



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

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PRESIDENT'S MESSAGE

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The Intellectual Boundaries for Behavioral Medicine



Joel E. Dimsdale, M.D.

Behavioral medicine's strength as well as its weakness stem from its conceptual breadth. We are a profoundly inter-disciplinary bunch, and that breadth of perspective makes it difficult to classify our work. People are confused about us. As Tom Pickering pointed out in his Presidential Address, people frequently confuse us with 'alternative medicine.' Others see only one side of behavioral medicine and mis-

takenly assume that part represents the whole (the "blind men and the elephant" problem). One forms a decidedly distorted perspective if behavioral medicine is equated exclusively with "policy," "primary prevention," "secondary prevention," "health psychology," or "psychophysiology." We are all of the above and more. Like inter-disciplinary books, however, we are "hard to shelve" and market at a bookstore, a university, or a clinical practice.

Where should one look for behavioral medicine? Should it be in university Psychiatry Departments, the Federal government, or Departments of Medicine? The astute reader will note that such locales housed our most recent three presidents. Our next president will hale from a foundation, and the president thereafter will come from either another foundation or from a university Preventive Medicine Department. This breadth of perspective and

leadership makes SBM so exciting and also so challenging to characterize. I would like to lobby for our continuing dedication to this breadth of membership interests. If we ever focus more narrowly, we will lose our way.

I have recently been musing about one of the plagues I grew up with—polio—and how its treatment exemplifies the rewards of a commitment to interdisciplinary cooperation, rewards that are also embodied in behavioral medicine's successes.

The polio epidemics of the early 1950's were devastating. The disease had a variable course, sometimes killing within a day, sometimes leaving very few residua, and sometimes leaving massive long-term disability. I grew up in Sioux City, Iowa, a town so devastated by polio that, during the peak of the epidemic, travelers were so terrified of contagion that they would not even wait for change at the filling stations. Polio seemed to touch every strata (it touched my family), sometimes lightly and sometimes lethally. Because of its highly infectious nature, there were few "risky behaviors" that conveyed risk, other

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President's Message

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than going to a movie, church, or ballgame (perhaps one of the rare instances where the socially isolated fared better than the socially networked). At times, 5-10% of the hospital beds were filled with the stricken. Polio stems from a highly infectious virus, and the cure of the disease came about only in terms of its prevention with inoculation. To develop the vaccines required a massive basic science investment. To deploy the vaccines required an equally massive public health effort. To treat the patients who already had the disease required long-term, compassionate medical care. Hospital wards were filled with young people stricken in iron lungs with limited prospect for cure. Physical therapy departments were challenged by the need to provide ongoing interventions to forestall contractures. Treating patients with polio required a highly orchestrated campaign involving basic science, public health, biomedical engineering, psychosocial care, and rehabilitation.

When we consider our current major diseases, the behavioral risk factors are even more prominent. Behavioral medicine is involved at every step. While we may not be responsible for the fundamental biochemistry, we are intimately involved in issues related to diagnosis, symptom recognition, prevention, and treatment.

If I were to predict what must be on our agenda for the 21st century, it would be our continued involvement with prevention studies, our investment in the basic sciences of behavior and physiology, our intense attention to biomedical education, and our passionate commitment to excellence in patient care. It is a tall order, but one that SBM is poised to fulfill as long as we retain our commitment to the breadth of our field.

Honor Roll

David Altman, Ph.D., was nominated by Margaret A. Chesney, Ph.D., for outstanding achievement in interventions to prevent and control our society's dependence on tobacco, from helping youth identify tobacco executives as adults trying to manipulate their behavior to working with North Carolina tobacco farmers to find alternatives to growing tobacco.

Edward C. Suarez, Ph.D., was nominated by Laura L. Hayman, Ph.D., for his leadership contributions to SBM, and particularly for his recent efforts as Chair of the Nominating Committee.

Daniel J. Cox, Ph.D., was nominated by Jesus Gil Roales-Nieto, Ph.D., for outstanding achievement in diabetes and behavior research.

Elizabeth Brondolo, Ph.D., was nominated by Jonathan Tobin, Ph.D., for her outstanding contributions and efforts to bring behavioral medicine therapies to community-based practices serving low income and minority people in New York and New Jersey.

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

Lizette Peterson, Ph.D.

Department of Psychology, University of Missouri—Columbia

There has never been a period of greater expansion of the realms of behavioral medicine than there is today. For this discussion, behavioral medicine is considered as encompassing both cognitive and overt behavior changes, within attempts to increase promotion of health in general or prevention in at-risk populations, to treatment of acute and chronic illness. From new areas of challenge such as HIV prevention and treatment, to the issues that arise in a managed care environment (where behavioral health interventions are increasingly recognized as preferable because of their cost effectiveness), new frontiers are presented. As the boundaries of behavioral medicine expand, it is crucial that guiding principles be used to direct policy recommendations, research, and clinical practice.

One such guiding principle that has been underemphasized in past research in behavioral medicine is the consideration of developmental level of the population receiving focus (Peterson, 1996). In particular, the majority of behavioral medicine has focused on adults, as if adults represent the only basis for policy, research, and service. Clearly, the developmental course runs from birth to older adults. Rimer (1997) noted that behavioral medicine in general has not paid sufficient attention to children, with the strong statement "We have failed our children" (p. 7). In the 1999 long-term planning session, the SBM Board of Directors listed a specific focus, an increase in attention to pediatric psychology as one of the top priorities for the Society.

This is a shift in a major direction for SBM. In the last three years, for example, our journal, *Annals*, has published only a handful (less than 5%) of studies exclusively examining children and even fewer on adolescents, with the majority (over 64%) of the papers on those individuals over 18. Most often, the studies on children, adolescents, and older adults focus more on a developmental spectrum (childhood through adolescence then adulthood or adulthood through older adults) rather than specifically addressing children, adolescents, or older adults alone. Around 16% of the studies looked at more than one age level (and when they did, this count included them only in longitudinal studies and not also in individual levels). Interestingly, primarily because of a special issue on caregiving to the elderly, there have been around 14% of the studies targeting exclusively older adults. This pattern for publishing child research is even more extreme than the low levels of other outlets; *Health Psychology* from 1993-1995

published less than 20% of studies on adolescents and fewer than that number directed toward children. Nearly 75% represented adults.

Why should behavior medicine focus more on studies about children? There are pragmatic issues such as the win-win situation where SBM gets more constituency support and those working with children increase the arenas in which they can hear about their profession and be heard. Next, a sizable proportion of patients seen in clinics and hospitals affected by acute or chronic illness are children. Even those working exclusively with adults need to examine the effects of the caregiver's illness on the child, and those focusing on ill children are even more obligated to interact with caregivers. Children as patients present with a unique set of assessment and treatment needs. For example, they may be totally unable to accurately report symptoms, as in infancy, and may require special assistance to report other symptoms, as in toddlers', preschoolers', and school age children's pain (McGrath, 1990). Further, they may behaviorally respond differently to the same symptoms than adults, causing inaccurate diagnosis and treatment from individuals without child specialization ranging from psychologists to nurses and physicians. Young children have more misconceptions and yet ask fewer questions about medical procedures than older children and adults, resulting in increased anxiety (Harbeck-Weber & McKee, 1995).

There is also the issue of when to shift responsibility for chronic medical care from adults to children and these issues are often complex. For example, Johnson (1995) in a longitudinal study showed that more parental supervision was associated with more prescribed exercise and better timing of insulin injections, but was also associated with worse dietary adherence. It seems essential to map and understand the source of such effects in order to treat child and adolescent patients. Even individuals working only with ill adults need to have a sound ongoing relationship with individuals focusing on other developmental levels. Development is a continuum, not a series of discrete stepping stones (e.g., because someone is 18 or older does not mean that person functions as an adult). The gradual shift from child to adolescent and from adolescent to adult requires expertise that crosses these same time blurred lines.

Another important reason to consider children even if your primary target is adults is that most aspects of health promotion and injury and medical disease prevention that plague

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Child Health (continued from page 3)

adults' health begin in childhood (Wurtele, 1995). Dental care, diet, exercise, and habits such as smoking and substance abuse begin in childhood, and prevention programs which begin before the onset of the problem are likely to be more effective.

A sensible question is why these connections have not been strengthened more than they have already and the rejoinder may be simply that psychologists are not good at answering "why not" questions. One potential reason is that the Society of Pediatric Psychology was formed in 1969 and operated as an entity in which identification with the Society was clear. Society of Behavioral Medicine was formed in 1978, with many members of the Association for Advancement of Behavior Therapy joining, and thus enhanced the more adult and behavioral orientations portrayed there. We may then have entered a self-perpetuated situation in which pediatric scientists did not recognize SBM as a viable outlet, and SBM was not clearly amenable to making space for pediatric psychologists.

How to accomplish an increased focus on child patients within SBM? We can encourage more special opportunities within our conference to present such data and have more invited speakers in this area. Our newsletter, *Outlook*, and journal, *Annals of Behavioral Medicine*, can encourage submission and even have special invited sections on child health. We can form tighter bonds with pediatric researchers and practitioners, and better links with societies such as Society for Pediatric Psychology, which just attained APA division status (Division 54, Pediatric Psychology).

Although the focus here has been specifically on children, the concept presented at the beginning of this article is undoubtedly the more important message. As a field, behavioral medicine faces new challenges and the best answers to them will come from unified conceptual approaches. These include the consideration of how different developmental aspects influence a variety of personal factors, ranging from the expression of biological factors to one's understanding and expectancies regarding health promotion and disease. Development should be considered at any age, as it continues through the lifespan. However, in childhood the changes are more rapid and influential, making childhood a particularly vital focus for behavioral medicine.

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At the dawn of the new century, older Americans are living longer and comprising a greater proportion of the population than ever before. These trends have stimulated the expansion of the scientific study of aging as a multidisciplinary endeavor, with attention shifting to factors enhancing the quality of the added years. There is increasing appreciation of the critical role of behaviors and lifestyles in promoting health and preventing disease and disability among the middle-aged and older populations.

Efforts underway at the National Institute on Aging (NIA) are expanding the field of behavioral medicine in several critical ways by attending to aging processes and the special needs and problems of older people; emphasizing the influence of the socio-cultural environment on the development and maintenance of health behaviors; and specifying the component parts and dynamic nature of health behaviors and behavioral change mechanisms.

NIA has identified several categories of research that deal with aging, health, and behavior processes. These categories are not mutually exclusive categories; indeed, research findings in one category may have direct implications for research in another category.

The first category is psychosocial epidemiology. This involves the identification of behavioral and social risk factors, understanding the determinants of the identified risk factors, charting their distribution and course as people age, and relating particular risk factors to specific health outcomes. Such activities are important for preventing or controlling the onset of functional impairment, disease or disability so that a better quality of life can be experienced by aging individuals. In addition, better understanding of epidemiological predictors should afford the ability to target high-risk populations so that adequate interventions and treatments may be designed and implemented. NIA currently is funding several long-term, longitudinal studies that can explore such relationships.

A second research category is disease recognition, coping, and management. This research area focuses on basic behavioral and social processes and mediators linking health and behavior. Successful recognition and management of illness may not only extend life and improve quality of life, but also may save money in health care utilization. Psychosocial factors may play an important moderating role in how individuals interpret and respond to symptoms. Similarly, research is focused on stresses and coping processes older individuals

bring to bear in dealing with their physical limitations, illnesses, and disabilities. A particular interest is how older individuals manage their chronic conditions and disabilities, with emphasis on drug management and compliance issues and the role of doctor-patient interactions.

A major sub-component in this area focuses on bio-behavioral linkages between health and behavior. Behaviors and social conditions may have indirect health impacts through the immunological or other physiological systems. Biobehavioral linkages between health and behavior have been well documented in the stress literature. Additional research is needed to understand the special vulnerabilities associated with aging and factors associated with disease progression. Especially important are models that examine complex interactions among the aging process, specific disease states, and the social environment.

A third category of research focuses on social and behavioral interventions for health promotion, disease prevention, and disability postponement. Understanding the determinants of health behaviors and the processes linking health and behavioral processes is an essential step in designing and interventions to support health promoting behaviors and to eliminate health impairing ones. The application of theories and empirical knowledge about behavior and behavior change processes across the life course is needed to develop and test interventions that can not only initiate desired behaviors but also provide support for maintenance throughout life. Additional intervention research is also important to examine how interventions developed for younger populations may need to be tailored to achieve desired outcomes in an older population.

Older folks can potentially benefit from a wide variety of lifestyle or chronic disease management interventions developed and tested in younger or disease-specific populations. NIA is currently supporting several large multi-site intervention trials designed to enhance cognitive functioning in older adults (ACTIVE), to promote healthy behaviors and lifestyles (BCC), and to help family caregivers deal with Alzheimer's disease (REACH). We are looking for your ideas about new or continuing research areas that are particularly ready for further development. We would specifically like your thoughts on designing and testing social or behavioral interventions for improving the health and functioning of older people and seek input from SBM members on the following issues:

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- Given the many possible intervention topics and targets, can criteria be developed for determining what kinds of interventions should be developed and tested first? Can common metrics of success be applied across different interventions in various populations and settings? How do we spot diminishing returns on research investments?
- What basic science research needs to be in place before intervention research should be conducted? How can basic and applied health promotion/disease prevention research be made more interlocking and iterative?
- To what extent should interventions be encouraged to investigate proximal (e.g., behavioral) as well as more distal outcomes (e.g., costs or clinical changes)? What are advantages and disadvantages of multi-level intervention approaches?
- How can one foster the translation of research into practice and policy?
- With many unanswered research questions but limited dollars, is it better to focus in one area (e.g., lifestyle or adherence research) or to conduct interventions across a variety of behaviors and conditions?
- Other than research dollars, what is needed to entice the best behavioral scientists to begin looking at aging research issues?
- How can NIA work with SBM members to be kept informed about the most promising research findings and directions?

If you have any thoughts about these issues, please email me at [Marcia Ory@NIH.Gov](mailto:Marcia_Ory@NIH.Gov). Visit the NIA home page (<http://www.nih.gov/nia>) for further information about Institute activities and priorities.

CALENDAR LISTINGS

August 4-8, 2000: The next meetings of the [American Psychological Association \(APA\)](#) will be held in Washington, DC. Contact information for the Division of Health Psychology, APA, follows: Barbara Keeton, Administrative Officer, Division 38, APA, APADiv38@erols.com, (202) 336-6013.

November 15-18, 2000: The [Sixth International Congress of Behavioral Medicine](#) will be held in Brisbane, Queensland, Australia. The Scientific Program is chaired by Margaret Chesney (USA) and Christina Lee (Australia). ICBM 2000 marks the first time the event has been held in the Australian sphere – previous congresses have been held in Copenhagen, Washington DC, Amsterdam, Hamburg and Uppsala.

The congress will focus on Behavioral Medicine and Public Health in the New Millennium, and will reflect on the contribution that behavioral medicine research has already made, and will continue to make, to the world's major public health challenges. This includes research that covers a wide spectrum including increasing our understanding of basic mechanisms, the determinants of disease and health, clinical interventions, rehabilitation, prevention and health promotion.

The following key dates apply:

July 1 Deadline for submission of rapid communication posters

August 1 Deadline for earlybird registration

Further details can be obtained from the congress secretariat, at the following address: ICBM 2000 Secretariat, PO Box 1280, Milton Qld 4064, Australia. Tel: +61 7 3858 5493. EM: icbm2000@im.com.au. Fax: +61 7 3858 5510. Web: www.icbm2000.conf.au.

March 21-24, 2001: The [Society of Behavioral Medicine's 22nd Annual Scientific Sessions](#) will be held at the Washington State Convention and Trade Center in Seattle Washington. For more information, please contact Jane C. Shepard, CMP, SBM, 7611 Elmwood Avenue, Suite 201, Middleton, WI 53562. Tel: 608-827-7267. Fax: 608-831-5122. EM: sbm@tmahq.com. Web: <http://www.sbmweb.org>.

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Spread the word about your training opportunity in just a few easy steps. Log on to SBM's website at <http://www.sbmweb.org> and click on the "Opportunities" icon. This directory of training opportunities in the U.S. and Canada is provided as a resource on education and training opportunities in the interdisciplinary field of behavioral medicine. The directory is searchable by specialization or geographical region and can be used to locate predoctoral, internship, postdoctoral and other training experiences. You are also encouraged to list your institution's program in the on-line directory. Just click on the program icon which will take you to a submission form and instructions.

This issue of Outlook is also available on SBM's website. To access Outlook on-line, just click on the "Membership" icon on the SBM home page. If you have already visited the website and have selected your password, proceed to "Members Only." If you need to register your user name and password, choose "Register" and the website will take you through the appropriate steps.

Please contact Deb at the National Office if you have any questions or problems.

Postdoctoral Fellowships Nicotine and Tobacco Research

Georgetown University (Lombardi Cancer Center) has received funding from the NCI and NIDA for a Transdisciplinary Tobacco Use Research Center (TTURC). The overall mission of the TTURC is to: (a) understand the genetic and bio-behavioral basis of tobacco use, and (b) to apply this knowledge to the prevention, treatment and reduction of harm from tobacco. The TTURC includes 24 faculty preceptors with expertise in Behavioral Science, Pharmacology, Biostatistics, Epidemiology, Neuroscience, Genetics, Health Services, and other disciplines. Fellows will be trained in multidisciplinary tobacco research and will gain practical research experience linked to one of the TTURC funded projects. Projects include: the genetic basis of nicotine addiction; mechanisms of tobacco-induced genetic damage; teen tobacco use; and bio-behavioral predictors of response to smoking treatment. The TTURC offers training to recent doctorates (Ph.D.s, Dr. P.H.s, or equivalent); more experienced doctorates seeking to change their research focus; and physicians, nurses and other clinicians who have completed their clinical training. Fellows receive two-years of funding, which ranges from \$32,000 to \$45,000 annually, depending on training and experience. Applicants must reside in the U.S. Send a cover letter, C.V., and letters of reference to Dr. Susan Chrysogelos, Training Coordinator, Lombardi Cancer Center, TRB E407A, 3970 Reservoir Road NW, Washington D.C. 20007. Phone (202) 687-4689 or chrysogs@gunet.georgetown.edu. Applications for 2000-2001 will be accepted until May 31, 2000. Early applications are encouraged, as applications are accepted on a rolling basis. The Lombardi Cancer Center is an NCI-designated Comprehensive Cancer Center. Georgetown University is an Equal Opportunity Employer.

Postdoctoral Fellowships in Health Psychology

The UCLA Health Psychology Program has one or more NIMH Postdoctoral fellowships open to begin anytime through fall, 2000. Appointments are for two years with possible one year appointments in some cases. We seek U.S. residents with Ph.D.s from APA accredited programs in any area of Psychology with strong methodological and statistical training. Applicants with interests in stress and coping, psychology of eating, women's reproductive health, psychoneuroimmunology, social neuroscience, child and family health, or HIV/AIDS are encouraged to apply. Send curriculum vitae, 3 letters of reference, and selected reprints to Dr. Christine Dunkel-Schetter, Department of Psychology, University of California Los Angeles, 405 Hilgard Avenue, Los Angeles, CA 90095-1563. Review of applicants and offers will be made on a rolling basis. *Underrepresented minorities are encouraged to apply.*

Postdoctoral Research Fellowship in
Health Psychology
Laboratory of Personality & Cognition
National Institute on Aging, NIH

Postdoctoral position available in the Personality, Stress and Coping Section, Laboratory of Personality and Cognition, Intramural Research Program, National Institute on Aging (ipcwww.grc.nia.nih.gov). Research program seeks to examine the role of personality trait dimensions as determinants of adherence and compliance to various treatment regimens including diabetes, hypertension, and a heavy emphasis on HIV treatment. Highly motivated individuals with a recent Ph.D. and research experience in the areas of biobehavioral and psychosocial factors of health and disease are encouraged to apply. Appointments are for two years. Applicants should submit a cover letter indicating research interests, curriculum vitae, and three letters of recommendation by May 31, 2000 to: Jeffrey H. Herbst, PhD, Laboratory of Personality and Cognition, National Institute on Aging, Gerontology Research Center, 5600 Nathan Shock Drive, Box 03, Baltimore, MD 21224. NIH is an Equal Opportunity Employer.

Postdoctoral Research Fellowship The Center for Eating & Weight Disorders

SDSU/UCSD Joint Doctoral Program in Clinical Psychology. 1- or 2-yr NIH-funded position. Focus on clinical intervention research with eating disorders & pediatric/adult obesity. The successful applicant will balance time between taking a primary role in ongoing research projects & clinical work involving implementation of eating disorder & pediatric obesity treatment protocols. Candidates with strong research backgrounds along with clinical experience in the area of obesity &/or eating disorders will be considered. Knowledge of SPSS is required. Candidates must be from an APA-accredited PhD program & must be completing or have completed an APA-accredited internship. Proof of dissertation completion required. If desired, the fellowship can provide clinical post-doctoral hours to meet requirements for clinical licensure. Review of applications will begin on 3/1 & will continue until the position is filled. Starting date is 8/1. Send CV, (p)reprints, statement of research interests & 3 letters of recommendation to: Denise E. Wilfley, PhD, SDSU/UCSD Joint Doctoral Program in Clinical Psychology, 6363 Alvarado Ct, Ste 103, San Diego, CA 92120. Direct inquiries via email: dwilfley@psychology.sdsu.edu or phone (619)594-3254. Salary: \$22-25K.

Health Psychology Postdoctoral Fellowship in Primary Care

The Department of Family Medicine in the University of Mississippi School of Medicine is accepting applications for two postdoctoral fellowship positions in health psychology. The fellowships combine clinical, research, and teaching opportunities to prepare the incumbent for placement in academic health centers. Clinical duties are in outpatient and inpatient primary care environments. Ongoing research focuses on primary care based tobacco interventions. The fellows supervise and train predoctoral clinical psychology graduate students, and M.D. and Pharm.D. residents.

Licensure preparation and attainment is supported and expected. Preference will be made for those candidates who are scientist-practitioners with a background in behavior therapies and research experience in addictive behaviors. The duration of the first position in one year and the duration of the second position is two years. First year salary: \$29,000; Second year salary: \$32,800. Liberal benefits are included. Appointment date is September 1, 2000. Send letter of intent, curriculum vitae, representative publications, and three recommendation letters to Patrick O. Smith, PhD, University of Mississippi Medical Center, Family Medicine, 2500 North State Street, Jackson, MS 39216. E-mail: posmith@familymed.umsmed.edu; Phone: 601-984-6830. EEO, M/F/D/V.

Postdoctoral Research Fellowship Nicotine Dependence and Smoking Cessation Research

Postdoctoral Research Fellowship with an emphasis on nicotine dependence and smoking cessation research. We are seeking a postdoctoral candidate to coordinate an NIH funded study promoting smoking cessation among African American residents of low income housing. Position provides mentored training with opportunity to collaborate with a dynamic multi-disciplinary team of nine funded researchers, including epidemiologists, biostatisticians, physicians, and psychologists. Flexible start date, very competitive salary, and excellent resources for career development such as funding for conference travel and training experiences. Opportunity also exists for taking advanced courses in the M.P.H. program and authorship on relevant manuscripts. Ideally applicants should have excellent interpersonal skills, experience working with culturally diverse populations, and strong training in applied research, such as behavioral medicine, health psychology, or addictions. Responsibilities include day-to-day management of staff and protocols covering all aspects of the trial including recruitment, intervention implementation, data

collection, and follow-up. Send letter of interest, CV, and names of three referees to Jasjit S. Ahluwalia, MD, MPH, MS, University of Kansas Medical Center, Department of Preventive Medicine, 3901 Rainbow Blvd., Kansas City, KS 66160-7313. EO/AA Employer.

Postdoctoral Research Fellowships The Behavioral Cooperative Oncology Group—Walther Cancer Institute

The Walther Cancer Institute announces Postdoctoral Fellowships offered through the Behavioral Cooperative Oncology Group (BCOG), a division of the Mary Margaret Walther Program for Cancer Care Research. The mission of the BCOG is to further the development and conduct of behavioral oncology research, and to foster collaborative research efforts among the members of the group. Researchers at Indiana University School of Nursing include **Victoria Champion, DNS, RN, FAAN**, focusing her research on ways to encourage women to use mammography to detect breast cancer in the early stages; **Brian Giesler, PhD**, assessing and improving quality of life outcomes of oncology patients and their family members with specific emphasis on outcomes relevant to individuals affected by prostate and testicular cancer; and **Susan Rawl, PhD, RN**, focusing her research on outcomes of behavioral interventions to improve prevention and control of colorectal cancer. **Celette Sugg Skinner, PhD**, Duke University, studies health communications and interventions to facilitate traditional and genetic screening for early detection and cancer susceptibility. **Barbara Andersen, PhD**, The Ohio State University, is conducting research in the areas of stress and psychological, behavioral, and biological responses to cancer, as well as basic and clinical research in the area of female sexuality, sexual dysfunction and sexual morbidity among cancer survivors. **Barbara Given, PhD, RN, FAAN** and **Charles Given, PhD**, Michigan State University, study the involvement of cancer patients and their family caregivers in the management of patient symptoms, physi-

cal functioning, and coordination of services and the conditions under which this involvement leads to improved patient health and reduced caregiver burden and distress. **Jean Kristeller, PhD**, Indiana State University, focuses on behavioral risk factors in cancer control, the role of the medical environment in addressing psychosocial issues and the role of spirituality in adjustment to cancer.

Each site offers post-doctoral opportunities. Individuals are expected to reside at one of these primary sites, matching their interests and background, but with the possibility and expectation of spending some time at one or more other sites.

Contact Peggy Weber, Director of Program Development, Mary Margaret Walther Program for Cancer Care Research, IU School of Nursing, for full application forms and other information. Phone: (317) 274-7563. Email: mweber@iupui.edu. All fellowship applicants must submit a cover letter, narrative application form, vitae, three letters of reference, transcripts, and publications. Applications will be accepted until positions are filled. By the time of award, individuals must be citizens or non-citizen nationals of the United States, or have been lawfully admitted to the United States for permanent residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status). Individuals on temporary or student visas are not eligible.

CLASSIFIEDS

Job Postings

Postdoctoral/Junior Faculty Position University of Pennsylvania

A Postdoctoral or Junior faculty position to study a new eating disorder, the "night eating syndrome", with the person who first identified it. The research will attempt to more fully characterize the disorder by studies of behavior, sleep and neuroendocrine measures. It will be conducted on both an outpatient and inpatient (Clinical Research Center) basis. Applicants should have an M.D. or Ph.D. with at least three years of clinical experience. Interested candidates should send a letter of application, a curriculum vitae and three references to: Dr. Albert Stunkard, University of Pennsylvania School of Medicine, 3600 Market Street, Suite 734, Philadelphia, PA 19104, fax (215) 898-2878 or e-mail to stunkard@mail.med.upenn.edu.

Kaiser Permanente Santa Teresa Health Psychologist

Kaiser Permanente Santa Teresa (San Jose) is seeking a Health Psychologist for our multi-disciplinary Primary Care Team in a clinic setting.

You will provide diagnosis, triage and treatment of members who have mental disorders or behavioral problems that affect or are a consequence of their medical condition. You must have a Ph.D. in clinical Psychology; CA Psychologist license; experience working with major medical illness and primary care; and experience in brief treatment of depression & anxiety disorders, group therapy, and brief cognitive behavioral approaches.

To apply, please submit resume with source code STR9900662, to: Kaiser Permanente, Staffing Services, 1150 Veterans Blvd., Redwood City, CA 94063; Fax (650) 299-3714. We are an EEO/AA Employer. www.kp.org/jobs.

Director of Research Psychosocial Oncology Programs

AMC Cancer Research Center, located near the foothills of the Rocky Mountains in Denver, CO, is recruiting for a Director of Research for the Psychosocial Oncology Program Area. Qualified candidates should have a Ph.D. in Clinical Psychology or equivalent degree in a related field. Clinical experience with cancer patients, supervision of clinical staff, and grant-funded research experience is required. Strong publication record is preferred. Faculty rank and salary will be dependent upon qualifications. AMC offers a competitive salary, with a comprehensive benefits package. For immediate consideration please send, fax or e-mail your cover letter and CV with salary history to: AMC Cancer Research Center, Behavioral Research Selection Committee, 1600 Pierce Street, Denver, CO, 80214, fax: 303-239-3340 or e-mail: hr@amc.org. AMC is an AA/EOE, M/F, D/V employer and is a non-smoking institution.

Family Health Psychology Center Doctoral Clinical Health Psychologist

The Family Health Psychology Center, a private group practice, seeks a licensed doctoral clinical health psychologist to start 6/00. Responsibilities include outpatient psychotherapy and health psychology interventions for adults, adolescents and/or children; group therapy; consultation/liaison evaluations for nonpsychiatric inpatients; psychological and neuropsychological testing; and program development. Earnings are based on clinical reimbursement; the current practitioner attains approximately \$40K/annum in 24 hours/week activity. Send C.V. and list of references to Bret Boyer, Ph.D., 406 W. Mt Airy Ave., Philadelphia, PA 19119.

**Postdoctoral Associate Position
University of Miami
Behavioral Medicine Research Center**

The Department of Psychology, Behavioral Medicine Research Center, University of Miami, seeks a highly qualified candidate for a post-doctoral associate position within the health psychology division. The position involves coordinating and conducting an intervention-based research program for individuals with Chronic Fatigue Syndrome (CFS). The position also provides an opportunity to write manuscripts for publication and the potential to pursue individual research interests. The position requires a completed Ph.D. in clinical psychology and internship, both from APA-approved programs. The application deadline is May 1, 2000. Funding for this position is provided through a newly funded 5-year NIH "Center for Multidisciplinary Studies on Chronic Fatigue Syndrome Pathogenesis", which examines the effect of cognitive-behavioral stress management on quality of life, immune status and health among CFS patients. Please send letter of application expressing interest in the above position, official graduate transcript, curriculum vitae, and three letters of recommendation to: Dr. Michael Antoni, University of Miami, Department of Psychology, P. O. Box 248185, Coral Gables, FL 33124-2070.

Health Psychology Researchers

Recent Ph.D. or ABD graduate students are needed for two full-time research positions. One position involves a multidisciplinary study of food cravings & the other is focused on nicotine dependence and depression. Ideal candidates will have interest & experience in the of study eating or smoking behavior, possess strong interpersonal & organizational skills, and have experience in study coordination. Positions offer courtesy academic appointments at University of Illinois at Chicago, competitive salary, & benefits, and research opportunities. Please send cover letter, CV and 3 letters of reference to Bonnie Spring, Ph.D., ABPP, Department of Psychology (M/C 285), UIC, 1007 W. Harrison St., Chicago, IL 60607.

**Clinical/Counseling Psychologist
#JS-10673**

Half-time staff scientist position on a new randomized controlled trial in adolescent smoking cessation. Seeking a WA-licensed Ph.D. clinical or counseling psychologist. With project team, will develop & test a multi-component adolescent cessation intervention (including individually-tailored telephone counseling & interactive cessation Web site). Will train & supervise professional counseling staff, ensuring services are delivered according to protocol, are clinically sound & in compliance w/ WA state laws regarding counseling practice & professional ethical guidelines. Req's exp. in counseling adolescents, excellent supervisory, mentoring, communication, organization & interpersonal skills. Exp. w/ research, motivational interviewing & knowledge of the smoking cessation literature highly desirable. Day & some evening hours req'd. Competitive salary DOE/full benefits. Start date is 9-1-00; applicant interviews will begin 6-00. Send cover letter, resume, & professional references to: Human Resources Office # JS-10673, Fred Hutchinson Cancer Research Center, 1300 Valley Street, Seattle, WA 98109. Fax: (206) 667-4051; TTY: (206) 667-6861 - for deaf and hard of hearing callers (Office hours: Monday - Friday, 8:30 -5:00).

Fred Hutchinson Cancer Research Center is an Equal Opportunity Employer committed to work force diversity.

**Postdoctoral Research Traineeship in
Statistics and Behavioral Medicine**

The Behavioral Medicine Research Program in the Department of Psychology, University of Miami, Coral Gables, FL, announces an opening for a postdoctoral research trainee. Requires doctorate, preferably with background in quantitative methodology and/or behavioral medicine/health psychology. Expertise with SAS or SPSS is necessary. Preference will be given to applicants with research experience in cardiovascular processes.

Responsibilities will include data analysis, manuscript preparation, and developing competency in advanced statistical methods including structural equation modeling, latent growth curve modeling, and multilevel modeling as applied to a range

of study designs including cross-sectional and longitudinal data. No formal background in these areas is required, but study and application of these topics will be a focus of activity.

This traineeship is funded by the National Institutes of Health, National Heart, Lung and Blood Institute at a NIH-level salary. Applications will be accepted until the position is filled. Minorities, women, and people with disabilities are encouraged to apply. Send cover letter, including CV, statement of research interests, transcript, representative publications, and three letters of reference to: Maria M. Llabre, Ph.D., Behavioral Medicine Research Program, University of Miami, Department of Psychology, P. O. Box 248185, Coral Gables, FL 33124-2070. Requests for further information about the position may be directed to mllabre@miami.edu. An Affirmative Action/Equal Opportunity Employer.

**The Department of Psychology,
Behavioral Medicine Research Center
University of Miami**

The Department of Psychology, Behavioral Medicine Research Center, University of Miami, seeks highly qualified candidates for post-doctoral research associate positions within our health psychology division. The positions involve conducting and coordinating intervention-based research with medical populations, including cancer and HIV. The positions will provide opportunities to write manuscripts for publication, pursue individual research interests, and seek extramural funding. These positions require a completed Ph.D. in clinical psychology and internship, both from APA-approved programs. The application deadline is May 15, 2000. Funding for these positions is provided through a newly funded "Center for Psycho-Oncology Research," which examines the effects of cognitive-behavioral stress management on quality of life, immune status, and health among cancer patients. Please send letter of application expressing interest in the above position, official transcripts, curriculum vitae, and three letters of recommendation to: Dr. Neil Schneiderman, University of Miami, Department of Psychology, P.O. Box 248185, Coral Gables, FL 33124-2070.

Research Faculty Position University of Massachusetts

Applications are invited for a tenure-track/tenured full-time faculty position (12 month) for a clinical psychologist in the Department of Psychiatry, UMass Medical School and UMass Memorial Medical Center. The ideal candidate will be an intellectual leader with an established track record of significant scientific contributions and grant-funded research. Area of research is open, but the Department offers special opportunities for research collaboration in behavioral medicine, affective disorders, child psychopathology, mental health services research, violence risk and aggressive behavior, and research to inform mental health law and policy. Collaborations are also possible with geneticists and other basic neuroscientists at the Department's newly opened Brudnick Neuropsychiatric Research Institute. The position includes limited administrative responsibilities as Director of Psychology in the UMass Memorial Clinical System.

Salary and rank will depend on experience and qualifications. Female and minority candidates are especially encouraged to apply. Send letter of inquiry and curriculum vita to: Chair of the Psychology Search Committee, Thomas Grisso, Ph.D., c/o Bonnie Murphy, Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA 01655. An Affirmative Action Equal Opportunity Employer.

The Robert Wood Johnson Foundation
Physical Activity Promotion and Policy

Applications are invited for appointment as Senior Program Officer at the Robert Wood Johnson Foundation in the area of physical activity promotion and policy. The Robert Wood Johnson Foundation, located in Princeton, New Jersey, is the nation's largest health philanthropy, with assets of nearly \$8 billion and 1999 grant-making exceeding \$400 million.

The Foundation is seeking an intellectual leader with vision and a strong interest in using the Foundation's grant-making ability to promote the physical activity level of Americans and cultivating, developing, implementing and managing a program portfolio related to increasing physical activity for all Americans.

The successful candidate will possess an advanced degree in a field related to health, health behavior, public health or health policy, and substantial experience in the area of physical activity promotion and policy, with finely tuned knowledge and experience in one or more of the following areas: behavioral, biomedical and social mechanisms linking physical activity to health improvement; environmental changes and policies to promote physical activity; media and communications strategies to increase activity levels. The candidate must be committed to building the field and be at a senior stage where this type of leadership role is possible and attractive. Since this is a new area of grantmaking for the Foundation, it is essential to have the required energy and ability to conceptualize a philanthropic strategy that can make a difference to this field. Candidates should also be comfortable working with leading researchers nationally and should have an ability to work in a highly collaborative environment.

The Robert Wood Johnson Foundation is an Equal Opportunity Employer. Salaries are competitive, and benefits are excellent. A letter of interest or letters nominating potential candidates should be sent to: David Waldman, Director of Human Resources, The Robert Wood Johnson Foundation, Box 2316, Princeton, NJ, 08543 (phone: 609-951-5707; fax: 609-520-0837; email: resume@rwjf.org). Review of applications will begin July 1, 2000. For more information on the Robert Wood Johnson Foundation visit our web site at www.rwjf.org. ROBERT WOOD JOHNSON FOUNDATION

Miscellaneous Classifieds

Developmental Skills Training for the treatment of weight and eating disorders. Developed at the University of California, San Francisco. Now over 150 Solution Groups nationwide. Requires licensed Mental Health/Registered Dietitian Team and Distance-Learning Certification. "Provides new hope for overweight Americans." C. Everett Koop's Shape Up America. www.weightsolution.com. The Solution (Regan Books, 1998). The Institute for Health Solutions (415) 457-3331.

NIH-Funded Researchers, Become a Mentor, Train Minority Students for Research Careers. Offer your expertise and assist the Office of Behavioral and Social Sciences Research, National Institutes of Health, in building a cadre of minority scientists in the behavioral and social sciences.

What are the steps? Visit the OBSSR's Minority Research Training Opportunities Web Page to learn more about the program. Add your name to the database of PI's who are interested in mentoring. Wait to be contacted by minority students, post-docs, or junior faculty who have an interest in your research area. Then simply apply for an administrative supplement to your NIH grant by contacting your program officer.

For more details, go to: <http://www4.od.nih.gov/research/>

Advertising Rates & Deadline

To advertise in the Summer issue of *Outlook*, please supply ad copy to Lisa M. Nelson at the SBM National Office. Copy may be faxed to 608-831-5485 or emailed to lnelson@tmahq.com. **The deadline for receipt of copy for inclusion in the Summer issue is June 1, 2000.** Classified advertising is billed at the rate of \$5.00 per line, based on the final layout of *Outlook*. A sample layout and preliminary bill will be forwarded to the advertiser prior to publication.

SBM HONOR ROLL

Please take this opportunity to nominate a colleague for SBM's Honor Roll program. The nomination process is simple. Fill out this form and send it to the SBM National Office along with a \$25 donation to the Society on behalf of a particular SBM colleague. SBM will in turn send the nominee a certificate stating that you have made a donation to the Society in their honor. In addition, a quarterly listing of all nominees and their achievements will be printed in SBM's newsletter, *Outlook*.

There are many reasons for nominating someone for the Honor Roll. You may want to honor a student for completion of a dissertation, a colleague for an appointment or award, or an individual for his or her overall accomplishment in a certain area of behavioral medicine.

Besides providing a way to celebrate our members' accomplishments, the Honor Roll will provide a critical service to the Society by generating funds that will be used to subsidize student registration at our annual scientific meetings.

Your Name (as you would like it to appear on the certificate): _____

Phone: _____ E-mail: _____

Nominee's Name (including credentials): _____

Nominee's Mailing Address: _____

City: _____ State/Province: _____ Zip/PC: _____ Country: _____

Reason for nominating this individual (eg: For outstanding achievement in...):

Please forward nominations to the SBM National Office • 7611 Elmwood Avenue, Suite 201 • Middleton, WI 53562

Please make checks payable to the SBM Honor Roll Fund

