



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Fall 2001

PRESIDENT'S MESSAGE

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September 11, 2001 is a day that none of us will ever forget. The horrendous events that took place on that day at the World Trade Center, the Pentagon and rural Pennsylvania have inflicted a deep wound in our collective psyche that will be very slow to heal. In the aftermath of the attacks, in lieu of the column that I was planning to write for this issue of Outlook,

I feel compelled to share some personal reflections. I only hope my reflections resonate with your own and perhaps provide some sense of connection and support. I would also like to take this opportunity to pass along a resource or two and some news about plans to create a page on SBM's web site that may assist you to respond to the needs of clients, patients, and others you might be called upon to assist as a clinician, educator or consultant.

The terrorist attacks on September 11th created thousands of victims and tens of thousands of mourners. Perhaps hundreds of thousands more lost a friend, neighbor, or colleague. I was lucky enough not to have suffered a personal loss myself and though I am not aware of any SBM members who were injured or killed in the attacks, it is likely that SBM members are among those who experienced a personal loss. My heart goes out to all the victims, their families and loved ones.

Since the tragedies occurred, I have felt a roller coaster of emotions: shock, disbelief, anxiety, fear, anger, helplessness and confusion. Sleep has been difficult, I am more fatigued than usual at the end of the day and I have found

it hard to fully focus on professional tasks and responsibilities. I now more fully appreciate the true meaning of "heartburn". I share these personal reactions because I think it is useful, and also healthy, to be open and honest about our emotional and physical responses to loss and trauma. By recognizing these reactions in ourselves, and talking about them with each other, we have an opportunity to normalize and validate each other's experience. In the clinical realm, normalizing and legitimating our patients' feelings is an important way to empathize and connect with our patients during this difficult time. At the risk of violating a long-held taboo in clinical practice, I also believe that it is helpful to respond to our patients' expressions of feelings and psychophysiological symptoms by disclosing that we, too, are experiencing many of the same reactions. Self-disclosure is appropriate when we share our experience in the service of the patient, rather than to meet our own needs. Moreover, the abundance of patients presenting with psychophysiological symptoms provides us with opportunities to educate our patients about mind-body interactions and strategies for coping with these "normal" adaptations to stress. How's that for a positive reframe?

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

On another positive note, I have been deeply moved by the innumerable stories of courage and compassion that have been shared by family members of the victims and witnesses to the rescue efforts. As a native New Yorker, I have been especially impressed by the bravery, dedication, and commitment of the fire fighters, police officers, and rescue and relief workers that have come to the aid of the people of New York City. The outpouring of support and generosity that has flowed from all over the U.S. and from all corners of the globe has been both heart warming and reassuring. I am personally aware of several SBM members in the New York City and DC areas that have been among the large corps of volunteers donating time and expertise to the relief efforts. Moreover, SBM members all over the world are serving their own communities by offering their expertise to help people, especially children, grapple with and cope with emotional distress evoked by the events. To those of you who are providing comfort and support to victims, families, and citizens within your communities, I'd like to say, "Thank you and bless you." Through your efforts, you are helping to heal our nation's wounds.

During the first couple of days after the attacks, I experienced a pervasive sense of rest-

lessness and helplessness. These feelings began to lift a bit after I had a chance to talk with a close friend who was volunteering as a trauma counselor for the Red Cross in lower Manhattan. She told me stories that were, at once, both extremely painful and courageous. At the end of our conversation, after tears were shed on both ends of the phone, she simply said, "Thanks so much for listening and helping me to debrief." I realized then that the best way for me to make a difference was by reaching out and assisting just one person at a time. At the end of this column, I have listed some resources available on the web that you might find helpful in your efforts to assist others. As an addendum to this issue of *Outlook*, SBM is also posting information on our website that will enable those of you who have identified resources to share them with our members and others who might visit the site. If you have information you would like included in the addendum, please forward it to the National Office.

One such resource is the text of remarks made by Brown University President Ruth J. Simmons during a campus gathering on the evening of September 11, 2001. In the midst of my horror and confusion during those first few frightening hours, I was inspired and uplifted by Dr. Simmons' vision and her capacity to look beyond the devastation and ruins before our eyes. President Simmons challenges us to avoid the temptation to turn away from those whose beliefs and values are different

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DEADLINE AND RATES

To advertise in the Winter issue of *Outlook*, please supply ad copy to Carol Kendall at the SBM National Office. Copy may be faxed to Carol at 608-831-5485 or emailed to ckendall@reesgroupinc.com. The deadline for receipt of copy for inclusion in the Winter issue is December 15.

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

Correspondence about articles and professional news should be sent to:

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

than our own. I resonate with her call for reflection and her plea to educate ourselves so that we better understand other cultures and the forces that produce suffering and hate. I also gain strength and hope from Dr. Simmons' optimistic view of the power that stems from cultivation of caring and respect for the sacredness of human life. I have read and re-read President Simmons' remarks several times, each time finding new insights and deeper layers of meaning. I hope you find them comforting and inspiring as well.

"Today's attacks on the World Trade Center, the Pentagon, domestic airlines and other sites have shaken us all deeply. As events unfolded rapidly, we have tried to determine how we might assist our faculty, students, and staff during this moment of despair and grief. There have been no easy answers.

"First, with regard to the suspension of activities at the College, we determined that at this moment of confusion, it might be useful for us to remain in place, continuing work to the extent possible but, more importantly, being available to address the needs of our community as they were made manifest. In the course of the day, we have moved from shock and despair, to grief and disbelief. We have become aware more than ever of our helplessness against the sinister force of hatred. Inevitably the loss of life, estimated at varying levels but in the tens of thousands, will touch upon those whom we know and love. We do not yet know the full extent of the loss to this community, but this information will unfold in the coming days.

"We have asked ourselves what we should do in the face of this immense tragedy. In a moving prayer at noon today, Janet Cooper-Nelson helped us to understand the need for prayerfulness and thanksgiving for the sacredness of life. When mankind becomes indifferent to life, there is no limit to the horror that he is willing to inflict on others, including those who are completely innocent of wrongdoing. We understand more than ever the need to sustain in ourselves as a nation a deep and abiding respect for the worth of human life. We need not only to instill this respect in our young but we need ourselves to be more ardent practitioners of respect every day of our lives.

"At moments like this, I become aware more than ever that access to education in its broadest sense can make an immense difference in the future of our civilization. We can focus on educating ourselves about ourselves, if we so desire, but far more important is to educate ourselves about others. There are regions of the world that we understand not. There are peoples of the world that we care not to know. There are communities in our very midst from which we turn away. Turning away is not a solution. While it is too early to say who is to blame for the horror visited upon the nation today, we can surmise that this

horror is the result of a misbegotten scheme to call attention to some cause, some offense, some grievance. One of the powerful things we can do to counter this kind of event is to use peaceful venues of debate and grievance. We can make every effort to learn how to abate conflict and how to repair breaches in human accord.

"It is difficult to destroy when one cares. We need to practice caring. Caring about the children who are born to want. Caring about the injustice in our midst. Caring about righteousness and integrity. Whatever befalls us, it is our stubborn resistance to despair and our caring disposition that elevates and, in the end, rescues us.

"This is a place of privilege. I speak now not about the assets of the place nor about the safety of the place. I speak of the privilege of living in a caring community. Let us never forget how privileged we are. Let us never forget to fight to preserve that spirit of caring.

"Let us not be ashamed to care. Let us honor those taken away with such brutal force by extending that caring to those nations not known to us, those peoples far away from us, those communities different and yet near to us.

Thank you."

Resources

❖ From the American Academy of Pediatrics (AAP):

In response to the tragic events unfolding in New York and Washington, DC, the American Academy of Pediatrics (AAP) would like to offer some advice on how to communicate with children and adolescents during times of crisis.

- It's important to communicate to children that they're safe. Given what they may have seen on television, they need to know that the violence is isolated to certain areas and they will not be harmed. Parents should try to assure children that they've done everything they can to keep their children safe.
- Adolescents in particular can be hard hit by these kinds of events and parents might want to watch for signs such as: sleep disturbances, fatigue, lack of pleasure in activities enjoyed previously, and initiation of illicit substance abuse.
- Overexposure to the media can be traumatizing. It's unwise to let children or adolescents view footage of traumatic events over and over. Children and adolescents should not watch these events alone.

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IN MEMORIAM Meyer Friedman, M.D.

The true bottom line is the one that summarizes what a person has done with his life, the joy he has brought to others, and the care with which he has conserved and enlarged his spirit.

Meyer Friedman, M.D.

The death of Meyer Friedman, M.D., on April 27, 2001 ended the career of the foremost cardiology researcher of the 20th century.

Dr. Meyer ("Mike") Friedman was born on July 13, 1910 in Kansas City, Kansas. As a teenager, he was captivated by reading Sinclair Lewis' *Arrowsmith*, a Pulitzer Prize winning novel written in 1925 about a physician and research scientist intent on making life-saving discoveries in the face of adversity. *Arrowsmith* inspired Friedman to become a physician and research scientist, beginning his first effort with microbes and mice in his parents' basement as a teenager.

Truly remarkable is the fact that Friedman conducted original research for 75 years: As an undergraduate at Yale (1927-1931); in medical school at John Hopkins (1931-1935); during residency at Michael Reese Hospital in Chicago (1936-1937), during World War II as a Cardiovascular Consultant and Lieutenant Colonel in the U.S. Army Medical Corps at Pearl Harbor (1943-1948) and at the Harold Brunn Institute at Mount Zion Hospital in San Francisco before World War II and afterwards until 1984. Then at the age of 74, he became Director of the Meyer Friedman Institute where he steadily worked until just six weeks short of his 91st birthday.

Meyer Friedman is best known for discovering the time-urgent, anger-prone behavior pattern called Type A, along with Ray Rosenman, and championing its role as a risk factor for coronary heart disease (CHD). Even before his first publication on Type A behavior in the *Journal of the American Medical Association* in 1959, his credits included 194 publications in prestigious peer-reviewed journals. A scholar of Friedman's research and co-author of his latest book *Medicine's Ten Greatest Discoveries* (Yale University Press, 1998), Dr. Gerald Friedland identified seven other original discoveries made by Friedman that were of enormous significance to cardiology and medicine.

Early in his career, Friedman was first to show that gout was caused by uric acid from the liver, not in the kidney, as was

believed at the time. Second, Friedman and colleagues were the first to titrate digitalis levels in human blood. Before this work, the inability to measure digitalis levels was a terrible problem because the range between effective and toxic doses was exceedingly narrow. Third, Friedman and associates were the first to perform a coronary angiogram performed on dogs in 1950. While he was reluctant to try an angiogram with humans, his success with the dogs prompted Dr. Mason Sones to be the first with humans seven years later.

Beginning in 1950, working principally with chemist Sanford Byers, Ph.D., and cardiologist Ray Rosenman, M.D., Friedman's most extensive work (198 publications) was focused on cholesterol metabolism. In this regard, Friedman and colleagues were the first to show that cholesterol was absorbed by the lymphatic vessels of the distal ileum. Furthermore, the team also discovered that the liver esterifies this cholesterol, providing it with an envelope composed of a protein, a phosphatide, and triglycerides, and that in the absence of dietary cholesterol, the liver is able to synthesize it. Fifth, he was also the first to demonstrate that atherosclerotic plaques were reversible (in rabbits using infusions of phospholipid).

Friedman also made a major contribution in determining how a heart attack kills. Working with pathological sections of coronary arteries, he and Van den Bovenkamp, M.D., were the first to discover in 1966 that a heart attack was precipitated by rupture of the fibrous plaque, causing a clot that obstructed blood flow. Friedman included this work in his second book, *Pathogenesis of Coronary Artery Disease* (1969). He next combined the careful pathological approach with clinical manifestations to identify three causes of death from coronary heart disease by stages: instantaneous death by arrhythmia, sudden death (within 24 hours) with plaque rupture but no infarct, and death after 24 hours with both plaque rupture and infarction.

The idea that a behavior pattern could be a cause of heart disease did not suddenly arise from an upholster's observations of an unusual wear pattern on the front of the chairs in Friedman's waiting room. Indeed, when World War II started

Friedman was conducting a case history of one of his heart patients who had an identical twin. Friedman asked a psychiatrist, J. S. Kasanin to evaluate both twins. Friedman's patient diagnosed with hypertension and CHD was nicknamed "Speed Up George," and his healthy twin was nicknamed "Lead in the Pants." While this study was being published and cited in *Time* magazine, Friedman was at Pearl Harbor working on his first book *Functional Cardiovascular Disease* (1946). This text beautifully detailed the cardiovascular and other symptoms of soldiers who were "functionally incapacitated" in battle and it demonstrated that stress could affect the heart. Friedman proposed that "cortico-hypothalamic imbalance" gave rise to functional cardiovascular disease. Later in the 1950s Friedman took special note when a San Francisco socialite told him she knew what caused a heart attack in her husband. It was stress.

These clues congealed in the 1960s when Friedman, working principally with cardiologist Ray Rosenman and chemist Sanford Byers, Ph.D., published a string of fascinating, if not controversial, studies that characterized Type A behavior as well as identified possible causal mechanisms. In a classic study with accountants, Friedman and others found sharp rises in cholesterol at tax deadline time independent of diet, smoking, and exercise. This provided empirical support that time urgency altered serum cholesterol. Subsequent studies by Friedman and others found that extreme Type As had higher levels of cholesterol and triglycerides, greater insulin resistance, and more pronounced sludging of corneal circulation following a high fat meal.

A major cornerstone establishing Type A behavior as a possible risk factor for heart disease was laid by the Western Collaborative Group Study (WCGS), an epidemiological study of 3,454 middle-aged men. Twice as many Type As, compared to non-Type Bs, were found to either have heart disease at entry or incurred heart disease during the 8.5-year followup. The results from WCGS prompted a NHLBI/NIH Consensus Panel in 1981 to declare Type A behavior a risk factor for coronary heart disease. Friedman and Rosenman's best-selling book *Type A Behavior and Your Heart* (1974) introduced the concept to the public.

Just as Type A behavior reached its apex of acceptance in the early 1980s, results from another epidemiological study with high-risk males, failed to confirm the WCGS findings. Friedman defended the concept of Type A behavior vigorously by continuing to refine the interview diagnosis of Type A behavior. With colleagues, he also launched an ambitious randomized clinical

trial with 1,012 heart attack victims to see if cognitive behavioral group counseling designed to modify Type A behavior would reduce coronary morbidity and mortality. The study found that the Type A group counseling had roughly 40% fewer recurrences over five years compared to a cardiac education group. Not satisfied with this result, Friedman, at age 79, led his team to conduct an even more challenging study to answer the question: "Could Type A group counseling prevent the clinical onset of coronary heart disease and cancer in healthy individuals?" The preliminary incidence results were on his desk the day he died.

While Meyer Friedman's research discoveries have had a seminal influence in the field of medicine, he will long be remembered by colleagues, family, and friends for how he lived.

Carl Thoresen, Ph.D., a close colleague and Professor of Education, Psychology and Psychiatry at Stanford recently noted: "Mike will always be one of my life's most unforgettable characters: an extraordinary teacher, a superb scholar, and a consummate clinician. But most of all, Mike was a truly gifted educator of life, someone who by his own unique style of charm, wit, brilliance, humor, and, yes, at times, dogged tenacity, helped me more than anyone to know the truth of a mind, body, and spirit perspective on health and life."

James J. Gill, S.J., M.D., a close friend and colleague eloquently expressed his opinion of Dr. Friedman in his article "Heartprints Left Upon Our Lives" in the *Journal of Human Development*, "He was a man whom many of his professional associates and patients described as filled with love—for medicine; for tireless work; for his family, friends, colleagues, and patients; for painstaking and original research; for literature, theater, music, and travel; for his home, garden, and pets. Mike loved life. He loved it and lived it in a way that taught those of us who knew him to think about how we live our own lives and inspired us to strive to make the most of very God-given moment, just as he did."

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SBM ACHIEVEMENT AWARDS

The Society of Behavioral Medicine invites nominations for the 23rd Annual Scientific Sessions Achievement Awards. The specific criteria for each award are listed below. Self-nomination is acceptable, but for some awards a letter of nomination from an SBM member (other than the nominee) is also required. Nominees must be current members of the Society at the time of nomination to be considered for an award. Specific deadline information for each award is listed below. Send application materials to:

Society of Behavioral Medicine
Attn: Achievement Awards
7600 Terrace Avenue, Suite 203
Middleton, WI 53562-3174
E-mail: info@sbmweb.org

New Award for 2002!

Pro-Change Research to Practice Dissemination Award (\$1,000 Honorarium)

Pro-Change has established this new award to stimulate and recognize innovative research in the area of research to practice dissemination. To qualify for this award, which will be awarded through the first author listed on the submitted abstract, SBM members should submit applied or clinically focused posters or papers in the general SBM Call for Papers. The appropriate box on the Call for Papers form must be checked at the time the abstract is submitted.

Guidelines:

1. Applicant must be a current member of SBM.
2. Applicant must submit a paper in response to the SBM Annual Meeting Call for Papers and must clearly indicate that the paper or poster is to be considered for this award by checking the designated box on the abstract submission form.
3. Submitted papers must contribute to the dissemination of research-based programs and/or products.
4. Applicant must have NO affiliation with Pro-Change.

Please note: To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2002 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form.

LifeScan Diabetes Research Award (\$1,000 Honorarium)

LifeScan, Inc., a Johnson & Johnson company, has established an award to stimulate and recognize innovative research in the area of behavioral diabetes management. To qualify for this award, which will be awarded through the first author listed on the abstract, SBM members should submit applied or clinically

focused posters or papers presenting results with human populations in diabetes management.

Please note: To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2002 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form.

Outstanding Dissertation Award (\$500 Honorarium)

2002 marks the fifth year SBM has recognized excellence in student members' research through this award. Student members of the Society, or student members who have transferred to full member status within the past year, are eligible for the Outstanding Dissertation Award. To qualify, an individual must have successfully defended his/her dissertation over the past year (January–December 2001). To nominate a candidate, send a letter of nomination detailing the nominee's contribution to the field of behavioral medicine and the significance of the selected dissertation along with FOUR copies of the dissertation to the SBM National Office.

Letters of recommendation as well as the actual dissertation may be e-mailed as a Word document attachment to the National Office at info@sbmweb.org.

Complete sets of materials must be received by December 31, 2001. Incomplete packets will not be accepted.

Young Investigator Award (\$1,000 Honorarium)

Selection for this award will be based on total career achievement and review of a representative published paper. A letter of nomination from another investigator stating the candidate's contribution to the field and the significance of the study selected for review is required. To qualify:

1. Candidates must have received a terminal degree seven years or less from the time the award is conferred.
2. The paper to be reviewed must be published or in press, and the nominee must be the first author (showing his/her contribution).
3. The paper must show scientific rigor and innovation and must make a significant contribution to the field of behavioral medicine.

To nominate a candidate, send a letter of nomination, FOUR copies of the candidate's current CV and FOUR copies of the paper to be reviewed to the SBM National Office. E-mailed Word document attachments of CV's, etc. are encouraged. Complete sets of materials must be received by December 31, 2001. Incomplete packets will not be accepted.

Distinguished Scientist Award (\$1,000 Honorarium)

Selection for this award will be based on total career achievement. Candidates must have achieved great scholarly distinction (i.e., made a series of distinguished empirical contributions or contributed substantially to the development of new theories or methods). Candidates will typically have attained the level of Full Professor (or its equivalent) and will have trained students or postdoctoral fellows who are contributing significantly to behavioral medicine.

To nominate a candidate, send TWO letters of recommendation outlining the candidate's achievements and FOUR copies of the candidate's current CV to the SBM National Office. E-mailed Word document attachments of CV's and letters of recommendation are encouraged. Complete sets of materials must be received by December 31, 2001. Incomplete packets will not be accepted.

Glaxo Young Investigator Award (\$1,000 Honorarium)

This award was developed to encourage research on nicotine addiction treatment and smoking cessation. Selection of the award recipient will be based on total career achievement and review of a representative published paper. A letter of nomination from another investigator stating the candidate's contribution to the field and the significance of the study selected for review is required. To qualify:

1. Candidates must have received a terminal degree seven years or less from the time the award is conferred.
2. The paper to be reviewed must be published or in press, and the nominee must be the first author (showing his or her contribution).
3. The paper must show scientific rigor and innovation in the area of nicotine addiction treatment or smoking cessation and must make a significant contribution to the field of behavioral medicine.

To nominate a candidate, send a letter of nomination, FOUR copies of the candidate's current CV and FOUR copies of the paper to be reviewed to the SBM National Office. E-mailed Word document attachments of CV's, etc. are encouraged. Complete sets of materials must be received by December 31, 2001. Incomplete packets will not be accepted.

SBM Distinguished Mentor Award

The SBM Task Force for Mentoring and Professional Development announces initiation of two annual Distinguished Mentor Awards, one for a clinical/professional mentor and one for a research mentor. Awardees will be announced at the 2002 SBM Annual Meeting in April 2002. The deadline for receipt of nominations is December 31, 2001. The nomination process is as follows:

- A. Nominations may be made by any member of SBM, based on personal experience of having been mentored or by personal observation of mentoring. Students and faculty/professionals may nominate. Self-nominations will not be accepted.
- B. The nominator and the nominee should both be members of the Society.
- C. Nominations should be in the form of a one-page statement, with a maximum of three accompanying documents. These documents could include a list of mentees and their accomplishments, or other materials the nominator thinks are relevant. If the nominator observed the mentoring but did not experience it directly, it would be important to have one or more mentees write letters of support.
- D. The one-page statement must specify whether the individual is being nominated for the clinical/professional award or the research award.
- E. In the statement, the specific characteristics of the individual and his/her behavior that make him/her an outstanding mentor should be detailed, along with any professional accomplishments of the mentee directly or indirectly related to the mentoring. The relationship between the mentoring and the accomplishments should be explicitly spelled out.
- F. Deadline for receipt of nominations is December 31, 2001.

Please submit four complete sets of nomination materials to:

SBM
Attn: Mentor Awards
7600 Terrace Ave., Suite 203
Middleton, WI 53562

OR: email the documents as Word attachments to:
info@smbweb.org
(E-mailed documents are encouraged)

Evidence-Based Behavioral Medicine Intervention Committee

We are embarking on an exciting new venture of evidence-based behavioral medicine. As we reported in Winter 2000-2001 issue of *Outlook*, a committee of SBM members with expertise in evidence-based approaches has been asked to consider how evidence-based principles should be applied to behavioral medicine interventions. Funding for this effort has been provided by the NIH Office of Behavioral and Social Science Research (OBSSR). The committee is chaired by Karina Davidson (Mt. Sinai School of Medicine) and the members of the committee include Virginia Cain, Ph.D. (OBSSR), Robert Kaplan, Ph.D. (University of California, San Diego), Peter Kaufmann, Ph.D. (National Heart, Lung, Blood Institute), Genell Knatterud, Ph.D. (Maryland Medical Research Institute), Tracy Orleans, Ph.D. (The Robert Wood Johnson Foundation), Bonnie Spring, Ph.D. (University of Illinois at Chicago), Evelyn Whitlock, M.D., M.P.H. (Kaiser Permanente Center for Health Research), Thomas Pickering, M.D., D.Phil. (Mt. Sinai School of Medicine), and Michael Goldstein, M.D., Ph.D. (Bayer Institute for Health Care Communication). We invite the entire readership of *Outlook* to participate, through comments, in this activity.

The EBBM Committee has started this process by selectively reviewing the state of the field by examining evidence-based procedures and guidelines from other disciplines, organizations and agencies. Over the course of the committee's activities, we plan to offer suggestions about the unique types of research data and evidence-based criteria and decisions that should be considered in judging the evidence base for behavioral medicine.

Evidence-based medicine is defined as "The conscientious, explicit and judicious use of current best evidence in making clinical decisions about the care of patients...(thereby) integrating individual clinical care with the best available clinical evidence from systematic review".* Although most clinical interventions in behavioral medicine are based on evidence, the current evidence-based medicine movement evaluates treatments according to strict, explicit criteria. Unfortunately, many articles in our field cannot be appraised using these methods because current conventions in reporting studies exclude many of the specific details needed to judge the quality of evidence presented.

* Eddy DM. Evidence-based clinical improvements. Presentation at Directions for Success: Evidence-based Health Care Symposium sponsored by Group Health Cooperative. May 7-9, 2001. Tucson AZ.

Although evidence-based medicine is a relatively new field, it is a quickly growing one in which the behavioral medicine community is eager to participate. Many of us within behavioral medicine have extensive methodological training that will be put to good use in this effort. Therefore, our mandate is to build capacity for evidence-based thinking in behavioral medicine. The committee members recently held a retreat to discuss a game plan for accomplishing our goals, which were listed in our last article. We began by reviewing the evidence-based approaches developed in selected other fields and organizations, such as the U.S. Preventive Services Task Force, the federal AHRQ (Agency for Healthcare Research and Quality) evidence-based practice centers, the Cochrane Collaboration, and the Consolidated Standards of Reporting Trials (CONSORT). Most systems characterize randomized clinical trials as providing the highest quality of empirical support for a clinical practice. Therefore, our first step for behavioral medicine will be to: *present the essential components of a report of outcomes of a randomized clinical trial in behavioral medicine which would render it suitable for inclusion in a systematic review.* Part of our effort will include providing a clear definition of relevant terms (e.g., efficacy and effectiveness, intent to treat, proactive and reactive recruitment).

We came to this conclusion because some reviews of evidence-based behavioral medicine, as in other areas, have been inconclusive because essential elements of information are missing from published reports. Insufficient reporting, insufficient description of design and quality control procedures, and insufficient documentation about what constituted the intervention are common. Thus, we are currently drafting an article for publication in *Annals of Behavioral Medicine* describing the elements of a trial of behavioral medicine intervention that need to be reported. We recognize that, in addition to providing a framework for evidence-based behavioral medicine reviews, this effort will guide researchers in planning the designs and data collection and reports of new intervention trials. We also hope that behavioral medicine editors, manuscript reviewers, and grant application reviewers will find this to be a useful guide for considering the merit and adequacy of design and reporting for behavioral medicine interventions. Educators and students of behavioral medicine should be able to use this information to review and critique their own and other's research. Finally, we hope that clinicians and practitioners will use this framework to evaluate which behavioral medicine intervention articles provide useful evidence for considering an intervention to be evidence-based.

Over the next year, the EBBM Committee plans to conduct several activities to promote our goal of incorporating evidence-based thinking into behavioral medicine interventions:

- We plan to submit regular reports to *Outlook* on the progress of the work of the EBBM Committee and invite your comments and feedback.
- We are planning an EBBM seminar for the 2002 SBM meeting in Washington, D.C., with specific segments organized to meet the separate needs of researchers, clinicians, reviewers and educators.
- Committee members will monitor relevant evidence-based activities by others in the field. For example, the committee will follow the methods development and application in a systematic review underway to assess intervention detail for primary care-based interventions for risky/harmful alcohol use, dietary improvement, and physical activity promotion. This systematic review is being conducted by the Oregon Health and Science University Evidence-based Practice Center with funding from the Robert Wood Johnson Foundation.
- We will establish a Special Interest Group on EBBM within the SBM.
- We will disseminate EBBM guidelines and criteria from other organizations, possibly through the Society of Behavioral Medicine website.
- We will seek continuing feedback from SBM and other professional behavioral medicine organizations about their use of and needs for EBBM.
- We will seek to set up web surveys, committee information and other communications on relevant scientific societies' web sites, or encourage links with other web sites.

FINALLY, WE NEED YOUR INPUT!

Please turn to page 15 of this issue of *Outlook*, complete the questions, and fax or email your responses to Karina Davidson. Contact information for Dr. Davidson can be found on page 15.

President's Message (con't from page 3)

- Adults need to help children understand the significance of these events. Discussion is critical. It should be stressed that the terrorist acts are ones of desperation and horror - and that they're not about politics or religion. Children should know that lashing out at members of a particular religious or ethnic group will only cause more harm.

The following AAP documents can be found at::

<http://www.aap.org/policy/re9813.html>

How Pediatricians Can Respond to the Psychosocial Implications of Disasters (AAP Policy Statement)

<http://www.mentalhealth.org/publications/allpubs/SMA95-3022/SMA3022.html>

Psychosocial Issues for Children and Families in Disasters: A Guide for the Primary Care Physician (Joint publication between AAP and US Center for Mental Health Services)

<http://www.aap.org/policy/re9702.html>

The Pediatrician's Role in Disaster Preparedness (AAP Policy Statement)

<http://www.aap.org/advocacy/disarticle.html>

Child Deaths Hit Communities Hard: Disasters Demand Psychological Triage (AAP news article)

❖ From the American Academy of Child and Adolescent Psychiatry (AACAP):

The AACAP has suggestions for "Helping Children After a Disaster." They can be found at <http://www.aacap.org/publications/factsfam/disaster.html>

❖ From the American Medical Association (AMA):

"Dealing with Disaster" - Resources for helping and coping can be found at <http://www.ama-assn.org/ama/pub/article/3216-5281.html>

Mark your Calendar...



The 2002 Annual Meeting and Scientific Sessions will be held April 3-6 at the Omni Shoreham Hotel in Washington, D.C.

The theme for the meeting is "Beyond Adherence: Building Partnerships Among Individuals, Clinicians and Systems". Please plan to join your behavioral medicine colleagues next Spring in Washington, D.C. for this important meeting!

Call for SBM Fellows Nominations

Barbara McCann, Ph.D., Fellows Committee Chair

The SBM Board of Directors is currently soliciting nominations for new Fellows. New Fellows for 2002 will be honored during SBM's 23rd Annual Scientific Sessions (April 3-6, 2002, in Washington, D.C.).

To be eligible for Fellowship in the Society of Behavioral Medicine, a candidate must be nominated and seconded through letters of recommendation from two current SBM Fellows. Letters of recommendation should describe the nature of the candidate's contributions to the field of behavioral medicine in research, teaching, clinical practice or public service. A current curriculum vitae for the nominee must be included with the letters of recommendation.

The SBM Fellow initiating the nomination is responsible for sending a complete packet of nomination materials to the SBM National Office by December 14, 2001. The complete packet should include four complete sets of the following materials: two letters of recommendation from current SBM Fellows and the nominee's current CV. Materials will also be accepted via e-mail as Word document attachments (no Word Perfect please). Forward e-mail nomination materials to: info@sbmweb.org.

Please note that the criteria for selection of Fellowship recipients are broad to reflect the varying backgrounds and interests of SBM members.

A list of current SBM Fellows is posted on the SBM website at www.sbmweb.org in the "About SBM" section. Please utilize this list when considering a colleague for Fellow status.

All nomination materials must be received by Monday, December 14, 2001

Please send nomination materials to:

Attn: Fellows Committee
Society of Behavioral Medicine
7600 Terrace Ave., Suite 203
Middleton, WI 53562-3174
e-mail: info@sbmweb.org

The SBM Board of Directors and Fellows Committee looks forward to receiving your nominations; thank you, in advance, for participating in this important SBM activity!

Call For Editor: Outlook Newsletter

Position: Editor of *Outlook*
Start Date: April 2002
Term of Editor: Three (3) years

Application:

Each candidate should submit a letter of interest, a current CV, a vision statement about his or her ideas for the newsletter, and details concerning the type of institutional support that would be provided (please note: the SBM National Office manages the layout, printing and distribution of the newsletter).

The deadline for submitting an application is December 31, 2001.

Send application materials to:

Society of Behavioral Medicine
Attn: Outlook Editor Search
7600 Terrace Avenue, Suite 203
Middleton, WI 53562-3174

Information will also be accepted via e-mail at info@sbmweb.org. Attachments must be sent as Word documents.

Qualifications:

Candidates should have demonstrated editorial experience and leadership skills, a clear vision for the future of the newsletter, a willingness to work with the SBM Board of Directors and national office staff, the ability and time to organize and solicit content for the newsletter and to meet publication deadlines. *Outlook* is published quarterly.

Please forward questions concerning this announcement to Dr. Alan Christensen, Chair of the SBM Publications and Communications Council, at alan-christensen@uiowa.edu.

News about SBM Members

Steven Richards, Ph.D., Editor of Outlook

Andrew Baum, Ph.D., and numerous co-authors, published an article on "Gender Differences in Posttraumatic Stress Disorder after Motor Vehicle Accidents," (2001), in the *American Journal of Psychiatry*, volume 158 (9), 1486-1491. Dr. Baum is on the faculty at the University of Pittsburgh.

Richard A. Brown, Ph.D., recently published a study on smoking cessation with numerous colleagues, including SBM members Christopher W. Kahler, Ph.D., Raymond Niaura, Ph.D., David B. Abrams, Ph.D., Susan E. Ramsey, Ph.D., and Michael G. Goldstein, M.D. The reference for their article follows: "Cognitive-Behavioral Treatment for Depression in Smoking Cessation," (2001), *Journal of Consulting and Clinical Psychology*, volume 69 (3), 471-480. The authors are on the faculty at the Brown University School of Medicine. Dr. Goldstein is the current SBM President, and Dr. Abrams is the President-Elect of SBM.

Arthur M. Nezu, Ph.D., and two of his colleagues, published an article on "Cognitive Behavior Therapy for Medically Unexplained Symptoms: A Critical Review of the Treatment Literature," (2001), in *Behavior Therapy*, volume 32 (3), 537-583. Dr. Nezu is on the faculty at the Medical College of Pennsylvania (MCP)—Hahnemann University and he is the Past-President of the Association for Advancement of Behavior Therapy.

Michael G. Perri, Ph.D., has recently been appointed a University of Florida Research Foundation Professor, in the Department of Clinical and Health Psychology, Health Science Center, at Florida. Dr. Perri has also been awarded a Diplomate in Clinical Psychology by the American Board of Professional Psychology, and he is a SBM Fellow.

Lizette Peterson, Ph.D., has recently been appointed the new Editor of the American Psychological Association's *Journal of Consulting and Clinical Psychology*, effective January 1, 2002. Dr. Peterson is on the faculty at the University of Missouri—Columbia and she is a SBM Fellow and former Chair of SBM's Publications and Communications Council.

Steven Richards, Ph.D., will be completing his term as Editor of *Outlook* in June 2002. Dr. Richards is on the faculty at Texas Tech University. SBM members who are potentially interested in this editorial position should send a brief cover letter and a vita to Ms. Beth Klipping, Executive Director of SBM at info@sbmweb.org.

G. Terence Wilson, Ph.D., and W. Stewart Agras, MD, have published a review and commentary on the American Psychiatric Association's practice guidelines for treating eating disorders. The reference for their article follows: "Practice Guidelines for Eating Disorders," (2001), *Behavior therapy*, volume 32 (2), 219–234. Dr. Wilson is on the faculty at Rutgers University, and Dr. Agras is on the faculty at Stanford University. Both authors are SBM Fellows.

Please send news about SBM members to Dr. Richards at steven.richards@ttu.edu.

Thank you.

CLASSIFIEDS

Behavioral Psychologist Memphis, TN

The Hope and Healing Center of The Church Health Center in Memphis, TN, is seeking a doctoral-level Behavioral Psychologist (or related discipline; master's degree with 10 years program management experience in lieu of Ph.D.) to fill a new Program Officer position. The primary goal of the Program Officer will be to assist in developing and validating sustainable faith-based health-promotion programs that are transferable to other community settings. Hope and Healing programs are in part supported by the Robert Wood Johnson Foundation and the National Institutes of Health. The Hope and Healing Center is an 80,000 square-foot preventive health facility that focuses on spiritual and physical health, offering programming in the areas of nutrition, exercise, health education, and community health ministries. Its membership spans the socioeconomic and ethnic diversity of the Midsouth. In addition to having health-related program-development experience, eligible candidates must have strong behavioral clinical skills and need to demonstrate skills in health-care provider training and program evaluation. Knowledge of behavioral science theory and evaluation methods is required. Candidates demonstrating excellent communication skills, a team-player approach, an understanding of organizational dynamics, and a service-oriented style will be sought. Candidates seeking to work in a spiritual environment are encouraged to apply.

This position will integrate into a well-established team of program area managers and will involve close work with the Director of Hope and Healing and the Church Health Center executive director. Please submit a letter of intent, curriculum vitae, and three letters of recommendation to: Lisa Morlette Vasser, Hope and Healing Director, 1115 Union Avenue, Memphis, TN 38104. Tel: 901-259-4673, ext.1658; Fax: 901-278-6883.

Tenure Track Positions Health Psychology Research University of North Texas

Clinical Health Psychology at University of North Texas is recruiting tenure track positions to build on the department's program in health psychology research. Excellence of programmatic research and potential for external funding are given strong considerations along with interests in behavioral toxicology, cardiovascular behavioral medicine, pediatric health disorders, or clinical oncology. Send vita, 3 reference letters and reprints to Joseph Doster, Psychology Department, Box 311280, Denton, TX 76203. Inquiries: 940-565-2671 or dosterj@unt.edu. Review will begin 12/10/01. UNT is an Equal Opportunity/Affirmative Action Employer; minorities, women, and persons covered by the American with Disabilities Act are encouraged to apply.

Postdoctoral Research Training in Medical Behavioral Science University of KY College of Medicine

The Department of Behavioral Science in the University of Kentucky College of Medicine is seeking 1-2 individuals interested in receiving postdoctoral research training in medical behavioral science. Individuals with a background in any behavioral or social science discipline (e.g., sociology, anthropology, nursing, psychology, communications, epidemiology, public health, etc.) are encouraged to apply. Current departmental faculty interests include cancer, cardiovascular disease, substance abuse, aging, international health, medical education, stress and coping, medical decision-making, and rural health. Annual stipends begin at \$32,260. Health insurance is provided. Initial appointment is for one year with possibility of reappointment. Applicants must be U.S. citizens or permanent residents. For additional information and to view a full length version of this position announcement please see www.mc.uky.edu/behavioralscience or contact Michael Andrykowski, Ph.D., NIMH Postdoctoral Training Director, at mandry@pop.uky.edu.

Integrated Behavioral Health Program Central Valley, California

Exciting and unique opportunity for a Psychologist and licensed clinical social worker to be part of a new program integrating behavioral health and primary medical care. Join us as part of a team of highly committed health care professionals! Do you have experience in behavioral medicine/health psychology and want to work as a consultant/brief interventionist for a primary medicine team? You must be comfortable working with medical patients with co-occurring behavioral medicine, mental health and chemical dependency issues. Fluency with Spanish is required.

Family HealthCare Network is a private non-profit Federally Qualified Health Center network of seven health centers in Tulare County, California. We were established in 1976 to serve Spanish-speaking migrant and seasonal farmworkers in the San Joaquin Valley of Central California. We now strive to provide quality medical care to everyone in the communities we serve. We have grown to a professional staff of over 40 providers in Family Practice, Pediatrics, Obstetrics, Internal Medicine, Dentistry, Complementary and Alternative Medicine, Nutrition, and Behavioral Health. We are accredited by JCAHO.

Porterville is located between Bakersfield and Fresno. It is a Gateway to Sequoia National Park, with drives of two to three hours to Yosemite, the Central Coast, and Los Angeles areas, and four hours to San Francisco. The cost of living is very affordable by national standards. We offer a competitive salary and excellent benefits.

Contact: Barry London, MD, MMM, Chief Medical Officer, 314 N. Main Street Porterville, CA 93257. Tel: 559-791-7020. Email: blondon@fhcn.org.

Faculty Position Psychosocial or Biobehavioral Oncology University of Kentucky

The Department of Behavioral Science in the University of Kentucky College of Medicine is seeking to hire an individual to fill a full-time, tenure track faculty position in psychosocial or biobehavioral oncology. Appointment will be at the assistant professor level. For additional information about the Department of Behavioral Science and to view a full length announcement of this position, please see www.mc.uky.edu/behavioralscience or contact Michael Andrykowski, PhD, at mandry@pop.uky.edu.

Health Promotion Scientist, NIH Bethesda, Maryland

The Health Promotion Research Branch in the Behavioral Research Program, Division of Cancer Control and Population Sciences of the National Cancer Institute (NCI) is seeking a dynamic and experienced expert to serve as a Health Promotion Scientist. Candidates should have a strong interest in providing scientific leadership for health promotion and behavior change research programs of national and international scope with special emphasis in diet, physical activity, and skin cancer prevention. The qualified applicant must have doctoral level training (Ph.D., Sc.D., Dr. P.H., M.D. or equivalent) and substantial research experience in one or more of the following areas of cancer control/chronic disease prevention: health psychology, health education, behavioral science, nutrition, public health promotion, epidemiology, preventive medicine and/or other relevant scientific disciplines. Excellent communication and interpersonal skills are required. Competitive salary commensurate with experience. Excellent benefits. Relocation package offered. NIH is an equal opportunity employer. For more details, go to <http://healthpromotionresearch.cancer.gov>

Submit a curriculum vitae and cover letter to: Linda Nebeling, Ph.D., MPH, RD, FADA, Chief, Health Promotion Research Branch, DCCPS/NCI, 6130 Executive Blvd, Room 4080, Bethesda, MD 20892-7335. Fax: (301) 480-2087

Faculty Positions Department of Psychology University of Pittsburgh

The Department of Psychology at the University of Pittsburgh is seeking two recent PhDs with training in Social as well as Health Psychology for two tenure-track faculty positions at the Assistant Professor level, pending budgetary approval. Candidates are sought who have strong research credentials and an expertise in social psychological processes of relevance to health and disease. Candidates will also have an affiliation with the University of Pittsburgh Cancer Institute. Areas of specialization are open, but may include behavioral oncology (e.g., cancer prevention, detection, treatment, and survivorship), and other related areas. The University has nationally prominent graduate training programs in both Social and Health Psychology, and many faculty have joint ties with other units

of the university, particularly in the Health Sciences and the School of Public Health. Specific teaching areas are flexible, but a commitment to effective graduate and undergraduate teaching must be demonstrated. Preference will be given to candidates with a strong background in statistics.

Review of applicants will begin November 15, 2001 and continue until suitable candidates are identified. Interested candidates should submit a letter of interest, CV, three letters of recommendation, and representative publications to: Deborah Connell, Social/Health Search Committee, University of Pittsburgh, Department of Psychology, 455 Langley Hall, Pittsburgh, PA 15260.

The University of Pittsburgh is an Affirmative Action, Equal Opportunity Employer. Women and members of minority groups under-represented in academia are especially encouraged to apply.

Postdoctoral Research Fellowships in Cardiovascular Disease Prevention Stanford Center for Research in Disease Prevention

The Stanford Center for Research in Disease Prevention, an interdisciplinary research program on the prevention of chronic disease, is seeking applicants for postdoctoral research fellowships for 2002-2003. Fellows gain direct research experience in cardiovascular disease prevention, community and health psychology, behavioral medicine, intervention methods, clinical epidemiology, research design, and biostatistics. Concurrent enrollment in a masters degree program in clinical research is possible. Applicants should have interests in applied biostatistics, exercise, nutrition, social and cultural determinants of health, complementary and alternative medicine research, tobacco cessation and control, child and adolescent health promotion, successful aging, and women's health. Stanford University is committed to increasing representation of women and minorities in its fellowship programs and particularly encourages applications from such candidates. Only citizens and permanent residents are eligible for this fellowship. Appointments are from 2 to 3 years. Applications are due by 15 December 2001.

For information write: Dinah Hazell <DHazell@Stanford.edu>; Web Site: <http://prevention.stanford.edu/>

Director, Center for Health Studies Group Health Cooperative, Seattle, WA

Potential joint appointment as Research Professor, Department of Health Services or Epidemiology, University of Washington

The Center for Health Studies (CHS) at Group Health Cooperative is seeking an outstanding scientist and leader to serve as Director. CHS is a health care research organization with internationally recognized programs in health services research, clinical epidemiology, and behavioral medicine. The mission of the Center for Health Studies is to transform health care by creating and disseminating public-domain information regarding both the prevention of and effective treatment for major health problems.

CHS, founded in 1983, has 20 investigators, a staff of 225, and a 2001 budget of \$20.5 million. The Center's research programs are funded by NIH, AHRQ, CDC, HCFA, private foundations, and other sources. CHS has close collaborative ties with the GHC Health Care delivery system, where much of its research is done. Research at the Center takes advantage of computerized information on all aspects of health care delivery for over 500,000 enrollees as well as an in-house survey program and research clinic. CHS maintains strong collaborative ties with the University of Washington, the Fred Hutchinson Cancer Research Center, and other research institutions throughout the U.S.

Candidates may be considered for an Affiliate appointment or Research appointment at the Professor rank (depending on candidate's interest, qualifications and experience) in the department of Health Services or Epidemiology at the University of Washington. Group Health and the University of Washington are committed to building a culturally diverse staff and strongly encourage applications from female and minority candidates. This position will remain open until filled, but will close no earlier than Dec. 15, 2001. **Please reference job # 00567.**

Qualifications: PhD, or MD, MPH; outstanding record of grant-funded research and scientific publication; proven ability to lead interdisciplinary researchers – minimum 3 years experience in relevant leadership position. For information about CHS see www.centerforhealthstudies.org

Send CV and letter of interest, or request for additional information to: Gregory E. Simon, MD, MPH, Chair, Search Committee, Center for Health Studies, Group

Health Cooperative, 1730 Minor Avenue, Suite 1600, Seattle, WA 98101-1448, (206) 287-2933, simon.g@ghc.org.

Group Health Cooperative and the University of Washington are Equal Opportunity Employers.

Clinician-Scientist University of Pittsburgh Cancer Institute

The University of Pittsburgh Cancer Institute (UPCI) of the University of Pittsburgh is seeking a talented **Clinician-Scientist** to direct a research and clinical program in cancer pain management. Applicants should have a Pennsylvania license or be eligible for PA licensure and should have a strong interest and experience with pain management research and delivery of nonpharmacologic pain intervention. The primary duties in the position are to work with the medical director of the program to provide pain management services in inpatient and outpatient settings in collaboration with a multidisciplinary pain team consisting of behavioral, social work, pharmacy, and nurse clinicians as well as neurology, psychiatry, and anesthesiology faculty and fellows. The incumbent will also assume responsibility for directing a multidisciplinary research program in cancer pain. The Cancer Pain Program collaborates closely with the Behavioral Medicine program at UPCI and the Palliative Care program at UPMC and the incumbent will also be appointed in the Behavioral Medicine Program. Some teaching and supervision of interns and fellows is likely. The position may be tenure-eligible and this status as well as salary academic rank, and academic appointment will be commensurate with experience and scholarly activity. Interested applicants should send their CV, a brief research statement, and references to: Andrew Baum, PhD., Deputy Director for Cancer Control and Population Sciences, University of Pittsburgh Cancer Institute, 3600 Forbes Avenue, Suite 405, Pittsburgh, PA 15213.

Outlook

Research Associates University of Minnesota

Research Associates needed to provide project management, statistical analysis and scientific writing for research projects in the area of health behavior, particularly obesity eating behavior and exercise behavior. Positions involve collaboration within a multidisciplinary research group including faculty, graduate students, and staff. Responsibilities include management of data collection and intervention activities, preparation of scientific reports, and participation in management and implementation of statistical analysis components of research studies. Requirements include PhD in a field closely related to health behavior research; strength in research methods, particularly data analysis; experience conducting health behavior intervention studies. Expertise in obesity, eating, and/or exercise behavior is highly desirable. Positions available in December 2001. Application deadline is November 30, 2001. Submit statement of professional interests, resume and a list of at least 3 references to Kathy Ramel, Div. of Epidemiology, School of Public Health, University of Minnesota, 1300 S. 2nd Street, #300, Minneapolis, MN 55454-1015. Please reference job #SPH 419. Email inquiries to ramel@epi.umn.edu.

The University of Minnesota is an equal opportunity educator and employer.

Co-Director and Research Scientist for the Division of Prevention Research and the Center for AIDS Prevention Studies (CAPS), Department of Medicine University of California—San Francisco

The University of California San Francisco, School of Medicine is looking for a PhD or MD with a history of NIH support for the position Associate Division Chief of its new Division of Prevention Research in the Department of Medicine. The incumbent will primarily serve as Co-Director of the Center for AIDS Prevention Studies (CAPS), a major center of the new Division. The incumbent will direct the CAPS Development Core, overseeing pilot studies, peer review, and mentoring. The Division of Prevention Research has 20 principal investigators and over \$34m in annual research funds for studies in epidemiology, clinical trials of prevention strategies, and policy, ethics, and dissemination research

and activities. Research is local, national, and international, and the program has several domestic and international training programs as well. The Division's research has a strong community base, as well as a focus on communities of color. Our offices are downtown, adjacent to the new Mission Bay campus of UCSF. Collaborations with basic laboratory, clinical, and public health scientists are easily established.

Candidates must have an established record of NIH funded research in any area of disease prevention. The incumbent will be expected to pursue an independent line of research, and also participate with the Director in the management of the Division of Prevention Research and CAPS. Experience with multicultural and/or international research is desired. The appointment will be made as an in-residence appointment at the Associate or Full Professor level in the Department of Medicine.

Send CV to Prevention Research Associate Chief Search Committee, c/o Alan Lessik, Deputy Director for Administration, 74 New Montgomery Street, Suite 600, San Francisco, CA 94105. Inquiries about the position may be sent via email to tcoates@psg.ucsf.edu.

UCSF is an affirmative action/equal opportunity employer. The University undertakes affirmative action to assure equal employment opportunity for underutilized minorities and women, for persons with disabilities, and for Vietnam-era veterans and special disabled veterans.

Associate Director for Translational Research

Group Health Permanente (GHP), and its Department of Preventive Care, in collaboration with **Group Health Cooperative's** (GHC) Center for Health Studies (internationally known for public domain research) is seeking an individual for Associate Director for Translational Research, Department of Preventive Care. This individual will have a doctoral degree (MD and MPH or PhD). Qualified candidates will have at least five years experience as a scientific investigator including successful pursuit of grant funds from national agencies, a background in publishing scientific articles, an established reputation for contributions to his/her own field of research, and be able to demonstrate a clear commitment to building and improving preventive care services for our patient population. Experience/training in epidemiology, health services,

behavior change, health economics is desirable.

In partnership with **Group Health Cooperative** (GHC), we have developed the premier prepaid health care medical system in Washington and Northern Idaho, serving over 500,000 enrollees. Our two organizations (GHP & GHC) continue to be leaders in transforming healthcare, and have been fully accredited by NCQA and JCAHO.

CVs may be emailed to ghprecruting@ghc.org. For more information about the position, please contact: Michelle Anderson, Director of Staffing and Recruiting, 1-800-543-9323.

Postdoctoral Fellowship in Cancer Prevention and Control

The UNC Lineberger Comprehensive Cancer Center at the University of North Carolina at Chapel Hill seeks candidates for a two-year postdoctoral fellowship in cancer prevention and control research. Qualified individuals must have completed a Ph.D., M.D. or equivalent degree and must be a U.S. citizen or have permanent resident status. For further information see <<http://cancer.med.unc.edu/training/prevention.html>> or, contact: Michael O'Malley, Ph.D., UNC Lineberger Comprehensive Cancer Center, CB# 7295, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7295. (clover@med.unc.edu).

Applications should include a statement of research interest/proposed work, a curriculum vitae, and three letters of recommendation. Applications are due December 15, 2001. The fellowship will begin in summer 2002.

The UNC Lineberger Comprehensive Cancer Center and the University of North Carolina at Chapel Hill are Equal Opportunity Employers. Women and minorities are strongly encourage to apply and self identify on their application.

Michael S. O'Malley, Ph.D., Associate Director, UNC Lineberger Comprehensive Cancer Center, CB# 7295, University of North Carolina at Chapel Hill, Chapel Hill, NC 27599-7295; Ph: (919) 966-8642; Fx: (919) 966-3015; clover@med.unc.edu

classifieds continued page 16

Evidence-Based Behavioral Medicine — A Work In Progress

SURVEY

Please fax (212-659-5615) or email your responses to the following questions to Karina Davidson, Ph.D., Chair of the EBBM Committee at karina.davidson@msnyuhealth.org or Kimberlee Trudeau, EBBM Committee Assistant at kitrudeau@prodigy.net.

As a critical reader of the literature, what are your opinions of this trend towards EBBM? _____

More specifically:

If you are a **researcher**, do you regularly employ EBBM guidelines that are available as you produce your work? Yes No

- If not, why not? _____

- If so, which guidelines (formal or informal) have you found to be the most helpful in developing your work in behavioral medicine?

If you are a **clinician**, do you use EBBM in your practice? Yes No

- If not, what are your obstacles to using EBBM? _____

- If so, how do you use it? What are your strategies for reviewing the literature? _____

If you are a **reviewer** (manuscripts, grant applications, etc.), do you consider available EBBM guidelines as you review submissions? Yes No

- If not, why not? _____

- If so, which guidelines (formal or informal) have you found to be the most helpful in evaluating work in behavioral medicine?

- Have you conducted systematic reviews in behavioral medicine? Yes No
- If so, what has been your experience with existing methodologic approaches? _____

If you are an **educator**, do you teach EBBM to your students? Yes No

- If not, what are your obstacles to teaching EBBM? _____
- If so, how do you teach it? What strategies do you use? _____

Your feedback to these questions will help us to identify areas for us to focus our writing and outreach to the SBM readership. Thank you for your anticipated comments!

Outlook

Assistant/Associate Professor (Tenure Track) Nutrition, Obesity and/or Physical Activity University of Kansas Medical Center

The Department of Preventive Medicine, a dynamic, multidisciplinary group of 23 faculty, is undergoing expansion and is recruiting three faculty and six post-doc fellows. The department has a strong track record in assisting students and junior faculty engage in mentored research and obtain independent funding. Excellent collaborative research opportunities, and joint appointments, exist with the Center on Aging, The Kansas Cancer Institute, The Center for Urban Child Health, the Department of Health Policy and Management, and the Department of Dietetics and Nutrition. The University of Kansas Medical Center, a full-service, tertiary care center, is the medical training facility for the state of Kansas and provides a stimulating academic environment in Kansas City, a rapidly growing city of 1.5 million. Join a growing team of federally funded researchers working in a number of areas such as cardiovascular disease prevention, obesity, nutrition, breast cancer, smoking cessation, substance abuse, and outcomes research.

Two tenure-track faculty lines are available in the area of nutrition, obesity and/or physical activity. Candidates should have a doctoral degree in epidemiology, social/behavioral sciences, nutrition, health education, or psychology, and have experience in collaborative extramurally funded research, publications, and teaching. The primary responsibility of these faculty will be to build an active program of research with minimal teaching in the medical school and the department's innovative and fully accredited Master of Public Health Program.

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

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