



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

President's Message

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Relationships and Changing the World

Imagine a world in which scientific knowledge and public health principles are translated into evidence-based healthcare that is available to all people! How do we bring about such a world? I invite you to think critically about this question, and send me your thoughts (Judith.Ockene@umassmed.edu). I will share your answers in my next column.



about them and expected them to do their best. Sure, knowledge about my subject was important but I could get by without being a genius. However, I could not get by without a solid relationship with my students.

These relationships are by no means simple. They involve human behavior and human interactions, both individually and collectively. Although these interactions are complex, it is imperative

H.L. Mencken once said "For every human problem there is a neat, simple solution and it is always wrong." Of course there is no easy solution to the challenge I posed. However, I believe a key ingredient for creating such a world is caring and trusting relationships. The interactions between clinician-patient, teacher-student, researcher-journalist, patient-family, politician-constituent, and advocate-city planner are just a few of the critical links between scientific knowledge and improved health outcomes. The process of translating evidence into practice involves partnerships, communication, collaboration, mentoring, support, education, and advocacy – each of which hinge on caring and trusting relationships.

When I started my first job as a junior high school science teacher in Harlem in NYC in the late 60s (at the ripe old age of 19), it took me less than five minutes to realize that if I was going to be an effective teacher I had to establish a relationship with my students where it was clear that I cared

that we understand the behavior of those who rely on our evidence – patients, clinicians, educators, students, researchers, journalists, employers, city planners, and policy makers. We need to understand the behavior of politicians and other decision makers in order to avoid what Jessie Gruman calls the Prevention Deficit Disorder – a syndrome characterized by the consistent disregard of high quality data by public policy makers' (1). It is an understanding of behavior, gleaned through strong relationships and effective interactions and research, that will speed the translation of evidence into practice and the dissemination of our science.

In preparing for the upcoming annual meeting, my focus increasingly is on the timely issues of advocacy and political action. The relationships and interactions required for these behaviors are essential to making the best use of our evidence. As individual health professionals and as an organization, we have a responsibility to advocate for and take action to promote

good health for all and especially people who do not have a voice. SBM members are skilled researchers who have been successful in gathering evidence to demonstrate the efficacy and effectiveness of our interventions. Indeed, many of our members have established strong and productive relationships with key individuals and organizations to apply this evidence to policy and practice. However, as an organization we have remained quiet. It is time for the collective voice of SBM to be heard by health care providers, researchers, policymakers, patients, and all those who rely on our evidence.

Why has SBM not done much advocacy in the past?

One reason may be that we have been busy gathering the evidence to demonstrate that our work is effective. Another reason may be that most of us have not had much training in advocacy. We see ourselves as scientists, clinicians, and teachers, not advocates, and are comfortable in these roles.

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Issue Highlights...

- ♦ 2005 Call for Papers
- ♦ *Outlook* on Life
- ♦ SBM Fund Update
- ♦ Focus on Leadership

2005 Call for Papers

2005 Annual Meeting & Scientific Sessions

Boston Marriott Copley Place ♦ Boston, MA ♦ April 13 – 16, 2005

♦ Submission Deadline: October 5, 2004 ♦

The 2005 Annual Meeting & Scientific Sessions represents the 26th meeting of the Society of Behavioral Medicine (SBM). The theme of this year's meeting is *Behavioral Medicine and Public Health: Promoting the Health of Individuals, Families, Communities, and Populations*. A highlight of this year's meeting is joint programming with the Society of Public Health Education (SOPHE) on Friday, April 15, 2005. In addition, the program tracks have been modified to encourage presentations that cut across health conditions and behaviors.

♦ Presentation Format Descriptions

Each of the following are presentation formats at the SBM Annual Meeting & Scientific Sessions:

PAPERS which cluster around common themes will be selected for oral presentations of approximately 20 minutes. All papers submitted under the "Paper or Poster" option that are not selected for oral presentations will be considered for poster presentations. Paper submissions judged by the Program Committee to be especially original and significant will be selected as Citation Papers.

POSTER PRESENTATIONS allow presenters to discuss their research with interested colleagues over a period of 90-120 minutes in an informal setting. Poster submissions judged by the Program Committee to be especially original and significant will be selected as Citation Papers.

SYMPOSIA examine important issues from a variety of perspectives. Over a period of 90-120 minutes, alternative solutions, interpretations, or points of view on a body of knowledge are presented and debated. Symposia that include presenters from different disciplines and include cross-cutting themes relevant to behavioral medicine and described in the program track descriptions are strongly encouraged. A symposium typically includes one chairperson, three presenters, and one discussant. The chairperson may be one of the three presenters.

SEMINARS are three-hour pre- or post-meeting presentations by 1-3 speakers which emphasize the theory and application of practical skills.

♦ Rapid Communication Posters

Rapid Communication Posters offer a forum for the very latest findings in behavioral medicine. All Rapid Communication Posters must be electronically submitted and received by midnight (EST) on January 14, 2005. Submission information for Rapid Communication Posters will be available on the SBM website, www.sbm.org, December 17, 2004. The Program Committee will review submissions for posters only.

♦ Topics

Each corresponding author will be asked to select one of the following topics which best describes their abstract submission. Topics represent the program tracks. Abstracts will be blindly reviewed by experts in each of the areas.

- ♦ Adherence
- ♦ Behavioral Medicine in Medical Settings
- ♦ Biological Mechanisms in Health, Behavior Change, and Illness
- ♦ Career Development, Mentoring, and Training
- ♦ Complementary and Alternative Medicine
- ♦ Diversity Issues
- ♦ Environmental and Contextual Factors in Health, Behavior Change, and Illness
- ♦ Health Communication and Technology
- ♦ Health Systems, Policy, and Advocacy
- ♦ Measurement and Methods
- ♦ Prevention and Treatment Across the Lifespan
- ♦ Psychological and Person Factors in Health, Behavior Change, and Illness
- ♦ Quality of Life
- ♦ Spirituality
- ♦ Translation of Research to Practice

Description of Tracks

Adherence

Adherence has been described as a patient's tendency to follow medical recommendations. Non-adherence can lead to unnecessary disease complications, disease progression (including premature death), reduced functional abilities and quality of life, as well as substantial costs to the health care system. This track seeks abstracts that address etiologic factors (person, environmental, contextual) of non-adherence, measurement and methodological issues related to adherence, interventions designed to prevent or to remediate adherence problems, and examinations of theoretical models of adherence.

Behavioral Medicine in Medical Settings

Recent changes in medical practice have placed greater emphasis on primary health care. In order to have optimal impact in the changing health care system, behavioral health professionals must function effectively in this context. Abstracts that address psychological disorders as they arise in a medical setting and behavioral treatments for chronic illness are appropriate for this track. Specifically, this track welcomes abstracts with a focus on assessment and treatment of co-morbid psychiatric and medical conditions; consultation and collaboration with physicians; and cultural and ethical-legal concerns related to practicing in medical settings.

Biological Mechanisms in Health, Behavior Change, and Illness

This track seeks abstracts that have a primary focus on bio-behavioral mechanisms and/or physiological risk factors of illness and disease. Investigations of the clinical and/or biological changes associated with these factors are encouraged. Specifically, this track encourages submissions in the areas of psychoneuroimmunology (PNI), psychophysiology (e.g., cardiovascular reactivity), and psychoneuroendocrinology.

Career Development, Mentoring, and Training

Abstracts related to training, mentoring, and career development in the areas of teaching, research, patient care, and leadership should be submitted under this heading. Models of training and mentoring may include topics such as career advancement, grant preparation, publishing, teaching, delivery of clinical services, enhancing professional visibility, networking, overcoming barriers to success, balancing career and personal life, and changing career paths.

Complementary and Alternative Medicine

Abstracts that address mechanisms of health and illness and interventions that generally are outside conventional Western medical/psychological approaches should be submitted to the Complementary and Alternative Medicine track. Interventions might include, but are not limited to, acupuncture, meditation, art therapy, Qi Gong, botanicals, special diets, or therapeutic touch. Abstracts that involve spirituality should be submitted to the Spirituality track.

Diversity Issues

Abstracts that illustrate the impact of culture, race, ethnicity, socioeconomic status, gender, sexuality and other social factors on health and illness should be submitted to the Diversity Issues track. Investigations of proposed determinants and biological mechanisms of health and illness, as well as studies describing novel approaches to prevention and intervention are relevant to this track. Studies that describe innovative approaches to the study of disparities at the individual or population level are of particular interest.

Environmental and Contextual Factors in Health, Behavior Change, and Illness

This track seeks abstracts that address the relationship between health and the environment. Abstracts may address the contexts in which psychosocial and behavioral interventions are delivered (e.g., family, workplace, schools, community-based agencies, health systems); the synergistic ways in which interpersonal, sociocultural, physical, and environmental factors affect health and well-being; political, economic, and environmental determinants of health; and social and environmental factors implicated in the etiology, prevention, and treatment of a broad spectrum of health behaviors and illnesses.

Health Communication and Technology

This track seeks abstracts that focus on the impact of information and communication technology on health behavior outcomes and processes. Abstracts that address the use of print, phone, computer, Internet, and personal digital assistants (PDA) are appropriate for this track. Studies may address the use of these technologies by patients and health care providers, as well as the design,

implementation, and evaluation of behavior change interventions delivered through advanced technologies.

Health Systems, Policy, and Advocacy

Abstracts that focus on health and behavior of large segments of the population should be submitted to the Health Systems, Policy and Advocacy track. Studies or programs whose results would apply to a significant percentage of the population are appropriate for this track. In particular, abstracts that include policy implications, involve behavioral medicine in the political process, or report outcomes at the population level (e.g., cost-effectiveness) are appropriate for this track. Finally, approaches and programs that involve all levels of advocacy are of particular interest to this track.

Measurement and Methods

Abstracts that focus on measurement or methodological issues related to behavioral medicine topics should be submitted to the Measurement and Methods track. Relevant to this track are submissions that involve scale development, application of measurement techniques, or statistical approaches and applications. The focus of submissions to this track should be on the measurement issues or methodological techniques.



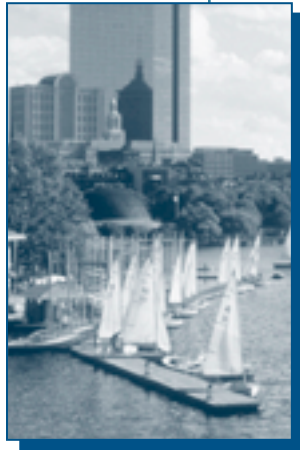
◆ Description of Tracks (continued)

Prevention and Treatment Across the Lifespan

Abstracts that address behavior change across or at specific periods or phases of the lifespan should be submitted to this track. Relevant to this track are submissions that explore ways in which individuals learn health promotion and illness behaviors over the lifecourse, and how healthy lifestyles can be facilitated over time. Specifically, abstracts with a focus on primary and secondary prevention across the lifespan are appropriate for this track. Of particular interest are submissions that have a focus on a particular age group and address factors relevant to health and behavior specific to that age group.

Psychological and Person Factors in Health, Behavior Change, and Illness

Abstracts submitted to this track should focus on the relationship between psychological factors and health, health behaviors, and behavior change. Psychological and person factors may include motivation, emotion, cognition, learning, risk perception, information processing, personality, and coping.



Quality of Life

Quality of life has been defined as the degree to which the expected physical, emotional, and/or social well-being of an individual is impacted by treatment for a medical condition or the condition itself. Abstracts describing research on quality of life should be submitted under this heading. Submissions may include documentation of quality of life in persons with various medical conditions, interventions to improve quality of life, and predictors of quality of life (e.g., psychosocial, contextual).

Spirituality

Abstracts that describe spiritually or religiously-oriented processes, mechanisms, or interventions related to health and illness should be submitted to this track.

Translation of Research to Practice

Submissions to this track should describe quantitative and/or qualitative studies that focus on the mechanisms underlying the successful dissemination of research findings into "real-world" practice. Although not a comprehensive list, data from demonstration, feasibility, effectiveness, and participatory studies would be highly suited for this track.

Also appropriate for this track are abstracts that examine the reach and effectiveness of health behavior interventions, as well as setting level variables that may inhibit or facilitate delivery.

◆ Electronic Abstract Submission Process

The Society of Behavioral Medicine (SBM) will be accepting abstract submissions for the 26th Annual Meeting & Scientific Sessions through the Call for Papers. All abstract submissions to The Society of Behavioral Medicine are peer-reviewed and may be accepted for either an oral presentation or a poster presentation. All abstracts are published in the *Annals of Behavioral Medicine*. The supplement serves as the official abstract book for the SBM 26th Annual Meeting. All abstracts must be submitted electronically no later than midnight (EST) on Tuesday, October 5, 2004. Instructions and online submission forms will be available on the website in August 2004.

Abstracts must conform exactly to the instructions provided for electronic submission (found at www.sbm.org). Abstracts must be submitted in English and all presentations will be in English.

Official Abstract Submission Site for the SBM 26th Annual Meeting and Scientific Sessions

Abstracts are accepted only at the official SBM 26th Annual Meeting abstract submission site, by accessing www.sbm.org. This is the ONLY option for abstract submission. This allows you to prepare and submit your abstract interactively on the Internet.

Simply access www.sbm.org and navigate to the annual meetings page from the main menu. Once page is loaded, click on the abstract submission link. When an abstract is submitted, it is forwarded directly to Marathon Multimedia. You will receive confirmation by e-mail within two business days of submitting your abstract.

Abstracts accepted for oral or poster presentations will be acknowledged by December 15, 2004. If you DO NOT receive a notification regarding your abstract, please send an email inquiry to support@marathonmultimedia.com or fax 507-334-0126. Your email will receive a prompt answer. Inquiries before December 15, 2004 will not receive a response. Note: All presenters are expected to pay for their own travel, lodging, and registration fees.

Please follow the steps below when submitting an abstract:

1. Access the abstract submission website, www.sbm.org
2. Complete abstract submission
3. You will receive confirmation within two days of completing the abstract submission process
4. Notification for oral or poster presentations will be acknowledged by December 15, 2004



SBM 26th Annual Meeting Registration/Accommodations

Registration forms, hotel, and airline information will be mailed to both SBM members and abstract authors in January 2005. For additional information, visit the SBM website at www.sbm.org or contact the SBM executive office at:

17000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054
Telephone: 856-439-1297
Fax: 856-439-0525 • E-mail: info@sbm.org

Outlook on Life

Guest Respondent: David Ahern, Ph.D.

Editor's Note: This column is a fun way 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 their

personality and "philosophy on life." Today's guest for this column is David Ahern, Ph.D.; Chief Science Officer, Abacus Management Technologies based in Rhode Island, and National Program Director, Health e-Technologies Initiative,

Brigham and Women's Hospital, Assistant Professor of Psychology, Harvard Medical School. Dr. Ahern is also co-chair of the SBM fund, see his column titled: "Update on the SBM Fund" in this issue.

Questions	Answers
What is your favorite word?	Yes
What is your least favorite word?	No
What "turns you on" or excites you about the field of Behavioral Medicine?	Great science
What turns you off/frustrates you about the field of Behavioral Medicine?	Too self-critical and risk averse
What sound or noise do you love?	Crack of a bat hitting a baseball
What sound or noise do you hate?	Screeching tires before a car crash
What was your most unusual job (outside of Behavioral Medicine/academia)?	Shoe salesman
What profession, other than yours, would you like to attempt?	Tugboat captain
What profession or job would you not like to participate in?	Funeral Director
If Heaven exists, what would you like St. Peter to say when you arrive at the Pearly Gates?	Yes, you're in the right place!



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Education and Training Committee Column

Featured Behavioral Medicine Training Program: Institute for Health, Health Care Policy, and Aging Research

Established at Rutgers, the State University of New Jersey, in 1985 by David Mechanic, Ph.D., The Institute for Health, Health Care Policy and Aging Research has a long history of conducting innovative interdisciplinary research and providing education and training in health and mental health issues. The Institute focuses on a range of important health care issues such as health behaviors and risks, financing, access and utilization of services, and history of health care policy, medicine and disease. To address these issues, the Institute draws on more than 160 faculty members from varied disciplines, including social and behavioral sciences, public policy, health services research, public health, nursing, social work, medicine, law, business, pharmacy, operations research, and statistics. The Institute includes four members of the Institute of Medicine of the National Academy of Sciences in different disciplines, including David Mechanic, Ph.D. (Sociology), Howard Leventhal, Ph.D. (Psychology), Louise Russell, Ph.D. (Economics) and Gerald Grob, Ph.D. (History). Much of the research is conducted through several Centers, including the Center for Research on the Organization and Financing of Care for the Severely Mentally Ill, and the Center for

State Health Policy. Most recently funded by the National Institute of Aging and the Office of Behavioral and Social Sciences Research is the Center for the Study of Health Beliefs and Behavior. Directed by Howard Leventhal, Ph.D., the Center's purpose is to develop models for improving communication among practitioners, clients and families to facilitate quality health outcomes.

While its principal mission is research, receiving over \$13 million this past year in external funding, the Institute also is active in training postdoctoral fellows and graduate and undergraduate students in health and mental health research. For example, the Postdoctoral Training Program in Mental Health Services and Systems Research funded by the National Institute of Mental Health attracts trainees from a variety of disciplines, providing them with an understanding of the dynamics of mental health problems and their treatment and the social, political, and economic constraints in developing policy options. Further, Project LEARN is an undergraduate training program designed to recruit minority students to health and health policy research. In addition, several Research and Excellence Fellowships are available to outstanding pre-doctoral

students on admission to one of the university's departments or schools or currently enrolled in a graduate program. This strong academic foundation is combined with applied policy analyses. The Institute disseminates relevant research information to policymakers, advocates and consumers and involves these groups in ongoing research. The Institute also performs a convening function by bringing together state policymakers and administrators and representatives of the private and nonprofit sectors to discuss shared concerns. For example, the Center for State Health Policy has received funding from the Agency for Health Care Research and Quality (AHRQ) and the Robert Wood Johnson Foundation through State Coverage Initiatives (SCI) and the Center for Health Care Strategies (CHCS) to sponsor a conference to discuss New Jersey state strategies for controlling pharmacy costs and the impact of the Medicare Prescription Drug, Modernization, and Improvement Act on existing state programs. Together these strategies help to build a more integrated and effective health research and policy community.

For more information about the Institute, visit <http://www.ihhpcpar.rutgers.edu>.

Spotlight on Special Interest Group (SIG)

Integrated Primary Care

It is now clear that the majority of people who could benefit from our interventions are being seen in primary care rather than in our specialty care programs. This has led to a surge of interest in integrating behavioral health services and primary care, and behavioral medicine specialists are uniquely qualified to play a leadership role in this endeavor. The Integrated Primary Care SIG joins SBM members together who are interested in developing and promoting clinical, research, and training programs in this exciting new area.

The mission of this SIG is to improve the quality of clinical services, research, and training programs in the area of integrated primary care by providing opportunities for members to exchange ideas and develop new collaborations. In 2003, the SIG surveyed members of SBM about their integrated care activities and distributed the results at our annual meeting in March 2004. These survey results led to development of six separate committees within our SIG, each of which will report on their progress at next year's annual

meeting. We have an active listserv (IPC_SIG@sbm.org) where members can exchange information and ideas throughout the year. We welcome all new members, particularly student members who would like to explore the area of integrated primary care.

For more information, please contact Barbara Walker, Ph.D. at bwalker@lifespan.org.

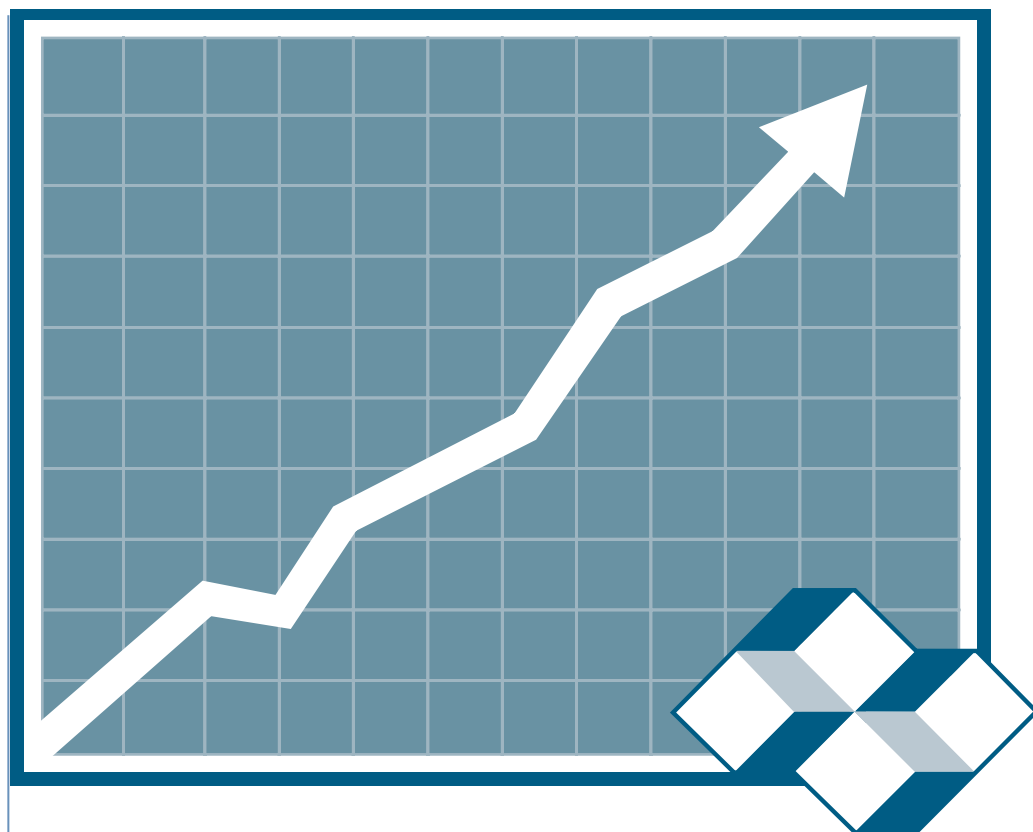
Update on the SBM Fund

As of August 1, 2004 the total pledged to the SBM Fund as part of the Capital Campaign is \$54,731. The collected funds have been allocated to a conservative interest-bearing asset allocation account recommended and approved by the Finance Committee. We wish to again extend our thanks to all of our contributors thus far and look forward to continued growth of the SBM Fund.

WE NEED YOUR HELP TO ACHIEVE OUR GOAL OF \$100,000 PLEDGED THIS YEAR. The Development Committee is working on plans to engage members through the Special Interest Groups, regional groups, and other components of the SBM Membership. If you are interested in helping out, please contact either of us (David Ahern at dahern@theabacusgroup.com or Ed Fisher at efisher@wustl.edu).

The Development Committee has been working with Association Headquarters (SBM's new management company) to establish and implement the necessary procedures for collecting and managing your contributions. If you have made a pledge soon you will be receiving a letter that documents the pledge amount and the contribution(s) to date. This letter can serve as documentation for tax purposes.

Planning for our first Regional Capital Campaign Reception is underway. This initial event will take place in Providence in October. It should provide a model for



similar regional events around the country in 2005 and 2006. These events will serve to engage and energize the SBM membership in lively discussion of our strategic plan for SBM's future. Contact either of us to find out more about how you can get involved in hosting a reception in your area.

Ed Fisher, Ph.D.
Co-Chair,
Capital Campaign and SBM Fund

David Ahern, Ph.D.
Co-Chair,
Capital Campaign and SBM Fund

Congratulations Laura!



Laura Hayman's book, *Health and Behavior in Childhood and Adolescence*: Hayman, Mahon, and Turner, New York: Springer Publishing Company, was recently selected by the *American Journal of Nursing* for their 2003 Book of the Year Award in the category of Psychiatric and Mental Health Nursing. Laura is President-Elect of SBM.

Call for Nominations for the 2005 SBM Research and Clinical Distinguished Mentor Awards

The SBM Board of Directors and the SBM Committee for Mentoring and Professional Development are pleased to request nominations for the 2005 SBM Research and Clinical Distinguished Mentor Awards.

What Goes Around Comes Around

For many of us there was one special person who really stood out during our training. It may have been our advisor, or a faculty member who took a special interest in us. After all they did for us, shouldn't we do something for them? Here's your chance! The SBM Clinical and Research Distinguished Mentor Awards will be presented during the 2005 annual meeting in Boston. Imagine your mentor stepping up to the podium to receive one of these prestigious awards, in front of hundreds of their applauding peers. Imagine the satisfaction you will feel as your mentor is nationally recognized.

If you need more inspiration, here are some comments from SBM members who nominated their mentors for last year's awards:

- ♦ "I attribute in large part any degree of success that I have achieved to my mentor's early and continuing guidance."
- ♦ "Although now I am an Associate Professor, I still seek my mentor's advice on a variety of issues."
- ♦ "He is also a mentor who is willing to discuss topics in uncharted waters such as addressing the needs, concerns, and professional development of individuals of color or from diverse backgrounds...as an African American woman, this part of his mentoring was priceless."
- ♦ This is what Lynn Clemow, who nominated the winner of last year's Clinical Mentor Award, Phillip Brantley, wrote: "What sets Phil apart as a mentor is his absolute devotion to his students' training and career development...in celebration of his 20th year at LSU, more than 35 of his students came from all over the U.S. to enjoy a great dinner and honor this very good man who has made such a difference in our professional lives."
- ♦ Last year's winner of the Research

Mentor Award was Karen Emmons, and her nominator, Jacki Hecht, wrote: "Karen's willingness and ability to mentor staff, regardless of their discipline, demonstrates her character as a mentor. On a more personal note, Karen drove an hour from Boston to Providence to bring my family a home-cooked meal after I had surgery. This demonstrates Karen's genuine desire to make a difference in the lives of others."

Eligibility Criteria

Both awards have been developed to honor outstanding service as a mentor, in the clinical/professional arena for the clinical mentor award, and in research endeavors for the research mentor award. Individuals who have won this award in the past have fostered excellence in and had a major impact on the field of behavioral medicine by virtue of their mentoring.

- ♦ Nominations must be 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.
- ♦ All nominees and nominators must be members of SBM in good standing.
- ♦ The nominee cannot be a previous recipient of this award. However, the nominee can be nominated more than once for this award.

The following information must be submitted:

- ♦ Nominations should be in the form of a letter on institutional letterhead, maximum two pages and no less than 10 point font.
- ♦ In the letter, 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 mentee's accomplishments should be explicitly spelled out.

- ♦ Up to five additional letters of support may be included, maximum two pages each. The additional letters of support **do not** need to be from SBM members.
- ♦ Include a table that lists the mentees of the mentor. The table should include the mentees' names, degrees and dates earned, and positions.
- ♦ Include a current CV of the mentor.
- ♦ Submit all materials in one complete packet.

Submission Process

SBM will accept paper or electronic submission via email. If you choose to submit a paper nomination, please submit four complete sets of nomination materials to:

SBM
Attn: Mentor Awards
17000 Commerce Parkway
Suite C
Mount Laurel, NJ 08054

If you choose to submit an electronic nomination:

- ♦ All documents must be received as an attachment in Microsoft Word and letters of recommendation as a PDF file on institutional letterhead.
- ♦ Your email should be sent to nzuecca@ahint.com.
- ♦ The subject line of the email must include "SBM Mentor Award."

The SBM Mentor Committee will review the nominations received by the submission deadline and will send a final recommendation to the SBM Board of Directors for approval. Nominees will be notified of the outcome in February of 2005.

**This information must be received by
December 15, 2004.**

2005 Application Form

(Please print clearly or type)

Mentee (Nominator) Information

☐ Research Mentor Award

☐ Clinical Mentor Award

Name

Address

City

State

Zip

Telephone

Fax

E-Mail

Mentor (Nominee) Information

Name

Address

City

State

Zip

Telephone

Fax

E-Mail



**This information must be
submitted by December 15, 2004.**

President's Message...continued from page 1

It is easy to think that our actions will not have a significant impact. But as the anthropologist Margaret Mead (1901-1978) said, "Never underestimate the power of a few committed people to change the world. Indeed, it is the only thing that ever has." There are many examples where SBM members' advocacy and political action have made a difference: the creation of tobacco tax initiatives, the implementation of smokefree workplace policies, the creation of built environments that encourage physical activity, the removal of high calorie snacks from

medical students and physicians. What we teach in the classroom, what we use in our clinical practice, and what we promote in our institutions can each be effective vehicles for change. As teachers, we can integrate principles of prevention into our classrooms and laboratories. As clinicians, we can observe the health effects of behavioral risk factors and assist our patients in making changes (2). We can partner with local agencies to educate our communities about risky behaviors and help them make meaningful changes. As scientists, we can address the implications

discussion of advocacy strategies in our annual meeting, beginning with the upcoming meeting in Boston. We will include advocacy articles in each publication of Outlook. We encourage the submission of articles on advocacy strategies and outcomes to our journal, *Annals of Behavioral Medicine*. Consistent with the notion of partnerships and collaboration, we have formed a strong connection with the Society of Public Health Education (www.SOPHE.org) for our 2005 meeting, and should continue to partner with other advocacy-related

"The interactions between clinician-patient, teacher-student, researcher-journalist, politician-constituent, and advocate-city planner are just a few of the critical links between scientific knowledge and improved health outcomes."

vending machines in schools, and better stairwell signage in public buildings. These successes came about because committed people who had a vision, worked together to take initiative, use evidence, contribute expertise, and provide a strong voice and action to make a difference.

What will it take to increase our roles as advocates? How can we do this as individuals and as an organization?

The most important step is to realize that our personal actions count, and that the things we do as individuals in our daily lives provide ongoing opportunities for advocacy. Each of us can engage in meaningful activities consistent with our expertise and interests. Advocacy can be as simple as writing a letter to a newspaper, or asking questions at medical grand rounds to raise awareness about prevention among

of our findings for health policy in our writing, and become active in advocacy efforts. All of us can effect change within our own institutions. For example, several members of my department used practice guidelines and scientific evidence to encourage a restrictive smoking policy in our health center. The bottom line is that "to be effective, we need specific goals, a clear message, good supporting evidence, collective action, and participation in the political process (2)."

SBM is making a number of changes on the advocacy front. We have created a new Health Policy Committee, chaired by Susan Curry, which will identify a health policy agenda for SBM. We are forging stronger relationships with the media to bring our messages to the public. We will encourage skill building sessions, data sharing, and

organizations. Given that most of the health problems facing us today are due to behavioral risk factors (e.g., obesity, smoking), SBM members must be strong leaders and advocates to push forward important public health agendas. When we do this, we need to identify ourselves as SBM members. This will help to strengthen the image and the importance of SBM as an organization with a strong public voice. (Please see Amy Heard-Davidson's article on leadership in this issue of *Outlook*).

The Program Chairs, Melissa Clark (Melissa_Clark@brown.edu) and Amanda Graham (AGraham@Lifespan.org), have been working hard to ensure that the importance of strong relationships and advocacy is reflected throughout the 2005 annual meeting, the theme of which is

President's Message

Behavioral Medicine and Public Health: Promoting the Health of Individuals, Families, Communities, and Populations. There will be several panels addressing advocacy and political action and their use in the media and in legislation. There also will be keynotes regarding the U.S. Preventive Services Task Force and the Community Task Force for Preventive Services which will address the evaluation of the evidence base, and how scientific evidence is used for policy, legislation, and media communication.

The scientific sessions on Friday, April 15, 2004 will be jointly sponsored by SBM and SOPHE and will include sessions of interest to members of both organizations. As part of the submission process, authors have been asked to note whether they want their abstract to be considered for this joint day. In addition, the Program Committee has modified the track structure to encourage presentations that cut across disease states and behavioral risk factors, and to stimulate collaboration across scientific disciplines. There are now 15 tracks that represent crosscutting and transdisciplinary themes. The tracks and individuals who have agreed to serve as Track Chairs are listed below:

- ♦ Adherence: *Milagros Rosal*
- ♦ Behavioral Medicine in Medical Settings: *Sandy Blount*
- ♦ Biological Mechanisms in Health, Behavior Change, and Illness: *Laura Stroud*
- ♦ Career Development, Mentoring, and Training: *Laura Klein*
- ♦ Complementary and Alternative Medicine: *Jean Kristeller*
- ♦ Diversity Issues: *Mary deGroot*

- ♦ Environmental and Contextual Factors in Health and Behavior Change: *Jim Sallis*
- ♦ Health Communication and Technology: *Beth Bock*
- ♦ Health Systems and Health Policy: *Stephenie Lemon*
- ♦ Lifespan Development: *Janice Prochaska*
- ♦ Measurement and Methods: *Joe Fava*
- ♦ Psychological and Person Factors in Health and Behavior Change: *Mike Friedman*
- ♦ Quality of Life: *Carolyn Schwartz*
- ♦ Translation of Research to Practice: *Sheana Bull*
- ♦ Spirituality: *Linda Powell and George Fitchett*

The tracks are described in detail in the Call for Abstracts and in the online abstract submission system. Symposia, paper sessions, and poster sessions will be formed within these tracks rather than by disease or risk factor as has often been done in previous years. Thus, a paper session on adherence may cover predictors of adherence to a hemodialysis regimen; a treatment intervention to increase adherence to diabetes self-care that targets spouses; correlates of poor adherence to cholesterol lowering treatment; and a randomized trial of tailored interventions to increase mammography adherence. The Call for Abstracts has been sent out. The deadline for on-line abstract submission is October 5, 2004 at 11:59 EST. Now is the time to start planning symposia and workshops for the meeting. Additional meeting information can be found at www.SBM.org.

To return to my statement that caring and trusting relationships are a key ingredient for creating an effective evidence-based healthcare system available to all people, the words of Ted Kennedy at the recent Democratic National Convention ring true: "Interdependence defines our world. For all our might, for all our wealth, we know we are only as strong as the bonds we share with others (3)." I encourage each of you to challenge your disciplinary boundaries to build productive relationships, to step outside the comfort zone of your day-to-day activities and identify opportunities for advocacy and political action, and to become an active member of SBM to help translate our evidence to improve public health. We have a shared commitment to work together as well as individually.

(I would like to acknowledge Amanda Graham, Melissa Clark, and Laura Klein for their thoughtful input on this column.)

References:

- (1) *Jessie C. Gruman, "Prevention Deficit Disorder: When Politics and Science Collide." Remarks delivered at the School of Nursing, University of North Carolina at Chapel Hill, May 19, 2004. http://www.cfah.org/news/jessie_northcarolina.cfm.*
- (2) *Gruen RL, Pearson SD, Brennan TA. Physician-Citizens - Public Roles and Professional Obligations. JAMA. 2004;291(1):94-98.*
- (3) *Ted Kennedy, Remarks delivered at the Democratic National Convention, Boston, July, 2004.*

SBM Scientific and Professional Liaison Committee

Robin Mockenhaupt, Ph.D.

How many different professional organizations do you belong to? Why did you belong to these groups? Are there similarities between these organizations – do they share any common goals or activities? Do these organizations participate in joint activities to accomplish health goals you think are important?

These are some of the questions that members of the SBM Scientific and Professional Liaison Council think about in the effort to both enhance membership in

connections with other professional organizations that SBM members belong to. Current organizations we have a connection with are APA – Division 38, American Association of Behavioral Therapy (AABT), the American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR), and the Society of Public Health Education (SOPHE). Over the next year, we hope to expand connections to additional liaison organizations of interest to SBM members, especially those focusing on physician and

both be held next April in Boston, MA. A joint day of common programming (Friday, April 15) is being planned at both conferences by a small group of people who are both SBM and SOPHE members. This will offer opportunities for both organizations to share and get to know our common interests and resources – including the most important resource – our members. Please plan to participate in this joint day of programming at next year's meeting.

How many different professional organizations do you belong to? Why did you belong to these groups? Are there similarities between these organizations – do they share any common goals or activities?

SBM, and to accomplish goals members think are important – to champion behavioral medicine as a way to improve individual and population health. The Council initiates, develops, and maintains liaison with other professional and scientific organizations, and plans activities of interest to members of both organizations – continuing education, communications, research, practice, policy, etc.

The Council has a liaison with several organizations, and is looking to expand its

nursing organizations.

One current project is partnering with SOPHE, an international professional association made up of a diverse membership of health education professionals and students. SOPHE promotes healthy behaviors, healthy communities, and healthy environments through its membership, its network of local chapters, and its numerous partnerships with other organizations. The 2005 SBM Annual Scientific Meeting and the 2005 SOPHE Mid-Year Conference will

If you belong to another professional organization that shares common goals with SBM, and would like to recommend a possible liaison relationship, please contact Robin Mockenhaupt (rem@rwjf.org) or Rick Seidel (rseidel@carilion.com). We would be happy to talk about how we can enhance the effect of our work to promote behavioral medicine through the organizations in which we are members, and in our professional lives.

Kaiser Permanente

Chronic Pain Psychologist

Kaiser Permanente seeks a Psychologist to work within our Chronic Pain Program. You will evaluate patients, develop, implement and coordinate treatment plans which can include brief psychotherapy, psychoeducation and case management. You will also administer and interpret psychological tests and perform administrative duties per operational needs, including program development and evaluation. Requires clear, concise writing skills and some evening hours.

Qualifications:

California Licensed Psychologist, minimum of two years post-licence experience, one year in a chronic pain program. Experience in Cognitive-Behavioral and Behavioral Medicine approaches, diagnosis, brief therapies, patient education, collaboration with medical personnel. Psychological testing and computer proficiencies are necessary. Team player, flexible, taking initiative in program design, development and evaluation. Preferred: skills in hypnosis, biofeedback, alternative therapies, psychometric evaluation of pain patients. Bilingual Spanish-speaking preferred.

Kaiser Permanente is an equal opportunity/affirmative action employer.

Email: joyce.a.bishop@kp.org

Phone: 510-675-6860

Website: <http://kpnet.kp.org>

Click California, Work at KP, Job Postings, Search for Jobs, Keyword: Pain Psychologist, State/City: Oakland

Classifieds

Postdoctoral Research Training in Drug Abuse Behavior, University of Kentucky

NIDA-sponsored, postdoctoral research training fellowships are available at the University of Kentucky. The training faculty consists of 27 active researchers from the disciplines of psychology, pharmacology, sociology, psychiatry, neurobiology, communications, nursing, and public health. Fellows select appropriate supervisors for research involvement, with possibilities ranging from basic biological to individual and community level behavioral studies. Program goals include development of cutting edge research skills related to drug abuse, interdisciplinary competence, and orientation to research in health/medical settings. Basic and applied research interests are welcome. Stipend levels begin at \$37,568 annually; health insurance, travel, and some research costs are provided. Interested persons are advised to consult the program website (<http://www.mc.uky.edu/behavioralscience/nidatraining1.asp>) for faculty research interests and contact information; potential research supervisors should be contacted directly and mutual interest established.

Applicants, must be U.S. citizens or permanent residents, should then submit a letter of application, a CV, and have two letters of reference sent from current or former research supervisors. The proposed postdoctoral supervisor will also be asked to provide a letter of support for the applicant. Review of applications will begin immediately and continue until the positions are filled. Applications and references should be sent to Thomas F. Garrity, Department of Behavioral Science, College of Medicine, University of Kentucky, Lexington, KY., 40536. Inquiries may be made to tgarrit@uky.edu.

Post-doctoral Fellowships in Behavioral Medicine Research

The Dept. of Medical & Clinical Psychology at the Uniformed Services University in Bethesda, MD offers an NHLBI research training program in Behavioral Medicine and Cardiovascular Disease. The program trains post-doctoral fellows in research around three themes: behavioral risk factors; cardiac pathophysiology and behavior; and minority health disparities. Research training provided in biobehavioral methods and/or clinical behavioral medicine

application/interventions. Candidates must have a Ph.D., M.D. or comparable doctoral degree. Positions are open until filled. Stipends: \$35,568 - \$51,036, depending on experience.

Applicants should forward a CV, letter stating research interests, career goals, and letters of recommendation to: Dr. David Krantz, Director, Uniformed Services University, 4301 Jones Bridge Road, Bethesda, MD 20814, Tel: (301) 295-3273; Fax: (301) 295-3034. E-mail to: dkrantz@usuhs.mil. For additional information see: <http://www.usuhs.mil/mps>.

Associate Director for Behavioral Research

The National Cancer Institute, a major research component of the National Institutes of Health (NIH) and Department of Health and Human Services (DHHS), seeks a senior scientist to serve as Associate Director of the Division of Cancer Control and Population Sciences (DCCPS). The individual will lead the Behavioral Research Program (BRP), which includes the Office of the Associate Director and the following five branches: Applied Cancer Screening Research, Basic Biobehavioral Research, Health Communication and Informatics Research, Health Promotion Research, and Tobacco Control Research. The successful applicant will play a central and highly visible leadership role in the NCI's efforts in the social and behavioral sciences and their application to cancer prevention and control.

The Associate Director provides scientific and administrative leadership for the entire program, supervises the staff of the Office of the Associate Director and the five branch chiefs, and represents the NCI to a wide variety of professional, academic, and advocacy organizations. In addition, the Associate Director develops and facilitates collaborations with other social and behavioral science research funders, including NIH Institutes and Centers, the National Science Foundation, the Centers for Disease Control and Prevention, and many non-governmental organizations. The Behavioral Research Program's grants, contracts, interagency agreements and operating budgets totaled over \$140 million in Fiscal Year 2003. This includes over 275 grants and 19 interagency agreements.

This challenging and highly visible role requires broad scientific expertise, a passion for public service, a commitment to collaboration, and an ability to develop effective strategies for overcoming barriers to scientific progress and its application. Candidates must have a Ph.D. or equivalent degree in the social or behavioral sciences, public health, medicine, or a related discipline and a strong record of peer-reviewed publications relevant to health behavior etiology, mechanisms, and/or intervention. Experience in managing complex research projects, scientific staff, training programs, interdisciplinary collaborations, or funding programs is highly valued. The BRP of the DCCPS provides a unique and nationally visible multidisciplinary environment that participates in NCI's many internship, postdoctoral training and visiting scientist programs. The DCCPS also is committed to addressing health disparities through transdisciplinary research and its effective dissemination. This is an excepted service position (Title 42) with a salary range of \$147,476 - \$175,700. Please submit a letter of interest, including the names of at least three references and a CV to Robert T. Croyle, Ph.D., Director, Division of Cancer Control and Population Sciences, National Cancer Institute, 6130 Executive Blvd., Room 6138, Rockville, MD 20852. Applications will be considered until the position is filled. For more information about DCCPS/NCI, see www.cancercontrol.cancer.gov.

Selection for this position will be based solely on merit, with no discrimination for non-merit reasons such as race, color, gender, national origin, age, religion, sexual orientation, or physical or mental disability.

THE DHHS/NIH/NCI ARE EQUAL OPPORTUNITY EMPLOYERS

Research Associate/Assistant Professor in Physical Activity/Exercise and Cancer Faculty of Physical Education and Recreation University of Alberta

The Faculty of Physical Education and Recreation at the University of Alberta, Edmonton, Alberta, Canada invites applications for a Research Associate (RA) or a term position at the rank of Assistant Professor (AP) in the area of physical

activity/exercise and cancer beginning July 1, 2005 or earlier. The Faculty has recently received a Tier 1 Canada Research Chair in Physical Activity and Cancer and wishes to further build its commitment to this area. The successful candidate will possess a Ph.D. in any area related to physical activity and cancer such as exercise physiology, exercise psychology, behavioral medicine, or epidemiology with application to either epidemiological studies or clinical trials. This individual will contribute to the advancement of scientific understanding of the interrelationships among the behavioral, biological, and psychosocial aspects of physical activity and cancer including studies on: (a) the effects of physical activity on various cancer control outcomes; (b) the determinants of physical activity for cancer control; and (c) the effectiveness of interventions to promote physical activity for cancer control. An appointment to either the RA or term AP position will depend on the qualifications of the successful applicant. The RA appointment will be for two years with the possibility of continuing into the term AP position for an additional three years. The RA will be expected to teach one course per year but the primary focus will be on research activities including initiating research projects, grant writing, and manuscript preparation. The term AP position will be an initial appointment of five years, with the possibility of extension. The AP will be expected to teach 2-3 courses per year and to develop an independent and collaborative research program in the area of physical activity and cancer. Salary range for this position will be \$43,700 to \$62,000 per annum. The Faculty of Physical Education and Recreation serves approximately 950 undergraduate and graduate students, and offers several degree programs: BPE, BA (Recreation Administration), BSc Kinesiology, MSc, MA and Ph.D. The Faculty is also involved in a MSc Health Promotion studies and Post-Graduate Diploma in Health Promotion Studies with various faculties on campus. Further information about the University of Alberta and the Faculty may be obtained from <http://www.ualberta.ca> and <http://www.physedandrec.ualberta.ca>. For further information about the position, please contact Dr. Kerry S. Courneya (kerry.courneya@ualberta.ca). Applicants should submit a curriculum vitae, brief descriptions of research and teaching interests, and the names of three references

(including addresses, phone/fax and email addresses) prior to November 1, 2004 to:

Dr. Dru Marshall,
Associate Dean Academic
Faculty of Physical Education
and Recreation
University of Alberta
Edmonton, AB T6G 2H9
CANADA
E-mail: dru.marshall@ualberta.ca
Telephone: (780) 492-6583
Fax: (780) 492-2364

All qualified applicants are encouraged to apply; however, Canadians and permanent residents will be given priority. If suitable Canadian citizens or permanent residents cannot be found, other individuals will be considered.

The University of Alberta hires on the basis of merit. We are committed to the principle of equity in employment. We welcome diversity and encourage applications from all qualified women and men, including persons with disabilities, members of visible minorities, and Aboriginal persons.

Post-Doctoral Opportunity At The University Of Iowa/Iowa City Vamc

A post-doctoral health psychology/behavioral science fellowship is available at the University of Iowa/Iowa City Veterans Affairs Medical Center. The fellow will join a multidisciplinary team comprised of investigators from the University of Iowa and the newly funded Center of Excellence in implementation health services research at the Iowa City VA. Opportunities for collaboration are available on several ongoing health services and health psychology research projects including work examining patient adherence to treatment regimens, telehealth interventions, patient-provider interaction, and practice guideline adherence. The recently funded VA Center for Research in the Implementation of Innovative Strategies in Practice (CRIISP) will provide the fellow a unique infrastructure and a supportive and exciting environment to develop as an investigator including the development of an independent program of research. Please contact Dr. Alan Christensen at alan-christensen@uiowa.edu for more information.

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Focus on Leadership, Part 1

Amy Heard-Davison, Ph.D.

The mentoring committee is currently in the process of developing, expanding and guiding a focus on leadership within the Society. We believe this to be an important emphasis both for the future of the Society and for the field of Behavioral Medicine. However, it is challenging to define or describe the concept of leadership, and in particular to decide what types of leadership are most helpful in what settings for what people (sound familiar?). In this column, the first of a 2-part series devoted to leadership, we will explore these questions and begin to develop some preliminary answers. We hope that this will stimulate thoughts and discussions among the membership that will prove fruitful in addressing ways to define leadership, identify the role it plays in mentoring and in SBM and your institutions, and describe why it is important.

Leadership. What is it then? Is it one of those “difficult to describe but I’ll know it when I see it” phenomena? Webster defines a leader as one who directs or commands. Given the value we as researchers and practitioners place on empirically-based approaches, how can we best operationalize effective leadership? Are there particular outcomes on which we should focus? And would our definition of successful qualities and outcomes differ across settings (such as chairing a service committee, serving as first author on a publication, directing a research laboratory

or leading a multi-disciplinary treatment team)? In fact, would it be necessary to be in a leadership position in order to lead effectively? Here are some of the leadership qualities we as a committee have discussed: being able to set and achieve goals within a team or organization; taking responsibility for individual and group actions; and fostering the development of new skills and abilities among team and organization members.

Theories of leadership abound, but are often linked to or synonymous with management. Thus, as business perspectives have changed, so have views on what constitutes effective leadership. Leaders are often described by the central mechanism used to lead, such as: envisioning a strategic plan for the future; developing effective policies, programs or principals to focus an organization; wielding a specific expertise; facilitating radical, “transformational” change; or serving others, as in servant leadership. Robin Wilson’s (1998) article on “Servant leadership,” a concept first outlined by Robert Greenleaf, notes the potential benefits of this approach to leadership in an increasingly “service-economy.”

The good news is that those of us in the “helping professions” already possess many key qualities that contribute to good leadership. Wilson (1998) described ten characteristics of a servant leader: listening, empathy, healing, awareness,

persuasion, conceptualization, foresight, stewardship, commitment to the growth of people, and building community. Daniel Goleman’s (1998) work on Emotional Intelligence also identified some of the competencies that enable individuals to function effectively and lead in challenging environments that require mobilization and interaction with others for success: self-awareness, self-regulation, motivation, empathy and social skills. Other beneficial skills include problem-solving, forming alliances, planning, multi-tasking, providing oversight for various projects and tasks, decision-making, communicating effectively, rewarding accomplishments, giving feedback, nurturing talent and creativity in others, developing trust through honesty and authenticity, highlighting learning opportunities, and fostering motivation and teamwork. Many health professionals use these on a regular basis with patients, colleagues and subordinates as we provide clinical care, train students and other professionals, carry out administrative tasks, and coordinate and implement research projects.

In the next *Outlook*, we will explore further the relationship between leadership and mentoring, as well as ask why this is an important priority for SBM. (The mentoring committee includes Laura Klein (chair), Amy Heard-Davison, Martita Lopez, Justin Nash, and Judy Ockene.)



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