Matarazzo JD (1983). Behavioral health: A 1990 challenge for the health sciences professions. In J. D. Matarazzo, N. E. Miller, S. M. Weiss, J. A. Herd, & S. M. Weiss (Eds.). *Behavioral Health: A Handbook of Health Enhancement and Disease Prevention* (pp. 3-40). New York: Wiley.

Stone GC, Weiss SM, Matarazzo JD, Miller NE, Rodin J, Belar CD, Follick MJ, Singer JE (Eds) (1987). *Health psychology: A Discipline and a Profession*. Chicago: University of Chicago Press.

Agras WS (1982). Behavioral medicine in the 1980s: Nonrandom connections. *Journal of Consulting and Clinical Psychology*. 50;(6):797-803.

Blanchard EB (1982). Behavioral medicine: Past, present, and future. *Journal of Consulting and Clinical Psychology*. 50;(6):795-796.

Birk L (1973). *Biofeedback: Behavioral Medicine*. New York: Grune & Stratton.

Schwartz GE, Weiss SM (1978a.). Yale Conference on Behavioral Medicine: A proposed definition and statement of goals. *Journal of Behavioral Medicine*. 1;(1):3-12.

Schwartz GE, Weiss SM (1978b.). Behavioral medicine revisited: An amended definition. *Journal of Behavioral Medicine*. 1;(3):249-251. ◆

Please Mark Your Calendars...

March 19-22, 2003

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

Outlook

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