



Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

Fall 2003

President's Message

Linda C. Bauman, Ph.D., R.N., SBM President
University of Wisconsin School of Nursing, Madison, Wisconsin



Our Challenges

When I assumed the office of President of SBM, I was able to gather and read some of the early documents of the Society. The early mission of the SBM was to foster the development and application of knowledge on the relationships between health and behavior. This broad mission was designed to foster diversity of members, both

among various disciplines as well as among special interest groups within the behavioral sciences. The goals that have guided the SBM are: 1) to promote communication among health professionals of different disciplines; 2) to cultivate interaction with related professional organizations; 3) to educate members, other health care professionals, and the public about research and clinical advances in behavioral medicine; and 4) to promote the conduct of the highest quality research and practice in the area of health and behavior. The SBM, along with the Health Psychology Division 38 of the American Psychological Society, played pivotal roles in developing behavioral medicine as an area of knowledge development as well as clinical application.

The SBM has continued to uphold these goals over the 25 years, yet a number of challenges are ahead: keeping a broad

perspective on health and behavior, maintaining a multidisciplinary organization, and making our work accessible to those who can benefit. Since behavioral medicine and the body of evidence that links health and behavior has grown, there is a tendency to splinter into more specialized societies. More specialized societies may be effective in addressing the overwhelming body of research generated in areas such as smoking, nutrition and physical activity, and psychological interventions; however, there is also something that is lost. An umbrella organization, such as the SBM, can most effectively network interdisciplinary efforts that address the broad array of behaviors and behavioral interventions that impact health.

Most behavioral interventions occur within a complex health care system where direct care is provided by an increasingly diverse team of health professionals. Advanced practice nurses and physician assistants provide a substantial proportion of primary care, acute care, and specialty care. Pharmacists manage not only medications, but manage comprehensive treatment plans for clients with chronic conditions such as arthritis and hypertension. As we focus more on population health, epidemiologists, environmental engineers, and nutritional scientists become critical partners in developing meaningful, responsive, and rigorous research for exploring the

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SBM National Office

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Issue Highlights . . .

- ◆ Outlook on Life
- ◆ Spotlight on SIGS
- ◆ Spotlight on Education
- ◆ Interview with SBM Founder Redford Williams
- ◆ And Much More!

2004 Call for SBM Fellows Nominations

Martita Lopez, Ph.D., Fellows Committee Chair

Dear SBM Fellows:

The SBM Board of Directors is currently soliciting nominations for new Fellows. New Fellows for 2004 will be honored during SBM's 25th Annual Scientific Sessions, March 24-27, 2004, in Baltimore, Maryland.

To be eligible for Fellowship in the Society of Behavioral Medicine, a candidate must be a current member of SBM and 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 15, 2003. 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. Forward e-mail nomination materials to Jessie Goedken at jgoedken@reesgroupinc.com.

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

A list of current SBM Fellows is posted on the SBM website at www.sbm.org/about/fellows.html. Please utilize this list when considering a colleague for Fellow status.

**All nomination materials must be received
by December 15, 2003.**

Please send nomination materials to:
Attn: Fellows Committee
Society of Behavioral Medicine
7600 Terrace Ave., Suite 203
Middleton, WI 53562
e-mail: jgoedken@reesgroupinc.com

The SBM Board of Directors and Fellows Committee look forward to receiving your nominations. Thank you, in advance, for participating in this important SBM activity! ♦

Please send *Outlook* correspondence to:

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

Classifieds Advertising Deadlines and Rates

To advertise in the Winter issue of *Outlook*, please email ad copy to Jessie Goedken at the SBM National Office (jgoedken@reesgroupinc.com). Artwork, including company logos, will not be accepted. The deadline for receipt of copy for inclusion in the Winter issue is December 1.

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

Outlook on Life

Cheryl Albright, Ph.D., M.P.H.
CRC, Honolulu, Hawaii

Editor's note: This column is a fun way our members can learn more about each other. The questions come from a TV show called "Inside the Actor's Studio", where actors are asked a set of questions that reveal components of their personality and "philosophy on life." Today's guest for this column is Susan Curry, Ph.D., Director of Health Research and Policy Centers, and Professor of Health Policy and Administration at the University of Illinois at Chicago.

<i>Outlook on Life</i>	Susan Curry, Ph.D.
What is your favorite word?	Mom [it means I'm with one of my children]
What is your least favorite word?	Delay
What "turns you on" or excites you about the field of behavioral medicine?	The opportunity to work with so many smart, productive, and inspiring colleagues.
What turns you off /frustrates you about the field of behavioral medicine?	The slicing and dicing of diseases and behavioral risk factors for funding, policy, and advocacy.
What sound or noise do you love?	Ocean waves.
What sound or noise do you hate?	Repetitive, droning electrical noises.
What was the most unusual job (outside of behavioral medicine/academia) you ever had?	Night receptionist for the "Electronic Computer Programming Institute" in a storefront in Kenmore Square, Boston.
What profession, other than yours, would you like to attempt?	President of a charitable foundation.
What profession or job would you not like to participate in?	Hotel chambermaid.
If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?	There's been a mistake, you'll have to go back.

Reflections and Projections: Interviews with the Founders of the Society of Behavioral Medicine

Editor's note: This is the second in a series of columns that will commemorate the 25th anniversary of SBM. I will be asking the founders of SBM to reflect on SBM's past, and to project SBM into the future. The founder featured in this column is **Redford Williams, Jr., M.D.** Dr. Williams is currently Professor of Medicine in the Department of Behavioral Psychiatry, and Director of the Behavioral Medicine Research Center at Duke University.

Redford Williams, Jr., M.D.

1. *Why was SBM originally established as a professional organization? How different do you think SBM is from other professional organizations (e.g., APA Div 38; AABT, etc.)?*

It grew out of the Yale meeting on behavioral medicine that Steve Weiss and Gary Schwartz organized (I think it was 1977 or 1978) that produced the first definition of "Behavioral Medicine". This definition was modified later to make the definition more general – taking out a clause that excluded mental illness. (That had been in the first definition to make the point that behavioral medicine focused primarily on physical disease.) There was a second meeting at the Institute of Medicine (IOM), that was hosted by then IOM president David Hamburg, that produced the decision to have two societies – one (Academy of Behavioral Medicine Research, ABMR), made up of senior people, would be small and have an annual meeting that would review major themes. The second (SBM) would be inclusive and cover the whole range of behavioral medicine. There were one or two early meetings that were held in conjunction with AABT, but it soon became evident that behavioral medicine's focus on medical illness and disease required a stand alone meeting. There was some concern that SBM would overlap with American Psychosomatic Society (APS) and that this overlap might detract from the mission of both APS and SBM.

I do not believe this has happened. APS focuses more on research and research on the role of psychosocial factors in the development and course of medical diseases, and the biobehavioral mechanisms that mediate these effects. While SBM also encompasses this area, it also has a more prominent interest than APS in research on behavioral interventions and treatments, including the translations of this research into clinical practice. Both APS and SBM are quite healthy and thriving at the present time, and I predict that both will continue to thrive and make increasingly important contributions to improved health and well-being.

2. *What was your role in helping to establish SBM as a professional organization (or when did you first get involved in SBM and why)?*

With enthusiastic encouragement from Steve Weiss, I received my first R01 from NHLBI in 1976, to collect psychosocial data from patients undergoing coronary angiography at Duke and relate psychosocial factors to coronary anatomy and the course of disease. From that time onward, I was part of a group that Steve pulled together to think about behavioral medicine and plot the best way to move the field forward. The group included Neil Miller, Gary Schwartz, Ted Dembroski, Karen Matthews, Alan Herd, Doyle Gentry, Steve Julius, Joe Brady, Neil Schneiderman, Judy Rodin, and several others. I cannot overstate how important I believe Steve Weiss's efforts were in getting behavioral medicine started in the mid to late 70's – his determination and tenacity kept the rest of us both energized and moving. Without Steve's hard work during those early days, behavioral medicine would not be where it is today.

So my role was as a participant in all those early meetings that helped consolidate our thinking and generate the momentum to found SBM. I was President in 1983-84 (the 5th) and one of my major goals was to reach out to other professional societies that focused on medical disorders. With help from Richard Surwit and others, we reached an agreement to have a joint meeting with the American Diabetes Association for the Spring, 1984, Annual Meeting. But, when the Renaissance Center in Detroit, where the meeting was to be held, ran into financial crisis, the ADA decided to meet in Las Vegas instead. SBM balked at going to Vegas, so we had a very successful meeting in Philadelphia. I have served on the Board from time to time and will always be ready to help SBM in any way I can.

3. How do you think SBM has contributed to the field of behavioral medicine?

I believe the major contribution of SBM has been to shine a bright light on the need for interventions that ameliorate the effects of psychosocial factors on the development and course of medical disorders. Just as APS has focused more on mechanisms of psychosocial contributions to disease, it seems to me that SBM has focused more on how to apply our growing understanding of the role psychosocial factors in disease to the development, testing, and dissemination of interventions to reduce the health-damaging effects of psychosocial factors. In recent years SBM has begun to address the critical question of how we can translate efficacious behavioral interventions into treatments that will be effective in the real-world clinical settings where patients and wellness seekers need to use them. I believe this will be increasingly important as our clinical trials grow in scope and show the potential of behavioral interventions to prevent and treat disease.

4. What do you think SBM has NOT been able to achieve over the past 25 years?

This is a tough one for me. I believe SBM has worked hard to achieve the goals it set for itself in advancing the field of behavioral medicine and has achieved as much as it could, given the state of the field. About the only thing I can think of it has not achieved would be to grow the resources, financial and otherwise, that would enable it to be a more effective supporter of the membership in its efforts to understand how psychosocial and biobehavioral factors contribute to the development and course of disease and to use this knowledge to develop, test, and disseminate more effective approaches to prevention and treatment. (Sounds like our mission statement!)

5. Where would you like SBM to go in the next 25 years?

I believe that it is critical for SBM to be at the forefront in two areas. First, to bring all the tools and knowledge of genomics—quantitative and molecular—to bear on the task of identifying who is at risk. There can be no question that genes interact with stressful environments to produce the psychosocial and biobehavioral characteristics that make some people more susceptible to pathogenic processes. One example: a recent study published in *Science* (2003:301:386-389) found that people subjected to severe life stress (or abuse when they were children) were more likely to become depressed, but only if they had one or two short alleles of a

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Multiple Risk Behavior Change Special Interest Group

Jodi Prochaska, PhD, MPH, Co-Chair
University of California at San Francisco

The Multiple Risk Behavior Change SIG had its inaugural breakfast roundtable meeting at the 2003 conference in Salt Lake City. There were over 30 attendees representing research, practice, policy, and funding interests. A lively discussion ensued, identifying important issues to consider in designing, implementing, and evaluating multiple risk behavior change interventions. Programming goals for the 2004 conference include the breakfast roundtable, a networking social hour, symposia, and expert consultation sessions.

The Multiple Risk Behavior Change SIG focuses on the intersection of multiple risk behaviors and aims to foster cross-disciplinary research to optimize health. SBM members interested in joining this SIG are encouraged to contact co-chairs Jodi Prochaska, PhD, MPH, jodijpr@itsa.ucsf.edu or Wayne Velicer, PhD, velicer@uri.edu. ◆

Redford Williams (continued)

promoter polymorphism of the serotonin transporter gene. Those with equal amounts of life stress or childhood abuse who had two copies of the long allele had a much smaller risk of depression. There can be little doubt that identification of genetic variants that make people more susceptible to effects of stress on psychosocial risk factors and biobehavioral mechanisms will greatly advance our understanding of why some people are more likely to get sick as a result of stress and others are resistant. Which leads to the second area I think SBM should be involved in: the translation of behavioral interventions proven to be efficacious in preventing or treating disease in carefully done rigorous randomized clinical trials into treatments that will be effective in preventing and treating disease in the real world of clinical practice. I believe a crucial, perhaps ultimate step in this process will be the development of the business of behavioral medicine. My vision is to see behavioral medicine contribute to the development of a new industry that makes effective behavioral medicine interventions available to the masses – this industry could do for behavioral interventions what the pharmaceutical industry did for interventions like potions of foxglove leaves for the dropsy. ◆

Outlook

Preliminary Program SBM Annual Meeting & Scientific Sessions March 24-27, 2004 Baltimore Marriott Waterfront Hotel, Baltimore, Maryland

Wednesday, March 24, 2004

10:00 a.m.-5:00 p.m.

Board of Directors Meeting

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

Registration

2:00 p.m.-5:00 p.m.

Pre-Meeting Seminars

(Seminar 1, 2 and NIH seminar:
10:00 a.m.-5:00 p.m.)

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

New Member Meeting/Reception
(tentative)

7:00 p.m.-8:30 p.m.

Opening Reception
Meritorious Student Poster Session A
Exhibits Open

Thursday, March 25, 2004

(INTERNATIONAL DAY)

6:30 a.m.-7:30 a.m.

Exercise Session

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

Registration

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

Breakfast Roundtables

- Early Career Development: Climbing the Academic Ladder
- International Society of Behavioral Medicine
- Physical Activity SIG
- Evidence-Based Behavioral Medicine SIG
- National Institute of Diabetes and Digestive and Kidney Disease
- National Institute on Alcohol Abuse and Alcoholism
- National Cancer Institute
- National Institute on Aging

8:30 a.m.-9:00 a.m.

Break

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

Poster Session B

8:30 a.m.-12:00 noon

Exhibits Open

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

Symposia Sessions

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

Break

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

Presidential Address and Awards
Presentation

Linda C. Baumann, PhD, RN, FAAN
University of Wisconsin-Madison
School of Nursing

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

Break for Lunch

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

Special Interest Group Meetings

- Spirituality and Health SIG
- Women's Health SIG
- Physicians SIG

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

Expert Consultations

1:30 p.m.-2:10 p.m.

Master Lecture

Global Public Health Challenges for
Behavioral Medicine

Pekka Puska, MD, PhD, MPOlSc
Director, Dept. of Noncommunicable
Disease Prevention and Health
Promotion. World Health Organi-
zation, Geneva, Switzerland

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

Paper Sessions

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

Master Lecture

Rules of Engagement: Using
information Technology to Strengthen
Alliances for Behavior Change and
Disease Management

Patricia Flatley Brennan, RN, PhD

Moehlman Bascom Professor,
University of Wisconsin-Madison,
Madison, WI

3:00 p.m.-7:30 p.m.

Exhibits Open

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

Break

3:30 p.m.-4:10 p.m.

Master Lecture

Loretta Jemcott

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

Memorial Master Lecture

Lesley Fallowfield

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

Paper Sessions

1 – Dissertation Panel

5:15 p.m.-6:15 p.m.

Keynote Lecture

Gerald Keusch (tentative)

6:15 p.m.-7:30 p.m.

Poster Session C

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

Past President's Reception
(by invitation)

7:00 p.m.-8:00 p.m.

Special Interest Group Reception

7:00 p.m.-8:00 p.m.

Reception for Students and Fellows
(by invitation)

Friday, March 26, 2004

6:30 a.m.-7:30 a.m.
Exercise Session

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

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

- Behavioral Medicine Internships
- Behavioral Medicine Post-Doctoral Students
- Cancer SIG
- Spirituality and Health SIG
- National Institute on Drug Abuse
- National Heart, Lung and Blood Institute
- National Institute of Arthritis and Musculoskeletal Diseases
- Office of Behavioral and Social Sciences Research

8:30 a.m.-9:00 a.m.
Break in the Exhibit Hall

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

8:30 a.m.-12:00 noon
Exhibits Open

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

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

11:00 a.m.-12:00 noon
[APA Division 38 Keynote Lecture](#)
Optimism, Coping, and Health

Michael F. Scheier, PhD
Professor of Psychology, Co-Director,
Pittsburgh Mind-Body Center,
Department of Psychology, Carnegie-
Mellon University, Pittsburgh, PA

12:00 noon-1:30 p.m.
Break for Lunch

12:15 p.m.-1:15 p.m.
SBM Members Forum

12:15 p.m.-1:15 p.m.
Special Interest Group Meetings

- National Institute of Mental Health
- Cancer SIG
- Evidence-Based Behavioral Medicine SIG

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

1:30 p.m.-2:10 p.m.
[Distinguished Scientist Award](#)
[Master Lecture](#)

Timothy W. Smith, PhD

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

2:15 p.m.-3:00 p.m.
[Master Lecture](#)
Enhancing Outcomes for Youth with Diabetes: Translating Research into Practice

Margaret Grey, DrPH, RN, FAAN, CPNP

Director, Center for Self-Management Interventions for Populations at Risk, Independence Foundation Professor of Nursing and Associate Dean for Research Affairs, Yale University School of Nursing, New Haven, CT

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

3:00 p.m.-7:30 p.m.
Exhibits Open

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

3:45 p.m.-5:00 p.m.
Master Lecture/Town Hall Meeting
Past Presidents

5:15 p.m.-6:15 p.m.
[Keynote Lecture](#)
Childhood Obesity

Risa J. Lavizzo-Mourey, MD, MBA
President and Chief Executive Officer
and Trustee, 2003, The Robert Wood Johnson Foundation, Princeton, NJ

6:15 p.m.-7:30 p.m.
Poster Session E

7:00 p.m.-8:30 p.m.
President's Reception
(open to all attendees)

Saturday, March 27, 2004

6:30 a.m.-7:30 a.m.
Exercise Session/Fun Run

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

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

- Motivating Health Behavior SIG
- Minority/Multicultural Issues SIG
- Obesity SIG
- Multiple Risk Behavior Change SIG
- Complementary and Alternative Medicine SIG
- Behavior Informatics SIG
- Women's Health SIG
- Behavioral Medicine in Primary Care Settings SIG

8:30 a.m.-9:00 a.m.
Break

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

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

10:45 a.m.-12:00 noon
Paper Sessions

12:15 p.m.-1:00 p.m.
Closing Keynote Lecture
Sherman James, PhD (confirmed)

1:30 p.m.-4:30 p.m.
Post-Meeting Seminars

5:00 p.m.
East West Basketball Game

SBM 2004 Achievement Awards

The Society of Behavioral Medicine Awards Committee is now accepting nominations and applications for its Annual Achievement Awards. All awards will be announced at SBM's 25th Annual Scientific Sessions, March 24-27, 2004 in Baltimore, Maryland.

Specific criteria for each award are listed below. Self-nominations are acceptable, but for some awards a letter of nomination from an SBM member (other than the nominee) is also required. All applicants or nominees must be current members of the Society to be considered for an award. Specific deadline information for each award is listed below.

Send all application materials to:
Society of Behavioral Medicine
Attn: Achievement Awards
7600 Terrace Avenue, Suite 203
Middleton, WI 53562-3174
E-mail: jgoedken@reesgroupinc.com

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

Pro-Change has established this 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.

NOTE: To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2004 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form. If you did not check the appropriate box on the abstract submission form and would still like to be considered for this award, please contact Jessie Goedken at jgoedken@reesgroupinc.com no later than December 15, 2003.

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.

NOTE: To qualify for this award, an abstract MUST be submitted in the general Call for Papers for the 2004 SBM Annual Meeting & Scientific Sessions, and the appropriate box must be clearly marked on the abstract submission form. If you did not check the appropriate box on the abstract submission form and would still like to be considered for this award, please contact Jessie Goedken at jgoedken@reesgroupinc.com no later than December 15, 2003.

Outstanding Dissertation Award (\$500 Honorarium)

2004 is the seventh 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 2003). 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 office.

Letters of recommendation may be e-mailed to the SBM office, attention Jessie Goedken, at jgoedken@reesgroupinc.com. Please **MAIL** four hard-copies of the actual dissertation.

Complete sets of materials must be received by December 15, 2003. Incomplete packets will not be considered.

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, the candidate's current CV and four copies of the paper to be reviewed to the SBM office. E-mailed attachments of CV's, etc. are acceptable. Complete sets of materials must be received by December 15, 2003. Incomplete packets will not be considered.

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 candidates achievements and the candidate's current CV to the SBM office. E-mailed attachments of CV's and letters of recommendation are acceptable. Complete sets of materials must be received by December 15, 2003. Incomplete packets will not be considered.

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, the candidate's current CV and four copies of the paper to be reviewed to the SBM office. E-mailed attachments of CV's, etc. are acceptable. Complete sets of materials must be received by December 15, 2003. Incomplete packets will not be considered.

SBM Distinguished Mentor Award

The SBM Mentoring Committee is currently accepting nominations for two annual Distinguished Mentor Awards, one for a clinical/professional mentor and one for a research mentor. Awardees will be announced at the 2004 SBM Annual Meeting in March. The deadline for receipt of nominations is December 15, 2003. The nomination process is as follows:

1. 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.
2. The nominator and the nominee should both be members of the Society.

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A Student's Perspective

Genevieve Fridlund Dunton, M.A.

4th year Graduate Student

Department of Psychology and Social Behavior, University of California, Irvine

gdunton@uci.edu

Process- vs. Problem-Focused Research in Health Psychology: Which Hat to Wear?

For the past six weeks, I, along with the other members of my cohort have been preparing for a traditional rite-of-passage in graduate school, our comprehensive exams. Besides some sleepless nights and a few bottles of ibuprofen, this “opportunity” to reflect on the entire field of health psychology has made a particular issue quite salient to me. Should health psychological research be process- or problem-focused? As a graduate student in a health psychology program with both social-psychological and social-ecological orientations, I have received mixed messages. In my social-psychological courses, we read *JSPS* and are taught that the primary purpose of research is to build and inform theory. We are instructed in how to describe our research interests in terms of the relationships between various independent variables (e.g., social support, coping, etc.) as they relate to a particular health outcome. Ideally, we could substitute any type of health outcome in our theories with similar results. We are cautioned against becoming too “dependent variable driven.” We should be leery of defining ourselves as “cancer researchers” or “physical activity researchers.” Our research interests should focus on the applications of social-psychological processes to health-related issues instead of the health issues themselves.

Although this all makes sense to me, I am keenly aware that many of us became involved in this field out of interest in a particular health topic. No matter how much we may try to fight or resist, sometimes these “dependent variables” drive us. We are passionate about understanding how children cope with cancer or discovering ways to motivate people to become more active. These passions are sometimes what keep us going through late night cramming for comprehensive exams and seemingly endless dissertation drafts. Pushing away our interests in particular populations in order to become “dependent variable free” may extinguish what brought us here in the beginning. So how do we resolve this issue? I guess it comes down to two things: 1) phrasing, and 2) our audience. If we are appealing to a cancer-specific funding agency, we can call ourselves cancer researchers and highlight the health problem in our rationale. Alternatively, if we are applying for a social psychology faculty position, we can call ourselves process-oriented researchers and emphasize the interrelationships amongst the independent variables. Does this make us a bit like chameleons? Yes. Is that such a bad thing? No, I don't

think so. In studying for comps, I have realized that one of the greatest strengths of health psychology is its interdisciplinary nature, and in order to be interdisciplinary, we need to wear many hats. ◆

President's Message (continued from page 1)

relationship between behavior and health. Finally, we cannot ignore the biological linkages to health and behavior, especially as genomics and neuropsychology reveal new dimensions to our understanding of physiological processes, human responses, and medical therapies.

As we research the linkages between behavior and health we are increasingly reminded of the association between lifestyle and disease. There is growing evidence that regular physical activity can improve mental health, protect against cancer, and reduce the risk of obesity and heart disease. Yet 64% of Americans are overweight, sedentary, and need to eat less. Although drug therapy for the prevention and treatment of cardiovascular disease has greatly reduced individual risk and prolonged life, lifestyle modifications remain the first step in the new hypertension treatment guidelines (JNC 7). Obesity is rapidly approaching cigarette smoking as the leading cause of preventable death.

These challenges will require that behavioral medicine researchers and practitioners assure that both individual and population strategies that have been proven to be effective in reducing risk and changing behavior are available and accessible to the public we serve. Lifestyle habits apply to everyone. Although we have evidence that theory-based diabetes education programs work, it is estimated that about 40% of persons with diabetes never receive education. A recent *New England Journal of Medicine* (June 26, 2003) article identified significant gaps in what care is recommended and what Americans actually receive, especially for substance abuse. As we continue to advance our science, we need to assure that the clinical applications are delivered to the majority of those who will benefit and that our scientific evidence is used to shape public policy. ◆

Spotlight on Education and Training

Featured Program: University of California, Los Angeles
Post-Doctoral Training Program in
Population-Based Cancer Prevention
Cancer Prevention and Control Research

Interviewed: Barbara A. Berman, Ph.D.
Division of Cancer Prevention and
Control Research (DCPCR)
Jonsson Comprehensive Cancer Center
University of California, Los Angeles

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

We have a Post-Doctoral Training Program in Population Based Cancer Prevention and Control Research. Roshan Bastani, Ph.D. is Director of the Program, Patricia Ganz, M.D. is Co-Director, and Barbara Berman, Ph.D. is Program Coordinator (and the person to contact as noted below for additional information). The program is funded by the NCI/NIH.

With respect to their research activities, our trainees actively participate in the ongoing research of a senior faculty mentor. Decisions regarding research placements are made by the program leadership, trainee, and our outstanding program faculty. These decisions reflect each trainee's prior training and research interests. Working closely with our program leadership and their individual faculty mentors, trainees also develop an independent research project leading to scientific publications and grant applications. Trainees in our program are involved in research spanning primary prevention, screening, detection, treatment, health policy, epidemiology, outcomes, rehabilitation, and quality of life. Their work crosses traditional disciplinary boundaries drawing on fields as diverse as public health, medicine, economics, education, biology law, genetics, psychology and public policy.

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

In addition to the trainee stipend, we provide the full administrative and other support of the Division of Cancer Prevention and Control Research (DCPCR) of the School of Public Health and the Jonsson Comprehensive Cancer Center; access to computers and statistical programs; additional financial support for research expenses; funds for travel to professional meetings; and we pay the costs (tuition, books, etc.) for all necessary coursework decided upon mutually by

the trainee, program leadership, and faculty mentors. This includes, as appropriate (optional), the cost of obtaining a Masters degree in Public Health (MPH) or Master of Science degree in Public Health (MSPH).

3. Does your program have any required academic coursework or clinical responsibilities? (Not applicable to graduate programs offering a PhD.)

Our goal is to prepare recent graduates as well as more advanced, mid-career professionals, to conduct cutting-edge, multi-disciplinary research in cancer prevention and control. Because our program accepts trainees with various doctoral level degrees (e.g., MD, PhD, EdD, etc.) candidates come to the program with a wide range of preparation. The program leadership, mentor and trainee, therefore, work together to craft the tailored program of coursework needed to assist each trainee to achieve his or her professional objectives and the goals of the program. As indicated, this may include the option of obtaining the Masters degree in Public Health (MPH) or Master of Science degree in Public Health (MSPH). The course work program is designed individually with and for each trainee.

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

First, we offer a "hands on" program; our trainees work very closely on a day-to-day basis with senior faculty colleagues. As they participate in the research portfolio of a senior mentor, they evolve their own independent research, with the active support and involvement of the program leadership and faculty mentors. Second, our program – coursework and research – is also individually tailored. Third, trainees have the opportunity to work with outstanding faculty in diverse areas relevant to the central focus of our program – cancer prevention and control research – because of our situation jointly within UCLA's Jonsson Comprehensive Cancer Center and the School of Public Health. Fourth, our trainees are active member of the DCPCR, participating in presentations within our program's Seminar Series, the School's Brown Bag series, and the Division's research meetings and related activities; our trainees are also encouraged and supported with respect to participating in national meetings relevant to their professional interests. Finally, our program is extremely diverse. Trainees bring a range of interests and previous experiences to the program. As a close-knit, mutually supportive group, this diversity is an enormous benefit to our candidates.

continued on page 13

Clinical and Research Distinguished Mentor Awards

Martita Lopez, Ph.D., University of Texas at Austin
Laura Cousino Klein, Penn State University

Q: How do you say “thank you” to a mentor?

A: You nominate him or her for one of SBM’s Mentor Awards.

One of the several great things about SBM’s Mentor Awards is that there are separate awards for clinical and research mentors. Another great thing is that they recognize people who have made a difference through mentoring. So, think about whether there is someone who made a difference in your life. For example, here is what people wrote when nominating Abby King, one of our past Research Mentor awardees: “She taught me about patience, perseverance, and confidence,” and “She encouraged me to explore areas of study I was most interested in, even if they differed from her own interests, and this encouragement and flexibility allowed me to develop a clear focus in my work.” In the nomination of Jim Sallis, another Research Mentor Award recipient, former students wrote “He demonstrated to me the importance of pursuing one’s life work with passion,” and “He made a profound difference in my life with eight little words, ‘Let me talk to you about your future.’”

Another Research Mentor awardee, Jasjit Ahluwalia, wrote this about what it means to be a mentor: “Being a mentor means thinking of someone else before you think of yourself; it is both a privilege and an honor. It comes with responsibilities, and if there is a good fit, it is a great experience.” Kathy Light, one of SBM’s first Research Mentor awardees, wrote: “Research mentoring, like parenting, is a committed relationship that starts with a generous gift of time made by the mentor to the mentee...this pattern changes over time into one of more equal giving and receiving.” In addition to the four awardees already mentioned, Tim Baker was named Distinguished Research Mentor during the three years that these awards have been given.

Surprisingly, due to a lack of nominations, Clinical/Professional Mentor Awards have not been given. This is puzzling, given that there are likely to be many outstanding clinical mentors who are deserving of this recognition. Now is the time to make a special effort to honor those professionals - who also may be researchers - who have made a difference in your clinical training and/or professional life. We welcome nominations for Research Mentors as well, but SBM’s mentoring program is especially interested in (finally!) being able to see our Clinical Mentor Award go to a deserving person.

To nominate individuals for either the Clinical Mentor or Research Mentor Award, follow the directions below. Awardees will be announced at the 2004 SBM Annual Meeting in March in Baltimore, Maryland. Nominations are due by December 15, 2003. 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.

Please submit four complete sets of nomination materials to:

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

OR: send the documents as Word attachments via e-mail to: info@sbm.org (E-mailed documents are encouraged.)

Please contact Dr. Martita Lopez (lopez@psy.utexas.edu, or telephone 512-232-4626) with questions or to discuss these awards in more detail. Martita Lopez and Laura Klein (Chair) are part of SBM’s Mentoring Committee, which also includes SBM members Amy Heard, Justin Nash, and Judy Ockene; we appreciate their contribution to this article. ◆

Planning for the Future

Malcolm X once said, "The future belongs to those who prepare for it today." While planning your travel arrangements for the upcoming Scientific Sessions in Baltimore on March 24–27, 2004, please note the following dates and locations for future meetings and plan to join us!

April 13-16, 2005
Marriott Copely Place Hotel
Boston Massachusetts

March 22-25, 2006
San Francisco Marriott Hotel
San Francisco, California

Links to these hotels are located at the following link on the SBM website:

www.sbm.org/meeting/future/future.html

**Rapid Communications Poster Deadline:
January 9, 2004**

Spotlight on Education and Training (continued from page 11)

5. *How do you think your program will change in the future (next 5 years)?*

We believe that as we continue to grow and expand during the next five years the richness of our program will become even greater as our group of trainees – from various professional backgrounds – increases.

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

In your application, make clear how your prior experience and training have led to your interest in pursuing a career in cancer control research. Also, while candidates are certainly not expected to have already evolved a detailed plan for their future research, some specificity with respect to future interests and directions lends strength to applications reviewed by our Advisory Committee and program leadership.

Contact Person: Barbara A. Berman, Ph.D.
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Current fellow's perspective:

Interviewed: Guadalupe Gonzalez, Ph.D., M.P.H.
Post-doctoral Fellow DCPCR

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

The most important thing I have learned as part of my post-doc fellowship experience is that it's not just a job but an investment in my academic future.

2. *How has the program impacted your career development?*

This experience has given me the opportunity to build and refine my research and clinical skills. ◆

CLASSIFIEDS

Air Force Clinical Psychology Internship

The Air Force Clinical Psychology Internship is one of the largest and most revolutionary programs in the country. In fact, the program was awarded the "Outstanding Training Program Award" by AABT in 2002.

We are integrating clinical psychology by making it part of primary care. We have the setting, the faculty and the support to offer superb preparation for a career as a psychologist. To be part of this prestigious internship, earn a competitive salary and benefits and have a guaranteed job after the program's completion, call us at 1-800-423-USAF or visit AIRFORCE.COM.

Stanford Prevention Research Center Postdoctoral Research Fellowships in Cardiovascular Disease Prevention

The Stanford Prevention Research Center, an interdisciplinary research program on the prevention of chronic disease, is seeking applicants for postdoctoral research fellowships for 2004-2005. 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 exercise, nutrition, social and cultural determinants of health, applied biostatistics, complementary and alternative medicine research, tobacco cessation and control, child and adolescent health promotion, successful aging, or 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 2003.

Information and application procedures are on our website: <<http://prevention.stanford.edu>>, or write: Ms. Susan Ayres, SPRC, Stanford Medical School, Stanford, CA 94305-5705 <SJAyres@Stanford.edu>

University of California—San Diego Assistant to Full Professor (non-tenured) Cancer Prevention and Control

The University of California San Diego Department of Family and Preventive Medicine and the Rebecca and John Moores UCSD Cancer Center invite applications for a non-tenured assistant to full Professor to join an interdisciplinary cancer prevention and control team in either the tobacco or nutrition epidemiology area. It is intended that this be a leadership position with some support from the Cancer Center. A strong research program exists that focuses on trials of telephone counseling to change health behavior and analysis of large data sets in both nutrition and tobacco topic areas. The successful applicant will have complementary skills to current faculty, a track record of grant funding, publication with collaborative teams and demonstrated leadership potential. The level of appointment will be commensurate with experience and salary and will be based on the UC pay scale. Consideration of applications will begin in September 2003 and continue until the position is filled. Applicants should e-mail their curriculum vitae and names and addresses of three references to tspitchley@ucsd.edu or mail to: John P. Pierce PhD, Chair, Search Committee, Dept. of Family and Preventive Medicine University of California, San Diego, 9500 Gilman Drive, 0645, La Jolla CA 92093-0645

UCSD is an Affirmative Action/Equal Opportunity Employer with a strong institutional commitment to the achievement of excellence through diversity among its faculty and staff.

University of Pittsburgh Department of Psychology UPCI/Health

The Department of Psychology at the University of Pittsburgh and the University of Pittsburgh Cancer Institute seek a recent PhD for a tenure track faculty position at the Assistant Professor level, pending budgetary approval. Candidates are sought who have strong research credentials and an expertise in psychobiological processes of relevance to health and disease. The position combines a tenure-stream appointment in the Department of Psychology with an appointment in the Behavioral Medicine Program of the University of Pittsburgh Cancer Institute. Areas of specialization are open, but may include behavioral oncology (e.g., cancer prevention, detection, treatment, and survivorship), psychoneuroimmunology and other related areas. The University has nationally prominent graduate training programs in biological and health psychology, and many psychology 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.

Review of applicants will begin November 15, 2003 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, UPCI/Health Search Committee, University of Pittsburgh, Department of Psychology, 210 South Bouquet Street, 3129 Sennott Square, 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.

University of South Carolina 2-Year Postdoctoral Fellowship

A two-year postdoctoral fellowship is available in the Department of Exercise Science, Arnold School of Public Health, University of South Carolina. The fellow will work with Dr. Sara Wilcox on grant-funded research related to community-based physical activity (PA) promotion; evaluation of PA programs; correlates of PA; and promotion of PA in older adults, women, and African Americans. The position is available January 2004. Send CV and letter describing your research interests to swilcox@sc.edu.

Psychologist (Licensed) needed for behavioral medicine, assessment & treatment services in nursing homes. Part-time and possible full-time opportunities available in our over 800 contracted facilities in six states – California, Texas, Florida, Delaware, New Jersey and Pennsylvania. Requires appropriate state psychology license and at least eight daytime hours available per week. Visit our web site for more details about our company: www.vericare.com. Send your resume or vita to: VeriCare, Fax: 1 (800) 503-3842 or E-mail: Lvanderveen@vericare.com.

Upcoming Educational Opportunity

February 18-21, 2004: Ninth Annual Meeting of the Society for Research on Nicotine and Tobacco. Doubletree Paradise Valley Resort, Scottsdale, Arizona. Inquiries: Megan Campbell, SRNT, 7600 Terrace Avenue, Suite 203, Middleton, WI 53562-3174. Tel: (608) 836-3787, ext. 148. Email: mcampbell@reesgroupinc.com.

2004 Achievement Awards (continued from page 9)

3. 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.
 - a. The one-page statement must specify whether the individual is being nominated for the clinical/professional award or the research award.
 - b. 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.

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 to: Jessie Goedken at jgoedken@reesgroupinc.com. ♦

RENEW TODAY!

Watch your mail for your 2004 SBM membership renewal form. This form can be completed and mailed back to the National Office, or, if paying by credit card, it may be faxed to Carmen Hellenbrand at 608-831-5485 or 608-831-5122. For added convenience, please feel free to pay online at www.sbmweb.org. We look forward to welcoming you to another productive year!

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