



Outlook

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PRESIDENT'S MESSAGE

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Beyond Adherence: Promoting Clinician Behavior Change

Happy New Year! I hope you and your loved ones have had a joyous and peaceful holiday season.

As I write this in mid-December, the holidays seem to simultaneously have more and less meaning for me this year. Still stunned by the traumatic and fearful events of the fall, the war and famine in Afghanistan and violence in the Middle East, I am not ready to fully celebrate the holidays. On the other hand, as I reflect on how I have changed over the past few months, I realize that I have become more deeply appreciative of my family, friends, colleagues and community and more aware of the basic rights, privileges and freedoms that I had been taking for granted. Simple everyday experiences evoke mini-pleasures. When crossing the little bridge over Hundred Acre Pond on the way to work, I admire the ducks huddled together at the edge of newly formed ice, and the way the holiday lights reflect on the still and peaceful waters on my way back home in the evening. I don't think I saw them in the same way before September 11th. On the job, I have moved through an extended period of sluggishness and muted enthusiasm and now feel more passionate than ever about the value and importance of our work at the Bayer Institute and at Brown. I am proud to be a practitioner, teacher, and researcher in Behavioral Medicine!

Well, enough about me. For my last column as your President (how quickly time has passed!), I will return to the theme of SBM's Annual Meeting in 2002, "Beyond Adherence: Promoting Partnerships Among Individuals, Clinicians and Systems." In the Summer issue of *Outlook*, I highlighted the potential benefits of patient-centered health behavior counseling and reviewed evidence suggesting that adherence and other outcomes of counseling are enhanced when clinicians utilize interventions that empower and activate patients and when they employ a counseling style that conveys empathy and engenders trust. (1-6) For some outcomes, like smoking cessation, simple advice produces modest though significant and important increases in smoking cessation rates. (7) For other, more complex behavioral targets, like physical activity and diet, behavior change appears to require more intensive counseling. (8, 9)

Despite evidence demonstrating the potential effectiveness of clinician-delivered counseling interventions, population-based surveys have reported relatively low rates of behavior change counseling by health care providers. For example, only about half of current smokers report that their physicians have either asked them about smoking or urged them to quit. (10)

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President's Message (cont. from page 1)

Barriers to clinician delivery of counseling noted in the research literature include time demands, provider lack of knowledge and uncertainty about how to provide counseling, skepticism about the efficacy of counseling, insufficient reimbursement and lack of office resources, systems and support.

How can we encourage and promote the delivery of patient-centered counseling among clinicians providing care in real-world settings? Framing the question a slightly different way, how can we promote clinician behavior change and increase clinician adherence to recommendations for delivering health behavior counseling in an effective and consistent manner? Because of your experience in developing interventions to promote patient behavior change, I believe that Behavioral Medicine researchers may be uniquely qualified to address the need to develop interventions to promote clinician behavior change, especially in the area of health behavior counseling. In the remainder of this column, I will share some of the evidence that may help guide dissemination efforts and inform subsequent research in this area.

A review (11) and a meta-analysis of the impact of clinician training on smoking cessation outcomes (12) suggest that training alone produces modest effects

on cessation, but the combination of clinician training and organizational strategies (e.g., prompts or reminders) have a substantial impact on patient smoking cessation rates. Recently, Judy Ockene and colleagues tested strategies to increase physician-delivered nutrition counseling and found that counseling skills training significantly increased physicians' nutrition counseling practices, but only when a structured office practice intervention (e.g., prompts, feedback and counseling algorithms) was combined with the training intervention. (13) These findings regarding the importance of combining training in counseling with organizational interventions are supported by a recent Cochrane review of interventions to implement prevention in primary care. The authors of the Cochrane review concluded that multifaceted interventions that combined reminders with other organizational interventions (e.g., training, flow sheets, patient materials) were more effective than single interventions. (14) Another recent Cochrane review that focused on interventions to improve the management of diabetes in primary care settings came to a similar conclusion: a combination of interventions targeting clinicians, patients and the organization of care was most likely to improve diabetes outcomes. (15)

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DEADLINE AND RATES

To advertise in the Spring issue of *Outlook*, please supply ad copy to Carol Kendall at the SBM National Office. Copy may be faxed to (608) 831-5485 or e-mailed to ckendall@reesgroupinc.com.

The deadline for receipt of copy for inclusion in the Spring issue is April 15, 2002.

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 email.

The Chronic Disease model developed by Ed Wagner and colleagues at the MacColl Institute at Group Health Cooperative provides a template for addressing multiple elements within the health care system that influence and promote effective delivery of chronic illness care. (16, 17) This model includes the promotion of productive interactions between an informed activated patient and a prepared proactive clinical team. The Chronic Disease model, when applied using a collaborative approach to quality improvement developed by the Institute for Healthcare Improvement, has produced promising results in the area of diabetes care. (17) This model also has great appeal as a template for improving the delivery of preventive care. (18)

Educational outreach or academic detailing is another promising approach to promoting change in clinician behavior. This approach involves a personal visit by a trained person to a health care provider in his or her own setting. Educational and system-based interventions can be tailored to the educational and even motivational needs of clinicians on their own turf. A Cochrane review of 18 educational outreach intervention trials found positive effects on practices in all studies, though only one of these studies measured a patient outcome. (19) A recent randomized controlled trial by Stange and colleagues, not included in the Cochrane review, tested an intervention to improve the delivery of preventive care that included tailored educational outreach visits to primary care practices. The researchers noted a significant increase in global preventive service delivery in the intervention condition. (20) Our own research demonstrated the effectiveness of an academic detailing intervention to improve smoking cessation counseling among a population of primary care physicians. (21) These promising results should spur future research efforts to test educational outreach interventions that take full advantage of opportunities to tailor intervention elements to meet the needs of clinicians in a variety of practice settings.

Given constraints on physicians' time, it may be most feasible for other members of the office staff (e.g., nurse practitioners, health educators) to provide intensive counseling and follow-up to promote health behavior change. Studies in smoking cessation have demonstrated that brief motivational messages from a physician followed by counseling delivered by an allied health professional can produce significantly increased cessation rates compared with brief physician advice alone. (22) Similar findings were recently reported by researchers conducting The Activity Counseling Trial, though significant increases in cardiorespiratory fitness in the combined physician advice/health educator-delivered condition were found for women, but not men. (9)

In closing, by providing this brief and incomplete review of promising strategies for promoting clinician behavior change in the area of health behavior counseling,

I hope I have stimulated some of you to consider applying your skills, expertise and talents to this important research area. Available evidence suggests that clinician behavior change is most likely when there is an opportunity to tailor interventions to the specific needs and characteristics of the clinician and the office practice, and when multiple intervention strategies are combined to address patient, clinician and organizational barriers and facilitators. Clearly, behavioral medicine researchers have an opportunity to make important contributions to our understanding of how to integrate behavior change strategies that target the patient with parallel interventions that target clinicians and systems. I look forward to seeing many of you at our 2002 Annual Meeting in Washington, DC where I am confident we will hear and see many examples of innovative approaches to address this important and understudied area.

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NEWS ABOUT SBM MEMBERS

Steven Richards, PhD, Editor of *Outlook*

Norman B. Anderson, PhD, has been named President of the STARBRIGHT Foundation, effective September 2001. The STARBRIGHT Foundation "is focused on empowering seriously and chronically ill children to overcome challenges they face daily" (quote from the e-mail press release). Dr. Anderson is a SBM Fellow and a former SBM President. His current academic position is Professor of Health and Social Behavior at the Harvard University School of Public Health. His previous positions include Director of the NIH Office of Behavioral and Social Sciences Research, and Associate Professor of Psychiatry and Psychology at Duke University.

Robert T. Croyle, PhD, has recently made information available regarding various self-report measures related to the September 11 tragedy. "The following website contains more information, including a concise review of research concerning responses to disasters, the instruments in 3 modules, and information about item validity" (quote from the e-mail press release): <http://obssr.od.nih.gov/activities/911/attack.htm>.

Dr. Croyle is a SBM Fellow and a former Program Chair for the SBM Annual Meeting. His current position is

Associate Director for Behavioral Research, Division of Cancer Control and Population Sciences, NCI, NIH. (More information on this assessment material is available from Dr. Croyle, at the following e-mail address: croyler@mail.nih.gov)

Jacqueline Dunbar-Jacob, PhD, RN, has been appointed Dean of the University of Pittsburgh School of Nursing, effective Fall 2001. Arthur S. Levine, MD, Senior Vice Chancellor for the Health Sciences at Pittsburgh, stated that "Dr. Dunbar-Jacob's accomplishments as an educator, researcher and leader...will enable her to lead the School of Nursing into a breadth of new opportunities" (quote from the e-mail press release). Dr. Dunbar-Jacob is a SBM Fellow and a former SBM President. Her previous positions include Chair of the Department of Health and Community Systems at Pittsburgh, and Assistant Professor of Nursing and Psychiatry at the Stanford University School of Medicine.

Please send news about SBM members to Dr. Richards, at the following e-mail address: steven.richards@tu.edu. Thank you!

A CONSORT PRIMER

Kimberlee J. Trudeau, MA, and Karina Davidson, PhD
for the Evidence-Based Behavioral Medicine Committee

Objective: The Evidence-based Medicine Committee is currently composing a paper in which the requirements of the recently revised Consolidated Reporting of Clinical Trials (CONSORT) Statement (1), consisting of 22 items, are being reviewed and presented for use by behavioral medicine researchers. As part of this process, we decided to conduct a CONSORT-based review of a published report of a behavioral medicine intervention to introduce the CONSORT Statement to Outlook readers.

Design: The 22 CONSORT checklist items were used to review one published article (a brief report).

Results: Only 9 of the 22 CONSORT requirements were addressed within this article. Unreported information included method for random allocation, persons conducting each part of the randomization, and success of blinding.

Conclusions: CONSORT criteria can be used to evaluate existing behavioral medicine research. For more information about CONSORT visit:

<http://www.consort-statement.org>

The CONSORT Statement was jointly developed to improve the reporting of randomized controlled clinical trials (RCTs) by two formerly independent committees, the Standards of Reporting Group and the Asilomar Working Group on Recommendations for Reporting of Clinical Trials (2). Enhanced reporting of RCTs was expected to have multiple advantages for medicine, such as improving the quality of conducted studies and facilitating subsequent meta-analytic reviews of the literature (3). Since the original publication of the CONSORT Statement, many medical journals (e.g., *JAMA* [4], *BMJ* [5], *Annals of Internal Medicine* [3]) have endorsed the CONSORT checklist for use by their manuscript reviewers. *Annals of Behavioral Medicine* has also started using the CONSORT guidelines for clinical trials. We believe that this checklist will be equally helpful in improving the reporting of behavioral medicine research, as demonstrated by this review of a recently published brief report in *Health Psychology* (6). We introduce this checklist by reviewing a recently published brief report published in *Health Psychology* (6). This brief report summarizes the results of a RCT of an intervention to reduce hostility in post-myocardial infarction patients.

Method

The CONSORT Statement is a checklist that is used in the design, implementation, reporting, and review of RCTs. Items are associated with particular sections of a manuscript (e.g., Title, Introduction, etc.). For each item, reviewers of submitted manuscripts are expected to

indicate the page number on which the information was reported. In the present review of an article (6) co-authored by an EBBM Committee member, we use a check in a box (✓) to indicate that the criterion for the particular item was met satisfactorily or an empty box (□) to indicate that the criterion for the particular item was not met satisfactorily. This evaluation is followed by a paraphrased explanation from Altman et al. (7), in italics, concerning the CONSORT item being reviewed. A justification for our evaluation follows, using examples from the text of the article when possible. Multiple-part items (e.g., 3a and 3b) are evaluated as one item as suggested by the official CONSORT checklist used by JAMA (8). Note: The CONSORT items are not copyrighted and, therefore, are quoted herein.

Results

Item 1: "How participants were allocated to interventions (e.g., "random allocation," "randomized," or "randomly assigned")." [to be found in Title and Abstract]

CONSORT: Including "randomized" in the title and abstract is necessary so that it is likely that this report would be picked up by a literature search of RCTs on this topic. Although the abstract (not structured, as recommended by CONSORT) did indicate that patients were "randomly assigned" to the intervention, the title ("The short-term effects of a hostility-reduction intervention on male coronary heart disease patients") did not indicate that this study was a randomized controlled trial. Thus, this guideline was not met.

Item 2: "Scientific background and explanation of rationale." [to be found in Introduction]

CONSORT: Exposing individuals to previously untested interventions must be well-justified. The article pointed out that hostility is predictive of coronary heart disease (CHD), but hostility interventions have not been tested to determine whether this putative risk factor is causal. However, the association between a risk factor and a disease is not equivalent to a justification to "expose individuals to a new intervention." The article should have commented on whether similar interventions were found to be without harm or risk, or at least whether an approach had been devised to monitor adverse events or trends (e.g., independent review or monitoring by a DSMB, modification or "escape" from intervention) would have been needed to meet this item. Thus, this guideline was not met.

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A CONSORT Primer (cont. from page 5)

Item 3: “[a] Eligibility criteria for participants and [b] the settings and locations where the data were collected.” [to be found in Methods]

CONSORT: These details are necessary to evaluate external validity. Detailed inclusion criteria (i.e., documented myocardial infarction enzymes, male gender, specific age group, Anger-Out score minimum, without psychosis) were presented (page 416), including numbers of men screened, qualified, refused, lost, withdrawn, and moved away. Where they were screened (i.e., Nova Scotia, Canada) was also noted.

Item 4: “Precise details of the interventions intended for each group and how and when they were actually administered.”

CONSORT: Details about the intervention (who administered the treatment, timing and duration of treatment) are important components of the intervention. The citations from which the intervention was developed were indicated, including a session-by-session topic outline (page 417). The time period (90 min., weekly) and intervention group size (5-6 participants) were also indicated. In addition, participants kept logs rating their daily hostility levels. Control group members participated in one information session (time period and size not indicated).

Item 5: “Specific objectives and hypotheses.”

CONSORT: Objectives suggest what the intervention is designed to do and the hypotheses which drive statistical analyses. The objectives (replicate and extend previous findings by Gidron & Davidson, 1996) and hypotheses (“whether hostility and resting blood pressure (BP) could be altered by a hostility-reduction intervention and whether a dose-response relation could be found between reductions in hostility and reduced BP”) were stated at the end of the introduction.

Item 6: “[a] Clearly defined primary and secondary outcome measures and, [b] when applicable, any methods used to enhance the quality of measurements (e.g., multiple observations, training of assessors).”

CONSORT: These details are necessary to evaluate internal validity. The predetermination of the primary outcomes (resting BP and hostility) was stated at the end of the introduction. Methods used to enhance the quality of measurements included a check of the BP monitor’s concurrent validity by correlating monitor and physician BP readings. In addition, hostility was rated by a coder who was blind to treatment status. It is not clear whether BP was measured under blind conditions.

Item 7: “[a] How sample size was determined and, [b] when applicable, explanation of any interim analyses and stopping rules.”

CONSORT: Clinical and statistical significance of the study is related to these details. These details were not reported in this study.

Item 8: “[a] Method used to generate the random allocation sequence, including [b] details of any restriction (e.g., blocking, stratification).”

CONSORT: This is necessary to evaluate potential bias in the randomization strategy. The method used to generate the random allocation sequence was not reported. This was a matched RCT: participants were matched “as closely as possible” for hostility and age then randomly assigned, but because the exact method of randomization was not presented, this item is not endorsed.

Item 9: “Method used to implement the random allocation sequence (e.g., numbered containers or central telephone), clarifying whether the sequence was concealed until interventions were assigned.”

CONSORT: Explained in item. Method of implementation was not reported in this study.

Item 10: “Who generated the allocation sequence, who enrolled participants, and who assigned participants to their groups.”

CONSORT: If the same individual had these different roles then randomization could be biased. This information was not reported in this study.

Item 11: “[a] Whether or not participants, those administering the interventions, and those assessing the outcomes were blinded to group assignment. [b] If done, how the success of blinding was evaluated.”

CONSORT: These factors influence the fidelity of the intervention and the outcome data. Although it was reported that the outcome assessors for hostility were blinded to group assignment, it was not stated clearly that the assessment of BP was blinded. How the success of blinding was evaluated was not described.

Item 12: “[a] Statistical methods used to compare groups for primary outcome(s); [b] methods for additional analyses, such as subgroup analyses and adjusted analyses.”

CONSORT: The reader must be informed about the statistical methods used to properly evaluate their appropriateness. Statistical methods (e.g., correlations, repeated measures ANOVA) were described sufficiently.

Item 13: “[a] Flow of participants through each stage (a diagram is strongly recommended). Specifically, for each group report the numbers of participants randomly assigned, receiving intended treatment, completing the study protocol, and analyzed for the primary outcome. [b] Describe protocol deviations from study as planned, together with reasons.” [to be found in Results]

[continued on next page](#)

CONSORT: Representativeness of the participants whose data are analyzed and their experience of the trial (i.e., dropouts) is important to know. No protocol deviations were reported in this study; therefore, it is not clear whether or not any occurred.

Item 14: “Dates defining the periods of recruitment and follow-up.”

CONSORT: Actual dates must be reported because of the influence of the historical context on the data. Period of recruitment was not defined in this study.

Item 15: “Baseline demographic and clinical characteristics of each group.”

CONSORT: The reader can use this information to evaluate whether or not the intervention may be appropriate for the population s/he works with. This information was included in Table 1.

Item 16: “Number of participants (denominator) in each group included in each analysis and whether the analysis was by ‘intention to treat.’ State the results in absolute numbers when feasible (e.g., 10 of 20, not 50%).”

CONSORT: Analyses may be biased by the use of data from only selected participants, so the reader should be informed of these details. In the introduction, the article stated that 49 individuals met the inclusion criteria, 35 qualified for the study, and among these, 3 withdrew early of the 22 who “agreed to participate.” It is unclear whether those 3 received the intervention, and whether data analysis was based on all study participants who were randomized or on 22 patients who completed the study, as implied.

Item 17: “For each primary and secondary outcome, a summary of results for each group and the estimated effect size and its precision (e.g., 95% confidence interval).”

CONSORT: It is necessary to report the results for each outcome. For each primary outcome (no secondary outcomes were evaluated), a summary of descriptive results (means and standard deviations) were included for each group in Table 1. Effect size coefficients for each group were included in Table 2.

Item 18: “Address multiplicity by reporting any other analyses performed, including subgroup analyses and adjusted analyses, indicating those prespecified and those exploratory.”

CONSORT: Multiplicity may lead to false-positive findings. No subgroup analyses or adjusted analyses were reported in this study but it was not stated that they were not conducted. Which analyses were pre-specified was not reported.

Item 19: “All important adverse events or side effects in each intervention group.”

CONSORT: Readers need to know if the intervention had negative consequences and, if so, what they were. The authors did not report whether or not adverse events occurred. If no adverse events occurred, that fact should be reported.

Item 20: “Interpretation of the results, taking into account study hypotheses, sources of potential bias or imprecision, and the dangers associated with multiplicity of analyses and outcomes.” [to be found in Discussion]

CONSORT: Discussion must be critical. Potential sources of bias (e.g., effect due to social support v. intervention, control group had received 1/8 doses of treatment, no measure of CHD) were described sufficiently.

Item 21: “Generalizability (external validity) of the trial findings.”

CONSORT: External validity issues must be acknowledged. This was not reported. Notably, it was a small sample (n = 22).

Item 22: “General interpretation of the results in the context of current evidence.”

CONSORT: It is necessary to review the findings of present study in context of previous work. In this article the limited previous evidence was presented (one other study).

Discussion

This review of a brief RCT report written without consulting CONSORT guidelines showed that about half (9 of 22) of the reporting requirements were met. There has been concern that adherence to the CONSORT Statement would produce verbose, overly structured reports (9). However, our review suggests that it would be possible to report adequately on a RCT without excessive wordiness or restriction of style, while providing very valuable additional information. Although a majority of items were not reported in sufficient detail to warrant a CONSORT item endorsement, addressing each one would require very little additional space. More importantly, the use of the CONSORT checklists allows the primary author to convey the breadth of detail necessary for the reader to best understand the value and limitations of the trial report. We conclude that the use of the CONSORT guidelines to inform and then review a report of a behavioral medicine intervention research enhances the scientific quality of the article.*

Acknowledgements

Special thanks to Yori Gidron, Karina Davidson, and Iqbal Bata for allowing our review of their published brief report. This project, as well as all EBBM Committee reports and activities, are funded by the NIH Office of Behavioral and Social Science Research (OBSSR). The

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A CONSORT Primer (cont. from page 7)

EBBM Committee members are Karina Davidson (Mount Sinai School of Medicine) and the members of the committee include Virginia Cain, PhD (OBSSR), Robert Kaplan, PhD (University of California, San Diego), Peter Kaufmann, PhD (National Heart, Lung, and Blood Institute), Genell Knatterud, PhD (Maryland Medical Research Institute), C. Tracy Orleans, PhD (The Robert Wood Johnson Foundation), Bonnie Spring, PhD (University of Illinois at Chicago), Evelyn Whitlock, MD, MPH (Kaiser Permanente Center for Health Research), Thomas Pickering, MD, D.Phil (Mount Sinai School of Medicine), and Michael Goldstein, MD, PhD (Bayer Institute for Health Care Communication). Kimberlee Trudeau, MA (CUNY Graduate Center) is the assistant to the committee.

*Readers are directed to Altman et al. (7) for an extended description and explanation of the individual CONSORT guidelines. A brief description of the changes from the original 1996 checklist to the revised 2001 checklist is also informative (1).

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THE 2002 ANNUAL MEETING – A DIVERSE PROGRAM OFFERS SOMETHING FOR EVERYONE

Susan M. Czajkowski, PhD, SBM Program Chair

Whether your interests lie in basic, mechanism-oriented research, or in the applied areas of prevention, psychosocial intervention and translation of research to practice; whether you are a student, a new investigator, or a seasoned researcher; whether you work in an academic environment or a primary care setting—if you want to experience the best that behavioral medicine has to offer, this year's Annual Meeting of SBM in Washington, DC, is the place to be. With topics ranging from genomics to mind/body medicine, we have an exciting array of sessions, speakers and events that is sure to contain something of interest to all members of our diverse behavioral medicine community.

This year's program features a stellar lineup of keynote speakers who will address issues of importance to all of us as behavioral medicine researchers and practitioners, and as individuals in a society undergoing profound and rapid change. Francis Collins, Director of the National Human Genome Research Institute, NIH, will share his vision of how behavioral medicine and genomics can partner with and ultimately benefit each other in his opening keynote on Thursday morning. Jon Kabat-Zinn, founder of the Stress Reduction Program at the University of Massachusetts Medical Center and a leader in the use of Eastern approaches to promote healing, will discuss his views on mindfulness, its clinical and social applications, and its implications for behavioral medicine in his keynote address on Friday afternoon. James Blumenthal, President of APA's Division 38 and Susan Curry, recipient of SBM's 2001 Distinguished Scientist Award, will share insights from their work that can inform future efforts in behavioral medicine in their keynote lectures on Thursday afternoon and Friday morning, respectively. And finally, in his closing keynote address on Saturday, Dr. John Ruffin, Director of the National Center on Minority Health and Health Disparities of NIH, will describe ongoing federally-coordinated efforts to reduce and ultimately eliminate health disparities based on race, ethnicity and socioeconomic status, a topic of great interest and importance to all of us.

The theme of this year's meeting, "Beyond Adherence: Building Partnerships Among Individuals, Clinicians and Systems," emphasizes the importance of developing collaborative, interdisciplinary relationships and designing interventions that target multiple levels of the health care system in promoting adherence and health behavior change. Many of the presentations and sessions are organized around these themes, including the Presidential Address by Michael Goldstein, which will highlight the importance of interpersonal relationships in

enhancing adherence and health behavior change. Master lectures by Jacqueline Dunbar-Jacob, William Miller and George Mensah of the CDC will focus on individual, relationship, and systems-level approaches to promoting adherence to medical and behavioral regimens. A special session on Friday features providers at the front-lines of patient care in a debate on how best to promote health behavior change in primary care settings. And, given the events of this past fall, we are including in the program a session that will address the issue of terrorism, its impact on psychological and physical health, and the role of behavioral medicine researchers and practitioners in a time of uncertainty and crisis.

The Program Committee has responded to the many excellent suggestions received from SBM members over the past year by designing a meeting that showcases a broad spectrum of high quality behavioral medicine research. We received a record number of submissions this year, and so are able to offer an exceptional group of seminars, symposia, papers, and posters. As you can see from the preliminary program outline, our symposia this year range from sessions focusing on psychophysiological and mechanism-oriented research (such as those on the use of animal models in behavioral medicine research, stress reactivity, and health and illness cognition) to sessions dealing with prevention and intervention research (health behavior change, psychosocial interventions in chronic disease, ethical and methodological issues in clinical research). Translational and systems-oriented research are also highlighted in sessions focused on integrating behavioral medicine into primary care settings and community/research collaborations using evidence-based interventions. The seminars being offered this year are also exemplary. Sign up for one or more of these hands-on workshops and learn a new skill or reinforce an existing one (or two)! The offerings include seminars on weight management strategies, motivational interviewing, use of new technologies in health behavior change, the rapidly expanding field of behavioral genetics, longitudinal data analytic techniques, mind-body medicine approaches to women's health, and evidence-based behavioral medicine—again, something to appeal to all tastes and interests.

We are also pleased to expand the program track on professional development, spearheaded by Shari Waldstein, Judy Ockene, Karina Davidson, and others. Toward this end, on Wednesday we start the meeting off with an Opening Reception that highlights a select group

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The 2002 Annual Meeting (cont. from page 9)

of outstanding posters submitted by students this year. We hope you will come early to attend this new event, to show your support for these young investigators who represent the future of behavioral medicine research, and to catch up with friends and colleagues in a congenial setting. Additional career development sessions are offered throughout the remainder of the meeting, including Bill Gerin's popular "Keys to Success in Research and Clinical Practice," the dissertation panel for graduate students and the many breakfast roundtables on research and training opportunities for investigators at all levels.

Certainly the theme of building partnerships has taken on new meaning and relevance this year with the tragic events of September 11. In many ways it is fitting that we are meeting in Washington, DC, the nation's capital, at a time unlike any other in our history. As a

native Washingtonian and long-time DC resident, I am pleased to report that Washington is as vibrant and alive as ever, as well as being one of the most family-friendly cities around. Whether strolling through our wonderful neighborhoods like Georgetown and Adams Morgan, sampling the wide variety of ethnic restaurants available, exploring the many museums, art galleries and cultural events offered, taking in a tour of the historic sites, or viewing the lovely cherry blossoms at the Jefferson Memorial, spring is a beautiful time to be in DC. The Local Arrangements Committee is offering two options for evening entertainment, including a Capitol Steps comedy show and jazz night at the Smithsonian Museum. So please come to DC this spring to enjoy the companionship of other SBM members, to participate in the intellectual stimulation provided by our program, and bring the family to experience the many historic and cultural opportunities our capital city has to offer!

2002 SOCIETY OF BEHAVIORAL MEDICINE ANNUAL MEETING AND SCIENTIFIC SESSIONS

Omni Shoreham Hotel, Washington, DC • April 3-6, 2002

Program Outline

Wednesday, April 3, 2002

12:00 noon–5:00 p.m.
Board of Directors Meeting

10:00 a.m.–5:00 p.m.

Pre-Meeting Seminar

Career Development: Keys to Success in Research and Clinical Practice in Behavioral Medicine and Health Psychology

12:00 noon–7:00 p.m.
Registration

2:00 p.m.–5:00 p.m.

Pre-Meeting Seminars

- Behavioral Medicine in the 21st Century: Implications of the Human Genome Project for Behavioral Medicine
- Smoking Interventions
- Motivational Interviewing in Behavioral Medicine: Advanced Clinical and Training Applications
- The Importance of Cultural Competency in Weight Loss Treatment among Minority Women
- Multilevel Models for Analyzing Longitudinal Data
- Translating Theories to Interventions Over the Life-Course: Illustrations from the BCC
- Biobehavioral Approach to Assessment and Treatment of Migraine and Tension-type Headaches

7:00 p.m.–8:30 p.m.

Opening Reception

Poster Session A: Outstanding Student Poster Presentations

Thursday, April 4, 2002

6:30 a.m.–7:30 a.m.

Exercise Sessions

7:30 a.m.–5:00 p.m.

Registration

7:30 a.m.–8:15 a.m.

Breakfast Roundtables

- Funding Opportunities for Behavioral Scientists at the National Cancer Institute
- Funding Opportunities for Behavioral Scientists at the National Heart, Lung, and Blood Institute
- Women's Health Special Interest Group
- Behavioral Research Funding Opportunities at NIAMS
- Evidence-Based Behavioral Medicine Special Interest Group
- New Member Roundtable
- The Search for Health Psychology Internships: The Student Perspective
- Postdoctoral Training in Behavioral Medicine

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8:30 a.m.–10:10 a.m.

Symposia Sessions

- Consolidating Evidence for the Validity of the Reactivity Concept
- Building Partnerships Among Individuals, Clinicians and Systems: Does the Health Care System Make a Difference?
- Psychosocial Factors and Metabolic Variables Across the Adult Lifespan
- Health and Illness Cognition: Assessment Methodologies and Applications
- Racism and Health: Emerging Issues and New Findings
- Community/Research Collaborations: How to Reach More People More of the Time with Evidence-Based Interventions
- Theory-Based Approaches to HIV Prevention
- The ENRICH Trial: Treating Depression and Low Social Support in a Diverse Patient Population

8:30 a.m.–10:10 a.m.

Poster Session B

- Adherence and Chronic Disease Management
- HIV/PNI
- Pain

10:10 a.m.–10:30 a.m.

Break

10:30 a.m.–11:15 a.m.

Keynote Lecture

Behavioral Medicine and Genomics – Opportunities for Partnership

Francis S. Collins, MD, PhD

National Human Genome Research Institute

11:30 a.m.–12:30 p.m.

Presidential Address and Awards Presentation

Building Relationships and Promoting Partnerships: Creating Bonds to Strengthen Adherence

Michael G. Goldstein, MD, SBM President

Bayer Institute for Health Care Communication

12:30 p.m.–1:30 p.m.

Break for Lunch (on your own)

12:30 p.m.–1:30 p.m.

Expert Consultations

1:30 p.m.–2:15 p.m.

Master Lecture

Adherence: Perspective on the Individual

Jacqueline Dunbar-Jacob, PhD, RN, FAAN

University of Pittsburgh

1:30 p.m.–3:00 p.m.

Paper Sessions

- Antecedents and Consequences of Violence and Victimization

- Coping and Quality of Life in HIV Patients
- Biobehavioral Factors and Hypertension
- Weight Control: Psychosocial Correlates and Intervention Strategies
- Quality of Life and Adjustment in Cancer Patients
- Adherence: Measures, Predictors, Interventions
- Cognitive and Social Models of Behavior Change

2:15 p.m.–3:00 p.m.

Master Lecture

What Really Triggers Health Behavior Change?

William R. Miller, PhD

University of New Mexico

3:00 p.m.–3:30 p.m.

Break

3:30 p.m.–5:00 p.m.

Paper Sessions

- Diet and Nutrition
- Ethnicity, Culture and Health
- The Physician's Role and Communication Style in Health Interventions
- Cancer Screening
- Coping with Chronic Illness: Role of Psychological and Social Factors
- Sexual Behavior in Adolescents and Young Adults
- Anger, Resentment, Making Amends: Relationship to Cardiovascular Reactivity

3:30 p.m.–5:00 p.m.

Graduate Student Research in Behavioral Medicine: Thesis, Dissertation, and Beyond!

5:00 p.m.–6:00 p.m.

APA Division 38 Keynote Lecture

ENRICH and Beyond: The Role of Psychosocial Interventions in Cardiac Rehabilitation

James A. Blumenthal, PhD

Duke University Medical Center

6:00 p.m.–7:30 p.m.

Poster Session C

- Cardiovascular Disease
- Psychosocial Influences on Disease

6:00 p.m.–7:00 p.m.

Past President's Reception
(by invitation only)

Friday, April 5, 2002

6:30 a.m.–7:30 a.m.

Exercise Sessions

7:30 a.m.–5:00 p.m.

Registration

7:30 a.m.–8:15 a.m.

Breakfast Roundtables

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Outlook

Program Outline (cont. from page 11)

- Centers for Disease Control Listens
- National Institute of Mental Health Listens
- Weight Management Special Interest Group
- Complementary and Alternative Medicine Special Interest Group
- Climbing the Academic Ladder: Issues in Early Career Development
- Meet the Editors Roundtable
- Internships in Health Psychology
- Women's Issues in Career Development

8:30 a.m.–10:10 a.m.

Symposia Sessions

- Integrating Behavioral Health and Primary Care: New Opportunities and Challenges for Behavioral Medicine
- Pathways to Disease: Ethnicity and Psychosocial Factors in Stress Reactivity
- Active for Life: Increasing Physical Activity Among Adults Age 50 and Older
- Understanding and Enhancing Cancer Screening Behavior: Theory, Methods and Interventions
- Youth Tobacco Prevention and Cessation in Non-School Settings
- Approaches to Professional Development and Mentoring for Women
- Diabetes Prevention Program Reduces Incidence of Diabetes through Lifestyle Changes and Medication
- The Role of Animal Models in the Origins of Behavioral Medicine

8:30 a.m.–10:10 a.m.

Poster Session D

- Lifespan
- Population Health
- Prevention

10:10 a.m.–10:30 a.m.

Break/Visit the Exhibits

10:30 a.m.–11:15 a.m.

Distinguished Scientist Keynote Lecture

Future Directions for Health Behavior Change Research and Practice
Susan Curry, PhD
University of Illinois–Chicago

11:15 a.m.–12:15 p.m.

Keynote Debate

Whose Line is it Anyway: A Debate on Where to Focus our Interventions

12:15 p.m.–1:15 p.m.

Break for Lunch (on your own)

12:15 p.m.–1:15 p.m.

Expert Consultations

12:15 p.m.–1:00 p.m.

SBM Members Forum

Chair: Michael G. Goldstein, MD, SBM President

1:15 p.m.–2:00 p.m.

Master Lecture

Medical Science, Clinical Systems and Human Behavior: Paradigms in Need of Change for the Sake of the Public's Health
George A. Mensah, MD, FACP, FACC
Centers for Disease Control and Prevention

1:15 p.m.–2:45 p.m.

Paper Sessions

- Distress in Cancer Patients and Their Families
- Disparities in Health
- Predictors of Cardiovascular Risks and Outcome
- Multiple Health Behavior Change: Challenges and Opportunities
- Smoking Behavior in Youth
- Pain: Predictors, Outcomes, and Reduction Strategies
- Integrating Behavioral Medicine into Health Care Systems

2:45 p.m.–3:15 p.m.

Break/Visit the Exhibits

3:15 p.m.–4:45 p.m.

Paper Sessions

- Physical Activity in Diverse Populations
- Adherence to Medication
- Risky Behaviors: Alcohol and Substance Abuse
- Technology-Based Approaches to Health Care Delivery
- Stress, Support and Behavioral Interventions in Diabetes Patients
- Cancer Survivorship
- Mechanisms of Cardiovascular Reactivity

3:45 p.m.–4:45 p.m.

Master Lecture

Town Hall Meeting on the Effects and Implications of 9/11
Session Chair: Richard W. Seidel, PhD
Carilion Health Systems

5:00 p.m.–6:00 p.m.

Keynote Lecture

Mindfulness-Based Practices: Their Potential Contributions to Behavioral Medicine and to Our Own Lives
Jon Kabat-Zinn, PhD
University of Massachusetts Medical School

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6:00 p.m.–7:30 p.m.

Poster Session E

- Cancer

7:00 p.m.

President's Reception
(by invitation only)

7:30 p.m.

Optional Events planned by the Local Arrangements
Committee

- Capitol Steps
- Live Jazz at the Smithsonian Institution National
Museum of Natural History

Saturday, April 6, 2002

6:30 a.m.–7:30 a.m.

Exercise Sessions

7:30 a.m.–5:00 p.m.

Registration

7:30 a.m.–8:15 a.m.

Breakfast Roundtables

- Complementary and Alternative Medicine Listens
- OBSSR Listens
- Cancer Special Interest Group
- Physical Activity Special Interest Group
- Spirituality and Health Roundtable
- Minority Issues
- Fellows Roundtable
- Developing and Implementing Behavioral Sciences
Curricula in Medical Residency Programs

8:30 a.m.–10:10 a.m.

Symposia Sessions

- Multiple Behavior Change for Cancer Prevention
and Diabetes Management
- Stress and Asthma: New Wine in Old Bottles
- Rumination, Forgiveness, and the Impact of
Thoughts on Health
- Emerging Bioethics and Human Subjects Issues:
Implications for Behavioral Medicine Research
- Increasing Adherence to HIV-Related Treatments
within the Context of Comorbid Psychiatric and
Substance Abuse Problems
- Designing an Evaluation of a Statewide Physical
Activity Campaign: Putting Recommendations into
Practice
- Psychosocial Factors and Metabolic Variables
Across the Adult Lifespan
- Dietary Change as Behavioral Medicine: Effects on
Cardiovascular Responses in the Lab and in the
Field
- Beyond Adherence: The Double-Edged Challenge
of Maximizing Retention in Behavioral Medicine
Clinical Trials

8:30 a.m.–10:10 a.m.

Poster Session F

- Addictive Behavior
- Research to Practice

10:10 a.m.–10:30 a.m.

Break

10:30 a.m.–12:00 noon

Paper Sessions

- Behavioral Interventions in Youth
- Physical Activity: Determinants of Initiation and
Maintenance
- Emotions and Physical Health Status in Breast
Cancer Patients
- Rheumatoid Arthritis and Osteoarthritis
- Family-Based Factors and Smoking Cessation
- Stress, Work Stress, and Stress Management
- New Directions in Cancer Prevention

12:00 noon–1:00 p.m.

Closing Keynote Lecture

*National Center on Minority Health and Health
Disparities: Partnerships in Health Disparities
Research*

John Ruffin, PhD

National Center on Minority Health and Health
Disparities

1:30 p.m.–4:30 p.m.

Post-Meeting Seminars

- Chronic Fatigue Syndrome and Fibromyalgia:
Methods of Assessment and Treatment
- Implementing Behavioral Weight Management
Strategies in a Primary Care Setting
- eHealth Technologies for Health Behavior Change
and Provider-Patient Communication
- Facilitating Change in Clinical Practice: Academic
Detailing and Beyond
- Enhancing Treatment Fidelity in Health Behavior
Change Studies: Best Practices and
Recommendations from the Behavioral Change
Consortium
- Designing, Reviewing, and Using Evidence-Based
Behavioral Medicine (EBBM)
- The Application of Mind/Body Medicine to Women's
Health Issues

5:00 p.m.

East-West Basketball Game

CLASSIFIEDS

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 and/or 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.

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

APS Observer PhD APA Monitor PhD

The University of Connecticut's Department of Psychology seeks PhD Behavioral Scientists at the level of Assistant, Associate or Full Professor to join its Center for HIV Intervention and Prevention (CHIP) at the Storrs campus. The University is heavily invested in the Center's growth and success. At present, the University is restructuring its overall institutional research environment to enhance research endeavors, and to make a serious investment toward

increasing funded researchers' productivity. A new facility will be constructed to house CHIP.

The successful candidate should have a PhD and a strong background in his/her field of study preferably Social, Health or Clinical Psychology, Communication Sciences, Anthropology, or Sociology, and should be familiar with field, laboratory, survey and intervention outcome research design and analysis. Senior level applicants should have a strong portfolio of externally funded health behavior change research; junior level applicants should have strong potential for external funding. It is essential for senior candidates and desirable for junior candidates to have expertise regarding health behavior change theory, empirical work, and interventions, especially HIV risk reduction interventions in at-risk populations. High-level statistical abilities including multivariate analysis and structural equation modeling are also desirable, but not essential.

The primary responsibility will be to work in the design, implementation and evaluation of large theory-based HIV risk reduction and medical adherence interventions as well as other health behavior change interventions. Other duties include writing of grant proposals, data analysis, writing of journal articles, and conducting both basic and applied research related to health behavior change.

Send a cover letter, curriculum vitae and three letters of recommendations to: Dr. Jeffrey D. Fisher, The University of Connecticut, Department of Psychology, 406 Babbidge Rd., Unit 1020, Storrs, CT 06269-1020. We encourage applications from under-represented groups, including minorities, women and people with disabilities.

Research Psychologist

PICS, Inc., a health behavior research firm in Reston, VA, is recruiting for a post-doctoral or junior-level research scientist position beginning January, 2002, to perform a wide range of research tasks including intervention design, project management, data analyses, manuscript

preparation, and grant writing. A doctoral degree in psychology or related field is required. The applicant should have background in health behavior research, preferably in smoking and/or diet.

For further information see:

www.LifeSignUSA.com/employ.html

Send vita and letter of interest to: William Riley, PhD, Director of Research, PICS, 12007 Sunrise Valley Dr., Suite 480, Reston, VA 20191.

Email: briley@lifesignusa.com

Postdoctoral Research Training in Behavioral Medicine Duke University Medical Center

The Behavioral Medicine Research Center at Duke University offers a 2-year, NIMH-sponsored, postdoctoral research training program that covers all areas of behavioral medicine, ranging from basic studies of biological mechanisms through clinical trials of behavioral interventions. Training centers around mentored research experience with course work depending on individual trainee needs. Applications are accepted at any time. To obtain descriptive material contact: Dr. Redford Williams, Box 3926, Duke Univ. Med. Ctr., Durham, NC 27710. Tel: 919-684-3863. Email: redfordw@acpub.duke.edu

Harris Postdoctoral Fellowship in Psychosocial Oncology

Kellogg Cancer Care Centers and Center on Outcomes, Research and Education (CORE)—Evanston Northwestern Healthcare will be offering a 1-2 year post-doctoral fellowship providing specialized clinical and research training in psychosocial oncology. During the first (required) year, approximately 80% time will be spent in clinical duties with a broad range of cancer patients and their family members: the remaining 20% will be spent in related research activities. The optional second fellowship year will provide additional research experience in psychosocial oncology and quality of life research.

PhD in clinical psychology, APA-approved clinical internship, and previous

clinical experience in a medical setting are required. Previous psychosocial oncology experience strongly preferred.

For more information or to apply, please contact: Amy Peterman, PhD, Director, Psychosocial Oncology Services, Evanston Northwestern Healthcare, 1001 University Place, Suite 100, Evanston, IL 60201, 847-570-1776. Email: a-peterman@northwestern.edu

Clinical Position in Health Psychology

Part-time position available within Christiana Care Health System's Preventive Medicine & Rehabilitation Institute in Wilmington, Delaware. This outpatient facility provides interdisciplinary treatment for a variety of health problems, as well as offering programs focusing on prevention. Services include cardiac rehabilitation, weight management, smoking cessation, stress management, "mind/body" programs, nutrition and exercise services, psychological counseling and educational programming for the community.

Responsibilities include consultation and therapeutic services for individuals with chronic conditions (e.g., cardiovascular disease, diabetes, obesity) or acute health concerns; working as a member of multidisciplinary treatment teams; collection of data to support research assessing clinical outcomes; presentations to professionals and community groups on issues in the field of health psychology and behavioral medicine.

Candidate must have a doctoral degree in Psychology or relevant mental health related field, with 2 years of experience in behavioral medicine/health psychology setting. Must be eligible for Delaware license (which requires 2 post-doctoral years of supervised clinical experience). Competitive salary and benefits. Interested candidates should forward cover letter and CV as follows: Apply online at: www.christianacare.org. Resumes: Email: christianacare@hiresystems.com (Attn: PSBM/PR78). Or Mail: Christiana Care, Resume Service, Attn: PSBM/PR78, PO Box 549251, Suite 200, Waltham, MA 02454-9251. EOE, M/F/D/V

Postdoctoral Fellowship in Psycho-Oncology

The Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine will offer a clinical postdoctoral fellowship for an individual with doctoral level training in behavioral medicine/health psychology. The Psycho-Oncology service provides consultation, assessment, treatment, and a variety of support services for individuals with cancer and/or their family members.

Requirements: doctoral degree in psychology or a related clinical field and interest/experience in working with a medical population. Responsibilities: provision of clinical services and consultation to medical team.

To apply for this position, send your CV and a cover letter describing your specific interests to Teresa Deshields, PhD, Washington University School of Medicine, 4444 Forest Park, Suite 6700, St. Louis, MO 63108; Phone 314-286-1900, E-mail: tdeshiel@im.wustl.edu

Behavioral Kinesiologist with Child Populations

The USDA/ARS Children's Nutrition Research Center (CNRC), Department of Pediatrics at Baylor College of Medicine invites applications from qualified candidates for a faculty position in the area of Behavioral Kinesiology and trained in the design, implementation and evaluation of ecological-behavioral intervention programs to promote physical activity among children. The level of appointment is open, but a doctorate and experience in physical activity promotion with children is required. The successful candidate will assume responsibility for the design and evaluation of the physical activity components of several funded childhood obesity and diabetes prevention grants, and generate a program of independent research. This person will join a group of eight faculty conducting externally funded research on behavioral issues in children's diet and physical activity, and over 50 faculty doing a broad spectrum of pediatric research. Minority group applicants are particularly encouraged.

The position is open as soon as the candidate is available, but no later than Summer, 2002. The CNRC is located in Houston, a dynamic attractive city and fourth largest in the US.

Please submit a CV, three letters of reference, and 3 to 5 representative publications to Tom Baranowski, PhD, Department of Pediatrics, Children's Nutrition Research Center, Baylor College of Medicine, 1100 Bates Street, Houston, TX, 77030-2600. Email: tbaranow@bcm.tmc.edu. Baylor College of Medicine is an Equal Access, Equal Opportunity Employer.

Faculty Positions

The University of Texas M. D. Anderson Cancer Center, Department of Behavioral Science is accepting applications for three faculty positions (two tenure track and one non-tenure track). Faculty rank is open. The successful candidates will have expertise in the neuroscience of nicotine dependence, screening/early detection, health communications, or genetic counseling and testing for hereditary cancers, or biostatistics/quantitative psychology. Level of extramural funding will be a key consideration for advanced faculty appointments.

Qualifications include a doctoral degree in psychology, educational psychology, public health or one of the social sciences. Successful candidates will be expected to design, implement and evaluate innovative studies, and seek peer-reviewed research funding. For the biostatistics/quantitative psychology position, a doctoral degree in biostatistics, statistics, quantitative psychology or closely related quantitative field is required. Successful candidates will collaborate with department investigators on existing projects and develop an independent program of methodologic research. Candidates with a strong record of scholarly achievement are preferred.

Salary is commensurate with experience. We offer generous benefits and competitive start-up packages for new faculty.

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CLASSIFIEDS

Postdoctoral Fellowships

The Department of Behavioral Science is also accepting applications for several Postdoctoral Fellowships in Tobacco Research, Biostatistics and Psychosocial Oncology. Some positions are dedicated to research in the Tobacco Research and Treatment Program with a broad focus on nicotine dependence including the genetics of dependence, ecological momentary assessment techniques, relationship to emotion and innovative smoking prevention and cessation interventions with healthy and special populations (e.g., depressed smokers, cancer patients). Interventions may include computer-delivered behavioral treatments, pharmacological interventions, motivational interviewing and health feedback, and cognitive behavioral approaches. Target populations include patients, providers, and smokers from the community.

One position is dedicated to biostatistics or quantitative psychology. Methodological areas of focus include longitudinal data, structural equation modeling, correlated data, time series analysis, missing data and measurement error. Other positions are dedicated to the Psychosocial Oncology Program with a focus on adherence to cancer screening and early detection, effects of cancer on quality of life, spousal and family relationships, and development of psychosocial interventions.

It is anticipated that the successful candidates will participate fully in the grant writing and publication process associated with the major projects. They will share in authorship and investigator status, in a manner commensurate with their effort and responsibilities. Successful candidates for the biostatistics fellowship will collaborate with department investigators on existing projects and develop an independent program of methodologic research in one of the areas listed above. Salary for these positions is competitive, with excellent fringe benefits. The positions will remain open until filled.

The Department of Behavioral Science, established in 1993, provides an unusually rich opportunity for collegial interaction and an exceptional infrastructure for behavioral research. Multidisciplinary opportunities in

clinical, community and laboratory settings are readily available, as well as collaboration, supervision and teaching opportunities. We currently have five tenured and six tenure-track faculty whose interests cover the spectrum from primary cancer prevention to quality of life and survivorship. M. D. Anderson Cancer Center is located within Houston's Texas Medical Center, the largest medical center in the world. Houston is the fourth-largest city in the United States, with dynamic cultural and recreational resources and an affordable cost of living.

The Department will accept and review applications until the positions are filled. Application procedures: Mail cover letter, curriculum vitae and professional reference list to Ellen R. Gritz, PhD, Professor and Chair, The University of Texas M. D. Anderson Cancer Center, Department of Behavioral Science – 243, 1515 Holcombe Blvd., Houston, TX 77030-4009, or by courier Department of Behavioral Science – HMB 3.020, 1100 Holcombe Blvd., Houston, TX 77030. The University of Texas M. D. Anderson Cancer Center values diversity in its broadest sense. Diversity works at M. D. Anderson. EEO/AA, Smoke-free environment.

Postdoctoral Fellowships in Cancer Prevention and Control

The Prevention and Control research program of the Alvin J. Siteman Cancer Center at Barnes-Jewish Hospital and Washington University School of Medicine and the School of Public Health at Saint Louis University invites applications for post-doctoral fellowships in cancer prevention and control. Research emphases include Cancer Communication and Intervention Research, Nicotine Dependence and Smoking, Psychological Aspects of Cancer, and Early Detection and Screening. Cutting across these are projects addressing poor diet, physical inactivity, tobacco use, and failure to follow screening recommendations as well as opportunities in clinical and community settings.

Applications should be submitted to bbeato@im.wustl.edu and include a CV and a statement of research interests

(500 word limit), both as attachments in Word for Windows format.

Questions can be addressed to: Edwin Fisher PhD. Email: efisher@im.wustl.edu, 314-286-1901, or Ross C. Brownson, PhD. Email: brownson@slu.edu, 314-977-8110.

Postdoctoral Fellowship Alcohol Harm Reduction Intervention Research The University of Rhode Island

The Alcohol Risk Reduction Program at the University of Rhode Island is seeking a postdoctoral fellow to join a multidisciplinary research center starting on or about May 1, 2002. The position involves assisting investigators with one or more recently funded or ongoing randomized trials evaluating brief interventions for alcohol harm reduction.

The interventions provide individually tailored "expert system" cognitive-behavioral feedback using computer technology being delivered to populations of community dwelling adults, college students, and high school students. Research opportunities include assisting research team members on one or more longitudinal studies that are funded by the National Institutes on Alcohol Abuse and Alcoholism (NIAAA) and the National Cancer Institute (NCI). One project also involves the longitudinal study of health care utilization by light to moderate drinkers in the general population.

Position duties include assisting with intervention evaluation, analysis of data, writing reports and manuscripts for publication, and planning new research. Opportunities to develop one's own program of research using project resources are available.

Previous research experience in the alcohol field is also desirable, as is a demonstrated knowledge of statistical analyses, and scientific writing. Knowledge of the Transtheoretical Model, and research experience with randomized trials is preferable, but not required. Placement is for one or two years, with possible extension (Two-year placements are preferred). Applicants must have a doctoral degree in Psychology,

Epidemiology, Statistics, Public Health or a related field (ABD will be considered).

Send letter of interest, curriculum vitae, to Dr. Robert Laforge, Alcohol Risk Reduction Program, Cancer Prevention Research Center, 2 Chafee Road, University of Rhode Island, Kingston, RI 02881. Email: rlaforge@uri.edu

Candidates will be reviewed until position is filled. The University of Rhode Island is an Affirmative Action/Equal Opportunity Employer and actively solicits applications from women, minorities and protected persons.

Pain Management Psychology Postdoctoral Fellowships (2)

University of Virginia Department of Anesthesiology, Division of Pain Management, Charlottesville, VA, invites application for training in an exciting interdisciplinary environment. These 2 positions offer extensive opportunity for participation in a pain management program based on IASP curriculum, starting July 2002. The positions are for one year with option to renew.

Applicants must have completed an APA-accredited doctorate program and internship. Training will include chronic pain treatment and assessment, rehabilitation, and unique interdisciplinary assessment and treatment with acute medical in-patients. Teaching and research involvement will include participation in ongoing faculty research and development of related project(s).

To apply, forward a curriculum vita and three letters of recommendation to Dania Cyd Chastain, PhD, Department of Anesthesiology, UVA Health System, P.O. Box 800710, Charlottesville, VA, 22908-0710.

The University of Virginia is an Equal Opportunity/Affirmative Action Employer.

Health Psychology

The Department of Psychology at North Dakota State University announces a tenure-track Assistant Professor opening beginning Fall 2002. We are seeking someone in any area of health psychology (broadly defined) to support a new PhD

program in Health/Social Psychology. Evidence of research potential with human participants, teaching promise, an ability to interact effectively with colleagues and students, and effective interpersonal, oral, and written communication skills are required. Individuals with a completed PhD are preferred.

Our 13-member department offers excellent human research facilities, start-up funds, and a teaching load of 3 semester courses/year. Animal research facilities are unavailable; applications from individuals whose research requires animals will not be considered. We are in a growing community of 130,000 with 3 major hospitals (including a VA), a medical school, and 2 other colleges and universities.

A description of this position is available at: www.ndsu.nodak.edu/ndsu/psychology. To apply, send a cover letter describing research and teaching interests and accomplishments, a CV, copies of publications, supporting materials (e.g., a summary of teaching evaluations), and the addresses and phone numbers of 3 references. Do not have letters sent, we will request letters from these individuals. Submit materials to Kevin McCaul, Chair, Health Search Committee, Psychology, North Dakota State University, Fargo, ND 58105-5075. Inquiries: Email: Kevin.mccaul@ndsu.nodak.edu. Telephone: (701) 231-8622. Applications will be reviewed beginning January 2002 and will be accepted until the position is filled. NDSU is an Equal Opportunity Employer.

Health Psychology Postdoctoral Research Fellowships University of Pittsburgh and Carnegie Mellon University

Training program is a mentor-based model with opportunities for formal didactic work in psychophysiology, statistics, disease pathophysiology, and academic survival skills. Training faculty from the two Universities work collaboratively with fellows and include Andrew Baum, Anthony Caggiola, Margaret Clark, Sheldon Cohen, Robyn Dawes, Baruch Fischhoff, Vicki Helgeson, J. Richard

Jennings, Thomas Kamarck, John Levine, Stephen Manuck, Marsha Marcus, Karen Matthews, Kenneth Perkins, Michael Sayette, Michael Scheier, and Richard Schulz.

Faculty interests include stress and coping, social support, adjustment to chronic illness, psychosocial interventions for disease, personality and health, gender and health as applied to health behaviors including smoking and weight regulation, psychoneuroimmunology, infectious disease, cancers, cardiovascular disease, and general susceptibility for illness.

Pilot monies for postdoctoral research are available through The Pittsburgh Mind-Body Center, a joint effort of the two Universities. Training lasts 1-3 years; stipends at current NIH levels of support. Must be a US citizen or have permanent resident status in accordance with NIH regulations for a NRSA fellowship award.

Those interested in disease-specific fellowships, apply to the following:

For cancer: Andrew Baum, Behavioral Medicine & Oncology, UPCI, University of Pittsburgh, 405 Iroquois Building, Pittsburgh, PA 15213.

For cardiovascular disease and risk factors: Karen Matthews, Department of Psychiatry, University of Pittsburgh, 3811 O'Hara Street, Pittsburgh, PA 15213.

For non-disease specific training: Sheldon Cohen, Carnegie Mellon University, Department of Psychology, Pittsburgh, PA 15213.

Applications should include statement of research interests and proposed goals for the fellowship; curriculum vitae; and 3 letters of recommendation. Email questions to: arnoldla@msx.upmc.edu EEOC/MF

Tenure-Track Faculty Position Social & Behavioral Sciences Program Cancer Research Center of Hawaii University of Hawaii

The Cancer Research Center of Hawaii, University of Hawaii, is seeking an

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CLASSIFIEDS

outstanding behavioral scientist for a faculty position. Cancer Research Center of Hawaii (CRCH) is a university-based, Natl Cancer Institute-designated cancer center. CRCH offers a unique opportunity to study & influence Hawaii's diverse multiethnic populations, with disparate rates of cancer morbidity and mortality.

The appointee will develop and conduct research in one or more areas of social and behavioral sciences applied to cancer prevention, detection, and control. Current research in the program addresses smoking prevention, skin cancer prevention, hereditary colon cancer and genetic testing, dietary change, new communication technologies, & risk communication.

Qualifications for Asst Researcher (Professor) appointment: doctoral degree in health behavior, psychology, or related field; and peer-reviewed publications. Other requirements: strong research & community relations experience; thorough knowledge of health behavior and intervention research; leadership/supervisory experience and skills. Experience in cancer prevention/control, and with ethnic minorities, is also desirable. Appointment at Associate Researcher (Professor) level requires 4 or more years at Asst Professor level, record of extramural grant funding, and/or ability to bring funded grants to the position.

To apply, send a cover letter summarizing your qualifications, experience and

interests, a current CV, and 3 references to Karen Glanz, PhD, MPH, Cancer Research Center of Hawaii, 1960 East-West Road, Biomed C-105, Honolulu, HI 96822. Closing date: April 10, 2002 or when position is filled. University of Hawaii is an Equal Employment Opportunity/Affirmative Action Employer. Inquiries: Karen Glanz, PhD, MPH, (808) 586-3076; Fax (808) 586-3077. Email: kglanz@hawaii.edu

Align Your Expertise With Ours Research Investigator – Behavioralist

Kaiser Permanente, one of the nation's largest and most progressive health maintenance organizations, is seeking a dynamic individual for our Research Investigator, Behavioralist opportunity in Colorado. In this key role, you will collaborate with investigators and teams in translating behavioral concepts into functional and appropriate research designs and in operationalizing behavioral concepts in the research context; developing concepts for research proposals and lead in writing grants for external grant funding with the goal of developing an independent role in the development of research concepts, grant writing and funding.

Requires a doctoral degree in health care or social sciences discipline with interest in interventions for families with

young children, preferably in smoking cessation; 3+ years' experience with major research projects and experience in grant writing; and comprehensive knowledge of complex quantitative methods for dealing with methodological and analytical problems. We offer a competitive salary and comprehensive benefits package. Please email your CV/resume to co.employment@kp.org or fax (303) 338-3950. EEO/AA/M/F/D/V Employer www.kp.org/jobs

Postdoctoral Fellowship Position Advanced Training in Cancer Prevention and Control

Fox Chase Cancer Center in Philadelphia, Pennsylvania offers a postdoctoral fellowship. This position requires a doctoral degree in psychology, public health or epidemiology and prior experience writing and analyzing data for publication. Potential areas of study are prostate, colorectal and skin cancer screening, psychological intervention for cancer patients, and high risk/genetic testing studies.

Send statement of professional objectives/interests, curriculum vitae, and three letters of reference to Sharon Manne, PhD, Fox Chase Cancer Center, 7701 Burholme Ave., P1100, Philadelphia, PA 19111.

Phone: (608) 827-7267
Fax: (608) 831-5485
E-Mail: info@sdbmweb.org
Website: www.sdbmweb.org

7600 Terrace Avenue, Suite 203
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