

Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

"Better Health Through Behavior Change"



A New Era is Dawning for Outlook! A column from the Editor

Cheryl L. Albright, PhD, MPH

Dear SBM Members:

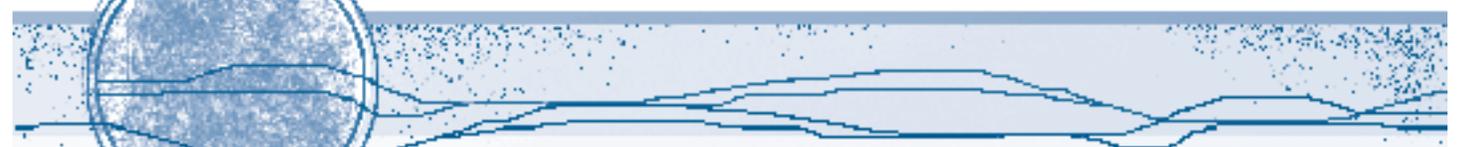
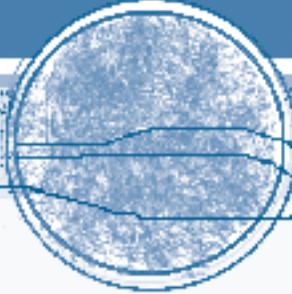
At the SBM Board of Directors meeting in March this year, the Board voted to close one chapter of Outlook and to open a new and exciting chapter. This issue is the last issue of Outlook that will be type set, printed, and mailed to members. The next issue, this fall, will be distributed both via email and via the SBM website. Members will receive an email from SBM that will contain a link to an online version of Outlook. There will also be an Adobe Acrobat "pdf" version of the newsletter on the SBM website, for those members who would like to print out the newsletter and read a hard-copy version.

I don't anticipate any dramatic changes in the type of information or columns that are featured in Outlook. Moving to an online newsletter will, however, allow for more time-sensitive and up-to-date information to be presented in the newsletter. Since we had to take into consideration the time needed to print and mail the newsletter, we had to solicit articles or information weeks in advance of its distribution. Such long time delays will no longer be required. Also, there will be substantial savings in the newsletter's budget since there will no longer be any printing or postage costs.

The SBM Board and I are very excited about this new method for presenting and distributing Outlook. Several other professional organizations and funding agencies (e.g., NIH) distribute information and newsletters via an email links to online "html" information. Thus, we view this online move as a way to make Outlook more "up-to-date" and responsive to issues that are relevant to the SBM membership.

If you have any questions or comments about our move "online" please email me at calbright@crch.hawaii.edu or contact me at (808) 441-8189. Any feedback about the newly formatted online newsletter is always appreciated, too! Thanks and please be sure to "link up to" Outlook this fall!

Cheryl L. Albright, PhD, MPH
Editor, Outlook



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SOCIETY *of* BEHAVIORAL MEDICINE

Outlook on Life

Editor's note: This column has questions similar to the ones asked by James Lipton on the TV show, "Inside the Actor's Studio." I have "adapted" his questions to address issues in our field, and I think these questions are a nice way to "feature" a SBM member in the newsletter. Featured is: Amanda L. Graham, PhD, Assistant Professor in the Department of Oncology at Georgetown University's Lombardi Comprehensive Cancer Center and new Associate Editor of Outlook!

	What is your favorite word?	Vacation.
	What is your least favorite word?	Stearic. I lost the 5 th grade state spelling bee on this word. I had studied every imaginable source of spelling bee words I could think of, but realized the next morning I had forgotten to study the bottle of shaving cream in the shower!
	What "turns you on" or excites you about the field of Behavioral Medicine?	The new, exciting ideas that come out of transdisciplinary collaborations and the experience of realizing that you're finally understanding someone else's disciplinary perspective.
	What turns you off/frustrates you about the field of Behavioral Medicine?	There's no real pithy way to describe to "outsiders" what behavioral medicine is all about.
	What sound or noise do you love?	My dog snorting when she greets me at the door with a toy in her mouth.
	What sound or noise do you hate?	The screech that accompanies the blue TV screen and the voice that says "this is a test of the emergency broadcast system."
	What was your most unusual job (outside of Behavioral Medicine/academia)?	I was a janitor the summer after my sophomore year of college - the same summer I cut up rats in a psychophysiology lab. My car didn't smell great that summer...
	What profession, other than yours, would you like to attempt?	Owner of a luxury fitness resort and spa.
	What profession or job would you not like to participate in?	Working in a psychophysiology lab.
	If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?	Welcome! How many massages should we schedule for you each day?

Outlook

SBM National Office
 555 East Wells Street, Suite 1100
 Milwaukee, WI 53202
 Phone: (414) 918-3156 • Fax: (414) 276-3349
 E-mail: info@sbm.org
 www.sbm.org

Editor: Cheryl L. Albright, PhD, MPH
 Coordinating Editor: David Wood
 Graphic Designer: Laura Ludwig

Report on SBM Membership – June 2007

Lora Burke, PhD

The membership of SBM follows a cyclical pattern. The numbers begin to increase early in the year and reach their peak in the months immediately following the Annual Meeting. Historically, our largest membership occurred in the 90's, peaking at approximately 2,500. Today, we are working to regain those higher numbers and aim to achieve 2,000 members in the next year or two.

The current membership profile is listed below. As of June 20, we have 1,821 members. These numbers break out into five categories: Associate – 15, Full Member – 1,145, Retired – 14, Student/Trainee = 564, and Transitional – 83.

When we break the membership out by gender and state or country, the numbers are as follows:

1,157	Female		
635	Male		
29	Did not specify		
Alabama	20	Missouri	40
Alaska	1	Nebraska	11
Arizona	18	Nevada	2
Arkansas	7	New Hampshire	7
California	158	New Jersey	26
Colorado	28	New Mexico	8
Connecticut	38	New York	140
Delaware	3	North Carolina	93
District of Columbia	27	North Dakota	9
Florida	85	Ohio	71
Georgia	31	Oklahoma	7
Hawaii	9	Oregon	16
Illinois	55	Pennsylvania	124
Indiana	23	Rhode Island	64
Iowa	19	South Carolina	10
Kansas	24	Tennessee	28
Kentucky	25	Texas	106
Louisiana	9	Utah	17
Maine	8	Vermont	7
Maryland	79	Virginia	51
Massachusetts	64	Washington	48
Michigan	30	West Virginia	8
Minnesota	25	Wisconsin	20
Mississippi	14	Wyoming	5

103 are International Members

The above numbers tell us where we may need to focus increased attention to recruit more members. We welcome hearing from anyone with ideas about what may attract new members in your state or region.

One of the issues the Membership Council is currently addressing is extending the period of time that one may be a "transitional" member. Currently, this status applies to the first year post training; however, we are considering extending this to a two or three-year period. If you have any thoughts on this issue, please contact me at lbu100@pitt.edu.

Also, we are looking to add a member of the medical profession to the Membership Council. If you have a particular interest in working on membership related issues, we would be happy to hear from you.

The Membership Council currently includes the following hard working individuals:

Lora E. Burke, PhD, MPH, FAAN, Chairperson
 Viktor Bovbjerg, PhD, MPH (Past Chair)
 Sherri Sheinfeld Gorin, PhD
 Maureen Groer, PhD, MSN
 Lisa Klesges, PhD
 Elizabeth Kuhl, MS (Student Rep.)
 Martita Lopez, PhD
 Jennifer Steel, PhD (SIG Rep.)
 Brent Van Dorsten, PhD
 Melanie Warziski, BSN (Student Rep.)
 David Wood (Staff)

Spotlight on SIG

Multiple Risk Behavior Change SIG

Please participate in a brief survey initiated by members of the SBM Special Interest Group on Multiple Risk Behavior Change. Our purpose is to build a consensus on the most important barriers and benefits related to the development and delivery of multiple risk behavior change interventions. Multiple risk behavior change interventions are treatments directed at facilitating change in multiple risk behaviors such as tobacco use, physical inactivity, unhealthy diet, high risk sun exposure, stress, HIV risk behaviors, alcohol or illicit drug disorders, etc.

We have had 79 respondents to date and are hoping to double or even triple our sample size. If you have not yet participated, please complete the survey online at: <http://www.surveymk.com/s.asp?u=602971282699>

For questions about this project, please contact Jodi Prochaska, PhD at JProchaska@ucsf.edu or 415-476-7695.

Financial Report

Susan Czajkowski, PhD, SBM Secretary-Treasurer

It is a pleasure to report that SBM is in good financial health, and that we are on a path toward even better fiscal health in the future. For 2006, SBM reported total assets of \$182,000, with a net income of \$46,130. This represents an improvement in our financial position from the previous year. There are several reasons for our improved financial status that deserve special mention.

First, our professional management company, Executive Director, Inc. (EDI), has done a superb job of working with the Board to keep budgets in line and put us on a financially healthy track. For example, EDI helped us to keep both the 2006 and 2007 Annual Meeting budgets as low as possible while still offering attractive venues (San Francisco, Washington, DC) and excellent scientific programs for meeting participants.

We received two important grants this past year that helped defray costs of the Annual Meeting and allowed us to stay within our meeting and overall budget. First, Paul Estabrooks, the 2007 Annual Meeting Program Chair, applied for and was granted \$60,000 in funds from the Robert Wood Johnson Foundation. These funds were used to support the speakers and defray costs for this year's special "Obesity in Children" sessions, including the half day Town Hall meeting on Saturday, March 24. Secondly, Member Delegate Amanda Graham applied for and received a National Cancer Institute conference grant, which provided \$50,000 toward this year's Annual Meeting for cancer-related speakers and sessions. Both of these individuals are owed a debt of gratitude by all of us for their excellent grantsmanship skills and initiative. Not only were the special programs and sessions supported by these funds extremely well-received by meeting attendees, they also allowed us to stay well within the meeting budget, while providing some of the "extras" (like coffee) that Annual Meeting participants have told us they enjoy.

Finally, our able Finance Chair, Ken Wallston, has worked very hard with the Finance Committee to ensure that the budgets are kept in line and the Society remains in good fiscal health. We are fortunate that Ken has agreed to extend his service as Finance Chair for another year, and we thank him for his dedication and tireless efforts on behalf of the Society.

At the SBM Board of Directors' meeting in March, the Board reviewed the financial status of SBM and made several decisions that we believe will contribute to the future financial health of our Society. First, the Board approved a change in the publisher of the *Annals of Behavioral Medicine*. Springer, an international leader in scientific publishing, made us a very generous offer that includes a signing bonus, a significant increase in royalties, and other contractual features that will significantly increase the income received from the journal. Several other decisions made by the Board, including a decision to switch to an online

only version of the Newsletter and discontinue the more costly print version, will have the effect of improving the Society's financial health, both in the immediate and long-term future.

There are other indications that our financial health is on the upswing: the Membership Council, chaired by Lora Burke, is working hard to recruit new members and retain existing members. And the recent Annual Meeting was a resounding success, with 1,410 attendees—10% higher than the last time the meeting was held in Washington, DC (in 2002) and a new record for Annual Meeting attendance.

Although SBM is doing well financially, our goal is to put in place financial structures and practices that enable our Society to enjoy financial health not only in the short-term, but over the long-term as well. Our next tasks include bolstering our reserves (50-100% of the annual expense budget—which is currently in excess of \$800,000—should be set aside as part of a prudent financial plan) and exploring ways to maximize our ability to obtain grants and contributions from non-profits, government agencies, and corporations. As always, we welcome feedback and participation from SBM members to help our Society maintain its sound financial standing and to reach our goal of long-term, sustainable financial health.

Member News

Please join me in congratulating Ken Wallston on receiving "The Joe B. Wyatt Distinguished University Professor Award." The Joe B. Wyatt Distinguished University Professor Award was created to honor Chancellor Wyatt upon his retirement in 2000. The award is intended to recognize accomplishments that span multiple academic disciplines. The title is conferred upon a full-time faculty member, regardless of rank or school, for the development of significant new knowledge from research or exemplary innovations in teaching. Dr. Wallston is a Professor of Psychology in the School of Nursing, the College of Arts & Sciences, and Peabody College of Vanderbilt.

Cheryl L. Albright, PhD, MPH, Outlook Editor

Spotlight on Education and Training in Behavioral Medicine

The VA Palo Alto Health Care System (VAPAHCS) offers health psychology and behavioral medicine training at the predoctoral and postdoctoral levels. The VAPAHCS has multiple inpatient facilities and outpatient clinics, and houses a variety of regional treatment centers, including a Polytrauma Rehabilitation Center, Spinal Cord Injury Center, a Comprehensive Rehabilitation Center (CRC), a Traumatic Brain Injury Center, the Western Blind Rehabilitation Center, a Geriatric Research Educational and Clinical Center, a Homeless Veterans Rehabilitation program, and the National Center for Post Traumatic Stress Disorder (PTSD). This affords diverse training opportunities.

The VAPAHCS also maintains one of the top three research programs in the VA system, including research centers in geriatrics, mental illness, Alzheimer's disease, schizophrenia and rehabilitation.

At the predoctoral level, psychology training is offered both for practicum experiences at the pre-internship level and the APA-accredited clinical psychology internship program. These psychology training programs are operated through the psychology service at VAPAHCS.

Practicum training opportunities are available at VAPAHCS for completion of pre-internship hours and clinical training; these placements are distinct from internship slots. Some of the many clinical practicum training experiences offered include: clinical assessments and individual and group interventions with varied populations such as medically comorbid patients on the Nursing Home Care unit, CRC/Traumatic Brain Injury Rehabilitation and Spinal Cord Injury units, patients with life-limiting or terminal illnesses as part of the Hospice Care Center, and medically-based patient populations in the seen in the Neuropsychology, Anxiety, and Behavioral Medicine Clinics. Contacts: Robert.Hall3@va.gov (Practicum Coordinator); Benita.Givens@va.gov.

Clinical psychology interns in the highly competitive VA Palo Alto clinical psychology training program receive mentoring and training that focuses on applying scientific knowledge to assessment, conceptualization and treatment. Four intern positions are dedicated to behavioral medicine and spend at least 50% time in the Behavioral Medicine program and related clinics (e.g., Oncology/Hematology, Pain, Hepatitis, Fitness/Nutrition, Smoking Cessation Clinics). The other 10 intern positions are in general clinical psychology, geropsychology, and neuropsychology. Most health care placement settings are interdisciplinary, and all interns have at least one rotation in a medically-based setting. The broad training opportunities include training in interventions with adults and families in primary care medical settings, geriatric settings, both inpatient and outpatient mental health settings, and substance use disorder settings, as



well as psychological and neuropsychological assessment. Examples of specific specialty rotation experiences include women's primary care, infectious disease clinic, visual rehabilitation, spinal cord injury, pre-cardiac transplant evaluations, and home-based primary care. Rotations in clinical research and administration and program evaluation as well as a year-long intern seminar series are also offered. Contacts: Jeanette.Hsu@va.gov

(Training Director); Dana.Iller@va.gov for application form and brochure.

At the postdoctoral level, clinical psychology training at the VAPAHCS focuses on the development of both advanced general clinical skills and skills in specific emphasis areas. Currently, within the APA-accredited clinical psychology postdoctoral fellowship program there are five emphasis areas: Geropsychology, Behavioral Medicine, Palliative Care, Psychosocial Rehabilitation in severe mental illness, and Rehabilitation Psychology. Fellows have at least 20% time set aside for research. Professional development, including skills for clinical supervision, is also emphasized, with on-going postdoctoral seminars, interprofessional team training, a research writing seminar, and opportunities for participation in grand rounds and seminars at Stanford University School of Medicine and VA sponsored conferences.

Separate research-focused training is also available in the Center for Health Care Evaluation at VAPAHCS. Postdoctoral Fellowships are available in Health Services Research (HSR&D) and Medical Informatics (MI). Both are 100% research dedicated programs. In HSR&D, fellows participate in seminars and formal coursework in quantitative research methodology, health economics, health research and policy and medical decision making and focus on conduction of health services research of relevance to the VA, such as organization and delivery of services, diagnostic assessment, screening and clinical decision making, psychiatric and substance abuse disorders, geriatric disorders and interventions and health care evaluation methodology. In MI, fellows combine formal coursework and seminars in medical informatics with research applying MI to areas such as medical decision making, information technologies, communications in medical practice and information systems. Contact: Ruth.Cronkite@va.gov (Program Director).

Postdoctoral training is also available through the VAPAHCS Mental Illness Research, Education, and Clinical Center of Excellence (MIRECC). This APA-accredited postdoctoral program has 75% time dedicated to research and 25% to clinical work (MIRECC is separately accredited from the clinical psychol-

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Awarded at the 2007 Annual Meeting in Washington, DC

Achievement Award Recipients

Congratulations to the following 2007 Society of Behavioral Medicine Achievement Award recipients!

Distinguished Research Mentor

David B. Abrams, PhD

Distinguished Scientist

James F. Sallis, Jr., PhD

Distinguished Service

Paul Estabrooks, PhD

Laura Hayman, PhD RN FAAN

Debra Haire-Joshu, PhD

Vanessa Malcarne, PhD

Barbara Resnick, PhD CRNP

Dawn Wilson-King, PhD

Early Career Investigator

Claudio R. Nigg, PhD

International Leadership

Paul Krugman, PhD

LifeScan Diabetes

Katherine Fortenberry, MS

National Leadership

Ronald M. Davis, MD

Research to Practice Dissemination

Kelly D. Brownell, PhD

Distinguished Student Awards

Excellence in Research

Gabrielle Turner-McGrievy

Lei-Shih Chen, MS PT

Outstanding Dissertation

Carla J. Berg, MA

Travel Scholarship

Lisa M. Thornton

SBM also congratulates the following recipients of these special awards given by the Special Interest Groups:

Cancer SIG Outstanding Student Research Abstract

Lara Heflin

Cancer SIG Distinguished Biobehavioral Oncology

Howard Leventhal, PhD

Pain SIG Award

Zina Trost

Physical Activity SIG Awards

- Montgomery County Department of Health and Human Services Latino Health Initiative
- National Center for Bicycling and Walking

EMMH SIG Graduate Student Research Award

Denise Cooper, BS

The recipient of the 2007 Distinguished Scientist Award, SBM's highest scientific honor, was Dr. Sallis. Jim is Professor of Psychology at San Diego State University and Director of the Active Living Research Program for the Robert Wood Johnson Foundation. Dr. Sallis received this award for his extraordinary vision as a scientific leader, and his pioneering contributions to translating behavioral medicine research into population-level physical activity interventions that are advancing the public's health and providing unprecedented guidance for healthy public policy nationally and internationally. His visionary application of ecological models of health behavior change to the creation of the trans-disciplinary field of "active living research" has catalyzed an international movement to create healthier environments and given behavioral medicine with powerful new concepts, findings and tools for combating the childhood obesity epidemic.

The recipient of the 2007 Distinguished Research Mentor Award was Dr. David Abrams. Dr. Abrams' personal and genuine commitment to mentoring is evident by the many former graduate students and post-doctoral fellows who are now making their own mark on the interdisciplinary field of behavioral medicine and serve on the faculty of universities across the country. He was nominated by four former students who lauded his exceptional and unique qualities as the role model and mentor and visionary and innovative leader for behavioral sciences. A past President of SBM, Dr. Abrams is currently the Director of the NIH Office of Behavioral and Social Sciences Research.

The recipient of the 2007 Early Career Investigator Award was Dr. Claudio Nigg. Dr. Nigg is currently Associate Professor in the Department of Public Health Sciences and Epidemiology and Head of the Social and Behavioral Health Sciences Program at the John A. Burns School of Medicine, University of Hawaii. Dr. Nigg was cited for his contributions to the field of physical activity theory and the application of the stages of change model.

Anticipating Annals

This column lists the table of contents for an upcoming issue of SBM's journal: *Annals of Behavioral Medicine*. I would like to thank Alan Christensen, PhD, the Editor of Annals, and his staff for providing this information. Cheryl Albright, PhD, MPH, Outlook Editor

Annals of Behavioral Medicine

Volume 34, Number 2, October 2007

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Original Articles

Article 1 – *Applying the RE-AIM Framework to Assess the Public Health Impact of Policy Change*, Stephanie Jilcott, Alice Ammerman, Janice Sommers, Russell E. Glasgow.

Article 2 – *Relationships between Psychosocial Factors and Health Behavior Change in Cancer Survivors: An Integrative Review*, Crystal L. Park, Allison E. Gaffey.

Article 3 – *Physical Activity, Activity Change, and their Correlates in a Population-Based Sample of Colorectal Cancer Survivors*, Brigid M. Lynch, Ester Cerin, Beth Newman, Neville Owen.

Article 4 – *Mapping the Social and Physical Contexts of Physical Activity Across Adolescence Using Ecological Momentary Assessment*, Genevieve Fridlund Dunton, Carol K. Whalen, Larry D. Jamner, Josh N. Floro.

Article 5 – *Anger Management Style Moderates Effects of Emotion Suppression during Initial Stress on Pain and Cardiovascular Responses during Subsequent Pain-Induction*, John W. Burns, Phillip J. Quartana, Stephen Bruehl.

Article 6 – *Social Support in Ordinary Life and Laboratory Measures of Cardiovascular Reactivity: Gender Differences in Habituation-Sensitization*, Brian M. Hughes.

Article 7 – *Lowering Obstacles to HIV Prevention Services: Effects of a Brief, Telephone-Based Intervention using Motivational Enhancement Therapy*, Joseph F. Picciano, Roger A. Roffman, Seth C. Kalichman, Denise D. Walker.

Article 8 – *Positive and Negative Life Changes Experienced by Survivors of non-Hodgkin's Lymphoma*, Keith M. Bellizzi, Melissa Farmer Miller, Neeraj K. Arora, Julia H. Rowland.

Article 9 – *Physical Symptoms/Side Effects During Breast Cancer Treatment Predict Post-Treatment Cancer-Related Distress*, Heather S. Jim, Michael A. Andrykowski, Pamela N. Munster, Paul B. Jacobsen.

Article 10 – *Compliance with Ambulatory Saliva Sampling in the Chicago Health, Aging, and Social Relations Study (CHASRS) and Associations with Social Support*, Brigitte M. Kudielka, Louise C. Hawkley, Emma K. Adam, John T. Cacioppo.

Rapid Communications

Article 11 – *Religious Involvement and Healthy Lifestyles: Evidence from the Survey of Texas Adults*, Terrence D. Hill, Christopher G. Ellison, Amy M. Burdette, Marc A. Musick.

Letter to the Editor

Article 12 – *ABM-D-07-00055R1, Suggestions for Testing Health Behavior Theories: Implications for Mediator Analyses*, David M. Williams, Shira Dunsiger.

Please visit the SBM website at

www.sbm.org

for more information about the Society and its activities.

Information Resources for Evidence-Based Practice*

by Kristin Hitchcock, MSI

Department of Preventive Medicine, Northwestern University

The process of evidence-based practice (EBP) begins with asking a clinical question and searching for evidence to inform the answer. The wise clinician will leverage knowledge about sources of evidence in order to balance ideal practice with real-world demands. After all, searching for evidence is but one step in the cycle of evidence-based practice. (2005, Strauss) Available information resources cover a spectrum. They range from a broad base of hundreds of thousands of individual research studies through increasingly smaller numbers of comprehensive and critical reviews that make evidence more accessible. (2006, Haynes)

Comprehensive topic reviews are a good starting place for the busy clinician. Each article in the Evidence-Based Treatment Reviews series in *Health Psychology* provides an overview of available evidence on a single psychology topic. The databases Up-To-Date and Dynamed describe evidence on a wide range of health topics. TRIP (Turning Research Into Practice) searches multiple databases at once. Be forewarned of the trade-off; it's quick and easy to use the single search box on TRIP, but you lose out on many advanced search features available when searching each database on its own.

Several resources provide a critical appraisal of individual study results and a clinical bottom line. Some examples include: the BMJ journals Evidence Based Medicine, Evidence Based Nursing, and Evidence Based Mental Health; the ACP Journal Club, both in journal form and a searchable online database (from the American College of Physicians); and the InfoPOEMs database (developed by family physicians).

Systematic reviews follow a specified protocol to reduce bias in locating and synthesizing results from many studies on a particular intervention. Some systematic reviews are quantitative: they use meta-analysis to pool and analyze the results. Both the Cochrane and Campbell collaborations publish and provide access to their own systematic reviews. PubMed's Clinical Queries tool can also help to identify published systematic reviews.

If you cannot find a quality resource that provides a more comprehensive and critical review of research on a topic, it may be necessary to search for individual studies. Medline and PsycInfo contain thousands of citations and abstracts of original research studies. There is overlap between the two, but also much unique content. There are also resources that will keep you current on new research studies as they are published. Two examples are Behavioral Medicine Alerts and BMJ Updates. Both allow you to indicate your interests and receive tables of contents and citations meeting your criteria.

The information resources listed here are designed to provide access to quality research evidence. Some are free and some

are available only by individual or library subscription. Few are focused on behavioral medicine specifically. Their behavioral content will grow as evidence-based practice and practice-based research in behavioral medicine expands to fill this gap.

Challenges can arise in obtaining access to resources and navigating search results. If your practice is based at a university or hospital with a library, take time to familiarize yourself with their resources and services. The National Network of Libraries of Medicine can help you to locate a library in your area. Some professional organizations also offer free or reduced cost subscriptions. Your local librarian is an important ally. Ask questions about what resources are available and how you can search them most efficiently. Your librarian can also help you to assess the quality of resources; you want to be informed about methods used in searching, appraising and synthesizing evidence. Remember that there is no question too simple or too difficult to be appropriate. Librarians and evidence-based practitioners are kindred spirits—they both love asking and answering questions.

References

Haynes, R.B. (2006, December) Of studies, syntheses, synopses, summaries, and systems: the "5S" evolution of information services for evidence-based healthcare decisions. *Evidence Based Medicine*, 11(6), 162-4.

Strauss, S.E., Richardson, W.S., Glasziou, P., Haynes, R.B. (2005) *Evidence-Based Medicine: How to Practice and Teach EBM*, 3rd edition. New York: Elsevier, Churchill, Livingstone.

Information Resources

Free

Behavioral Medicine Alerts - <http://www.cochranebehaviormed.org/other.php>

BMJ Updates - <http://www.bmjupdates.com/index.asp>

The Campbell Collaboration - <http://www.campbellcollaboration.org>

Medline (via PubMed) - <http://pubmed.gov>

National Network of Libraries of Medicine (NN/LM) Members Directory - <http://nlnm.gov/members/>

Free abstracts, full content may require subscription

BMJ journals - <http://journals.bmj.com/>

Cochrane Library - <http://www.thecochranelibrary.com/>

Clinical Queries (PubMed) - <http://www.ncbi.nlm.nih.gov/entrez/query/static/clinical.shtml#reviews>

Trip - <http://www.tripdatabase.com/>

Subscription Required

ACP Journal Club - <http://www.acpjc.org/>

DynaMed - <http://www.dynamedical.com>

Evidence-Based Treatment Reviews (in *Health Psychology*) - <http://www.apa.org/journals/hea/>

InfoPOEMs - <http://www.infopoems.com/>

PsycInfo - <http://www.apa.org/psycinfo/>

Up-To-Date - <http://www.uptodate.com>

* Supported in part by NIH Office of Behavioral and Social Science Research (OBSSR) contract N01-LM-6-3512, Resources for Training in Evidence-Based Behavioral Practice

Classifieds

Harvard School of Public Health and Dana-Farber Cancer Institute

Assistant Professor of Society, Human Development, and Health

The Harvard School of Public Health (HSPH) and the Dana-Farber Cancer Institute (DFCI) seek candidates for a tenure-track position as assistant professor. The successful candidate will have a joint appointment in the Department of Society, Human Development, and Health at HSPH and in the Center for Community-Based Research in the Division of Population Sciences at DFCI.

Candidates should have a background in one or more of the following: community-based approaches to cancer prevention and control; cancer screening and early detection interventions; tobacco control; behavioral interventions in patients with cancer or at high risk, or studies of risk perception; cancer prevention in health care settings and/or workplaces. Experience working with socioeconomically disadvantaged, racial/ethnic minorities, and/or new immigrant populations is also desirable, as are strong research methods skills (quantitative and/or qualitative). Potential/demonstrated success in grant-funded research will be a strong consideration. Candidates should hold a doctoral degree in any of the following fields: psychology, sociology, public health, communication science, a related field within the social and behavioral sciences, or a professional doctoral degree in medicine or nursing.

The successful candidate will teach and advise students in the doctoral and master's programs in the Department of Society, Human Development, and Health, and will mentor postdoctoral fellows. The successful candidate will be a member of DFCI's Division of Population Sciences, which includes three major research programs (cancer outcomes, genetics/high-risk populations, and community-based prevention research), and of the Dana-Farber/Harvard

Cancer Center, whose disease programs offer many collaborative opportunities. Numerous additional opportunities exist for interdisciplinary and collaborative work between HSPH, DFCI, and Harvard's other teaching hospitals.

This position includes a highly competitive compensation and start-up package.

Please send a letter of application, including a statement of current and future research interests, a curriculum vitae, sample publications, and the names of three references to the following address. Applicants should ask their three references to write independently to this address.

Chair, Search Committee for SHDH/DFCI
c/o Lisa Lowery, Search Administrator
Dana-Farber Cancer Institute
44 Binney Street, LW 703
Boston, MA 02115

Harvard University is committed to increasing representation of women and minority members among its faculty, and particularly encourages applications from such candidates.

Most psychologists are looking for a way to make a real difference. You just found it.

It's difficult to overstate the contribution you can make as a clinical psychologist in the United States Air Force. Behind all the advanced technology and high-tech hardware, you'll find it's really people that keep the Air Force flying. People who deserve equally bright and dedicated mental health services from practitioners like you. And whether it's conducting mental health evaluations, diagnosing and treating psychological and neuropsychological disorders or providing individual and group therapy, you can be certain that the work you're doing serves an even greater cause. To be part of this work, earn a competitive salary and enjoy one of the most robust benefits packages anywhere, please call 1 800 423 USAF or log on to AIR-FORCE.COM for more information.

Spotlight on Education and Training in Behavioral Medicine

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ogy fellowship program). Fellows focus on development of a clinical and research career path in mental health with the goal of improving the provision of biopsychosocial health care services to veterans suffering from mental illness. The Palo Alto VA MIRECC focus is on PTSD/trauma and Geropsychology/dementia research. Contact: Julie.Weitlauf@va.gov (Psychology Fellowship Director).

Both HSR&D and MIRECC fellows may attend VAPAHCS Psychology Service seminars. The address for the VAPAHCS Psychology Service is: VA Palo Alto Health Care System, Psychology Service (116B), 3801 Miranda Ave., Palo Alto, CA 94304-1290.

New Member of Outlook's Team

Outlook welcomes its new Associate Editor, Amanda L. Graham, PhD. Amanda is an Assistant Professor in the Department of Oncology at Georgetown University's Lombardi Comprehensive Cancer Center. She is currently a member delegate on SBM's Board of Directors, and she served on the Program Committees for SBM's 2005 and 2006 Annual Meetings/Scientific Sessions held in Boston and San Francisco. Dr. Graham is also Principal Investigator of an R13 Conference Grant to SBM that provides support for the 2007-2011 annual meetings. We are SO happy to have her join our team and we look forward incorporating her ideas and perspectives into the newsletter.

Cheryl L. Albright, PhD, MPH; Outlook Editor

Dear Colleagues,

Thanks to everyone who attended the 28th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine (SBM) at the Marriott Wardman Park in Washington, DC! We expected good attendance at the conference (Washington, DC has traditionally been a good draw for our members) and we weren't disappointed—over 1,400 members attended—a new record for the SBM Annual Meeting!

For those who couldn't make the 2007 Annual Meeting, here are some highlights. We combined the Presidential, Opening, and New Members Receptions into a single event on Wednesday night in the poster hall that was hosted by Dr. Ed Fisher and made possible by a generous donation from the University of North Carolina-Chapel Hill. It was a great success and generated a lot of traffic and excitement for the meeting.

From a scientific perspective, we were also successful in getting a broader range of topics across abstract submissions this year, no doubt in response to the conference theme, "Science to Impact: The Breadth of Behavioral Medicine." This topic was also highlighted in an energetic debate between Dr. Russ Glasgow and the current SBM President Dr. Peter Kaufmann, during "What Type of Evidence is Most Needed to Advance Behavioral Medicine?" The debate had all the structure of a PBS-run presidential debate and was moderated by previous SBM President Dr. Judy Okene. And although I will leave the determination of who 'won' the debate to those in attendance, my favorite sound bite came from Dr. Glasgow—"We need evidence that is BOTH rigorous and relevant."

Adding some controversy to the meeting was the Keynote address by Dr. David Allison who proposed that obesity was primarily a genetic outcome that would be unresponsive to most behavioral interventions. As you might expect, this generated a vigorous question session and a lot of discussion after the talk. In contrast, Dr. Ronald Davis, President of the American Medical Association, spoke of the importance of behavioral medicine and interventions in clinical contexts.

We tried a couple of new things this year and one real success was the Action Poster sessions. This new presentation format included having students with highly rated abstracts present in both a poster and verbal presentation format. All abstracts accepted as Action Posters were presented in the Thursday evening poster session and then again in a modified verbal presentation session on Friday afternoon. For the verbal presentation, students were given four minutes to present the study's primary findings and then had six minutes to respond to questions. Thanks to all the students who presented and to the folks who attended and asked such great questions.

A late breaking component of the conference was the It Takes a Village Town Hall Forum on Childhood Obesity. Dr. Kelly Brownell gave an excellent talk on the state of the science on nutrition, obesity, environments and policy. He was followed by a panel of experts who discussed obesity related issues of eating environments (Dr. Mary Story), physical environments (Dr. Jim Sallis), and disparities (Dr. Shiriki Kumanyika). However, the highlight for those brave souls who stuck around for the Saturday afternoon session was likely the Instant Recess led by Atlanta Falcons' kick returner Allen Rossum—he even managed to make it seem like your SBM Annual Meeting Program Chairs had a little rhythm.

All in all, we were really pleased with the Annual Meeting. Of course we have received feedback on changes to make and additions that could improve our future meetings, and Frank, along with the 2008 Annual Meeting Program Co-Chair, Dr. Sherry Pagoto, look forward to making the 2008 Annual Meeting even better.

Warmest regards,



Paul A. Estabrooks, PhD
Program Committee Chair



Frank J. Penedo, PhD
Program Committee Co-Chair

SBM Award Winners

Distinguished Research Mentor Award



Edwin Fisher (R), SBM President, presents David Abrams (L) with the Distinguished Research Mentor Award

LifeScan Diabetes Award



Edwin Fisher (R), SBM President, presents Katherine Fortenberry (L) with the LifeScan Diabetes Award

Distinguished Student Award (Outstanding Dissertation)



Edwin Fisher (R), SBM President, presents Carla Berg (L) with the Distinguished Student Award (Outstanding Dissertation)

Early Career Investigator Award



Edwin Fisher (R), SBM President, presents Claudio Nigg (L) with the Early Career Investigator Award

Distinguished Student Award (Excellence in Research)



Edwin Fisher (R), SBM President, presents Lei-Shih Chen (L) with a Distinguished Student Award (Excellence in Research)

Distinguished Student Award (Excellence in Research)



Edwin Fisher (R), SBM President, presents Gabrielle Turner-McGrievy with a Distinguished Student Award (Excellence in Research)

Travel Scholarship



Edwin Fisher (R), SBM President, presents Lisa Thornton (L) with the Travel Scholarship

Distinguished Scientist Award



Edwin Fisher (R), SBM President, presents James Sallis, Jr. (L) with the Distinguished Scientist Award

Distinguished Service Awards



Edwin Fisher (R), SBM President, presents (L-R) Dawn Wilson-King, Debra Haire-Joshu, Vanessa Malcarne, Paul Estrabrooks and Laura Hayman with Distinguished Service Awards (Not Pictured – Barbara Resnick)

Fellows



Edwin Fisher (R), SBM President, with new SBM Fellows (L-R) Michael Stefanek, Jared Jobe, Linda Cameron, Perry Halkitis (Not Pictured – Thomas Brandon, Thomas Payne, Deborah Young-Hyman)

SNAPSHOTS

From the SBM 28th
Annual Meeting



See you next year in San Diego!
March 26-29, 2008





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Contact:
David Wood, Associate Director
Society of Behavioral Medicine
555 East Wells Street, Suite 1100
Milwaukee, WI 53202-3823
Phone: (414) 918-3156
Fax: (414) 276-3349
E-mail: dwood@sbm.org

Please send Outlook correspondence to:
Cheryl L. Albright, PhD, MPH
Editor, SBM Outlook
Phone: (808) 441.8189
E-mail: calbright@crch.hawaii.edu

Guidelines for Articles submitted to Outlook

1. Articles should be no longer than 500 words, plus up to 10 references.
2. Please submit only original articles, not articles that have been previously published in another organization's newsletter or bulletin.
3. The Outlook editor may edit articles to fit the format of the newsletter, or defer articles to another issue based on space limitations. The submitting author(s) will be informed, prior to publication, and will be sent a copy of any edited article for approval or withdrawal.
4. Submitted articles could be reviewed by the Publications and Communications Committee Chair and, potentially, additional SBM Board members to determine appropriateness for publication and/or length.

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