



# Outlook

A Quarterly Newsletter of the Society of Behavioral Medicine

*"Better Health Through Behavior Change"*



## President's Message

Edwin B. Fisher, PhD, SBM President ♦ University of North Carolina - Chapel Hill

The diversity of our field results in our reflecting a variety of research traditions and utilizing a variety of research approaches. This column is devoted to issues and questions surrounding current trends and thinking about research methods in behavioral medicine. The purpose is to raise questions and spark dialogue in areas about which I believe that many of us have been curious. In particular, interesting issues surround our increasing interest in the study of contexts of health behavior, the role of the randomized controlled trial and other methodologies and designs, and the role of professional and scholarly judgment in applying research evidence. I hope you will have comments and send them to [edfishersbm@unc.edu](mailto:edfishersbm@unc.edu).

Our field enjoys a lively and growing emphasis on contexts in behavioral medicine. As an example, consider the work on neighborhood and community characteristics as they influence physical activity and diet. This is part of a broader articulation of ecological levels of influence on health behavior, from genes to societal policies, and studying how forces at these various levels interact and impact on behavior.

Another aspect of contexts of increasing importance is attention to dissemination of behavioral medicine. A number of contextual factors, especially organizational and policy factors as well as community and population features have strong influences on how well efficacious interventions may be adopted, implemented and reach and benefit populations they are intended to help.

Studying contexts poses challenges for our research methods. Our classical experimental designs are developed largely to isolate the impact of experimental variables from their contexts. When important contexts, such as policies, community characteristics, or characteristics of health care organizations are not susceptible to experimental control, we still need to find ways to study their influence.

Additionally, there are elements of community contexts which

can be controlled experimentally but control of which may compromise the energy and potential impact that is the focus of study in the first place. For example, some research on community based interventions appears, in the interest of controlling community influences, to have constrained forces such as local ingenuity, creativity, or idiosyncratic community strengths in one or another area of communication (1, 2).

Multi-level analysis is an area of growing interest in our field, providing methodologies for integrating analyses of individual-level, social, and community- and policy-level influences. Complementary to multi-level analysis, propensity modeling provides ways of studying the effects of alternative interventions which individuals receive or choose. By quantifying the likelihood that characteristics which may have led individuals to choose one or another intervention may also account for apparent differential impacts of those interventions, propensity scores provide a way of studying variation in access to or engagement in interventions in field settings without experimental control of assignment to interventions. Might combinations of multi-level analysis, propensity modeling, and careful quantification of both intervention delivery and recipient engagement in interventions provide exciting approaches to studying impacts of interventions in real-world settings?

Discussion of designs and models raises issues of the roles of control, experimental control, and the randomized controlled trial (RCT). It is not clear that these are as differentiated as they should be in our thinking and writing. Obviously a very powerful and useful design, the RCT is nevertheless but one approach to experimental control. It too often is talked about as the only rigorous approach to experimental control in health and behavioral medicine research. At an NIH-sponsored conference on design issues in health promotion that I attended a little over a year ago, the introductory speaker spent about forty five minutes discussing alternatives to RCTs. He focused his presentation on the extent to which different, nonexperimental alternatives might come close to – but not equal – the power of RCTs

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without ever mentioning within-subjects, replication designs. Beyond experimental control, there are other approaches to control in designed intervention research as well as naturalistic observational studies. It is worth recalling that none of Galileo, Darwin, or Watson and Crick used a control group. Clearly, "good science" exists outside the domain of the RCT. I wonder to what extent we may at times be reifying the RCT as equivalent to good science and posing blinders on our scholarship, as in the case of some systematic reviews that a priori exclude from detailed consideration non-randomized designs.

Another aspect of questions about randomized controlled trials lies in their extension from tests of isolated components of care, such as a drug, to studies of disparities in care. If usual care is shown to be prone to disproportionate disease burden, morbidity or mortality, as in many areas of study of health disparities, what is the ethical status of using that usual care as a benchmark against which to evaluate innovative approaches to promoting access or utilization of interventions of proven efficacy? In a RCT of cancer chemotherapy, for example, (a) usual care of high quality is compared to (b) that usual care with the addition of a medication of unconfirmed quality. In contrast, consider an RCT comparing (a) usual, community based care of diabetes among underserved groups in whom poor access and underutilization of disease management interventions are well documented with (b) an innovative approach to promoting more active engagement in care and self management. This design would compare (a) usual care associated with well-documented disproportionate morbidity and disease burden with (b) a relatively benign approach to promoting care that national guidelines have already recognized and recommended. In the chemotherapy RCT, the intervention to be evaluated is of unproven efficacy and the usual care is about the best that we know to provide. In the parallel RCT to address disparities, the intervention to be evaluated is simply a better way of promoting what guidelines recommend, while the controls receive

promotion of those guidelines already found to be inadequate. Comparing promotion of well validated interventions with approaches to dissemination that are well known to leave groups at a disadvantage seems to raise serious ethical issues.

Finally, an issue of interest is what might be argued to be an irreducible level of scholarly and professional judgment that is intrinsic in any extension of research findings to a real world setting. No matter the number of trials supporting an intervention or the number of settings in which the intervention may have been shown effective, there is always a level of scholarly or professional judgment necessary to make the decision that a given case or setting is an instance of those to which the intervention should apply – and that there are not other important factors present in the case or setting that may compromise that application. Fundamentally, then, application of research always entails human judgment. The extent of that dependence on human judgment may vary and the extent to which research may provide guidance to it may vary, but the idea that our evidence can be so tight as to eliminate human judgment is probably quixotic. This seems an important consideration in understanding, using, and teaching exciting developments in evidence based behavioral medicine.

Our annual meeting will include several events and sessions addressing evidence based behavioral medicine and research methodologies and approaches. Featured among these will be a "debate" between Russ Glasgow and President-Elect Peter Kaufmann on "What Type of Evidence is Most Needed to Advance Behavioral Medicine?" So, please make sure you plan to attend, March 21 – 24 at the Marriott Wardman Park Hotel in Washington. See you there!

1. Susser M. The tribulation of trials: Intervention in communities. *American Journal of Public Health* 1995;85(2):156-158.
2. Fisher EB, Jr. Editorial: The Results of the COMMIT Trial. *American Journal of Public Health* 1995;85(2):159-160.

## SBM Advocacy and Membership Development Campaign

Help cultivate the future of SBM by giving to the Advocacy and Membership Campaign today. Your assistance will ensure the future of SBM benefits for professionals in the field for years to come.

To donate, visit the SBM website today or check the box on your membership dues renewal form or membership application.

Every little bit helps our Society to grow!

## 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 Guest: Karen Glanz, PhD, MPH; Professor of Behavioral Sciences and Health Education, Georgia Cancer Coalition Distinguished Research Scholar; Director, Emory Prevention Research Center, Rollins School of Public Health, Emory University



What is your favorite word?

Aloha

What is your least favorite word?

Unscored!

What "turns you on" or excites you about the field of Behavioral Medicine?

rigor with creativity, new developments, interdisciplinary

What turns you off /frustrates you about the field of Behavioral Medicine?

fragmentation across interest/focus areas (at times)

What sound or noise do you love?

ocean waves lapping the shore

What sound or noise do you hate?

nails on a blackboard

What was your most unusual job (outside of Behavioral Medicine/academia)?

file clerk at a collection agency

What profession, other than yours, would you like to attempt?

professional triathlete

What profession or job would you not like to participate in?

waitress

If Heaven exists, what would you like St. Peter to say when you arrive at the pearly gates?

We're not ready for you just yet.

### Outlook

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# SOCIETY *of* BEHAVIORAL MEDICINE

28<sup>th</sup> Annual Meeting & Scientific Sessions

*“Science to Impact:  
The Breadth of Behavioral Medicine”*

March 21-24, 2007

Mariott Wardman Park

Washington, DC

## Highlight on... 28th SBM Annual Meeting & Scientific Sessions

March 21-24, 2007 – Washington, DC

The Society of Behavioral Medicine cordially invites you to attend the 28th Annual Meeting & Scientific Sessions, March 21-24, 2007, at the Marriott Wardman Park Hotel in Washington, DC. This hotel is located close to the National Zoo and is very close to a Metro stop.

The theme for the 28th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine (SBM) is Science to Impact: The Breadth of Behavioral Medicine. Each of the Annual Meeting program tracks have been designed to encourage presentations that are relevant on a cross-dimensional level within the field of behavioral medicine.

The SBM Annual Meeting represents the largest annual scientific conference (1,300 delegates) devoted exclusively to behavioral medicine. The Annual Meeting offers a multidisciplinary forum for a range of expertise from research in basic and biobehavioral mechanisms to applied cancer screening, health communication and informatics, health promotion, epidemiology, surveillance, health services, cancer survivorship, and diffusion and dissemination.

The following Meeting-At-A-Glance for the 28th Annual Meeting & Scientific Sessions offers a glimpse into the upcoming program. For a complete listing of seminars, poster sessions, paper presentations, symposia, and other scheduled events please visit the SBM Web site, [www.sbm.org](http://www.sbm.org).

## MEETING AT-A-GLANCE

### Wednesday, March 21

- 10:00 am – 8:30 pm Registration Desk Open
- 12:00 pm – 4:00 pm Integrated Primary Care SIG Course  
Primary Care Behavioral Health Integration – Practical Recommendations for Successful Integration
- 12:00 pm – 6:00 pm Cancer SIG Course  
Cancer and Aging – Challenges and Opportunities Across the Cancer Control Continuum  
(to be followed by Cancer SIG Course Reception.)
- 2:00 pm – 5:00 pm Seminars 1-8
- 7:00 pm – 8:30 pm Poster Session A (Citation Award and Meritorious Student Poster Session)  
Presidential Opening Reception

### Thursday, March 22

- 6:30 am – 7:30 am Exercise Sessions
- 7:00 am – 8:00 pm Registration Desk Open
- 7:30 am – 8:30 am Breakfast Roundtables
- 8:30 am – 9:00 am Break
- 9:00 am – 10:30 am Honoring Dr. Rodney A. Clark: A Snapshot of His Contributions to Research on the Effects of Racism on Health Disparities Among Racial/Ethnic Minorities and Deciding Our Future Directions  
*Danielle L. Beatty, MA, The City University of New York*  
*Christopher L. Edwards, PhD, Duke University*
- 9:00 am – 10:30 am Panel Discussions
- 9:00 am – 10:30 am Symposia
- 10:30 am – 10:45 am Break
- 10:45 am – 12:15 pm Presidential Address and Memorial Lecture: The Importance of Context in Understanding Behavior and Promoting Health  
*Edwin B. Fisher, PhD, University of North Carolina-Chapel Hill*  
(To be followed by SBM Achievement Awards Presentation.)
- 12:00 pm – 12:15 pm Break
- 12:15 pm – 1:15 pm Midday Meetings
- 12:15 pm – 1:15 pm Expert Consultations
- 1:15 pm – 1:30 pm Break
- 1:30 pm – 3:00 pm Paper Sessions
- 1:30 pm – 2:10 pm Master Lecture: On Choice and Self Control: What's the Future Worth to You?  
*Leonard Green, PhD, Washington University in St. Louis*
- 2:20 pm – 3:00 pm Master Lecture: GIS Methods and Analyses: Applications in Behavioral Medicine  
*Deborah S.K. Thomas, PhD, University of Colorado, Denver*
- 3:00 pm – 4:15 pm Distinguished Scientist Master Lecture: The Value of Animal Studies to Understanding and Treating Tobacco Use  
*Neil E. Grunberg, PhD*
- 3:30 pm – 5:00 pm Paper Sessions
- 5:00 pm – 5:15 pm Break
- 5:15 pm – 6:15 pm Keynote Address – A Structured Pro-Con Debate: What Type of Evidence is Most Needed to Advance Behavioral Medicine?  
*Russell E. Glasgow, PhD and Peter G. Kaufmann, PhD*
- 6:15 pm – 7:30 pm SIGs Business Meeting
- 6:30 pm – 8:00 pm Poster Session B
- 7:00 pm – 8:30 pm Dinners with an Expert (off-site)

## MEETING AT-A-GLANCE, *continued*

### Friday, March 23

6:30 am – 7:30 am	Exercise Sessions
7:00 am – 8:00 pm	Registration Desk Open
7:30 am – 8:30 am	Breakfast Roundtables
8:30 am – 9:00 am	Break
9:00 am – 10:30 am	Panel Discussions
9:00 am – 10:30 am	Symposia
10:30 am – 11:00 am	Break
11:00 am – 12:00 pm	Morning Keynote Address: From Fruit Flies to Fruit Juice: Exploring the Complex Issues of Obesity <i>David B. Allison, PhD, University of Alabama at Birmingham</i>
12:00 pm – 12:15 pm	Break
12:15 pm – 1:15 pm	Midday Meetings
12:15 pm – 1:15 pm	Expert Consultations
1:15 pm – 1:30 pm	Break
1:30 pm – 2:10 pm	Master Lecture: Psychoneuroimmunology Through the Eyes of a Virologist: Stress Matters <i>Ronald Glaser, MS PhD, Ohio State University, Office of Health Science Research</i>
1:30 pm – 3:00 pm	Paper Sessions
1:30 pm – 4:30 pm	National Cancer Institute (NCI) Workshop: Applying Social Psychological Theory to Health Communication and Intervention
2:20 pm – 3:00 pm	Master Lecture: Biobehavioral Mechanisms in Ovarian Cancer <i>Susan K. Lutgendorf, PhD, University of Iowa</i>
3:00 pm – 3:30 pm	Break
3:30 pm – 5:00 pm	Action Poster Sessions A and B
3:30 pm – 5:00 pm	Paper Sessions
5:00 pm – 5:15 pm	Break
5:15 pm – 6:15 pm	Keynote Address <i>Paul Krugman, New York Times</i>
6:15 pm – 6:30 pm	Break
6:30 pm – 8:00 pm	Poster Session C
7:00 pm – 8:30 pm	Dinner with an Expert (off-site)

### Saturday, March 24

6:30 am – 7:30 am	SBM Fun Run
7:00 am – 3:00 pm	Registration Desk Open
7:30 am – 8:30 am	Breakfast Roundtables
8:00 am – 10:00 am	Evidence-Based Behavioral Medicine (EBBM) Workshop: How to Write a Systematic Review
8:30 am – 9:30 am	SBM Business Meeting
10:00 am – 11:30 am	Symposia
11:30 am – 11:45 am	Break
11:45 am – 12:45 pm	Closing Address <i>Ronald M. Davis, MD MA, Center for Health Promotion and Disease Prevention, Henry Ford Health System</i>
12:45 pm – 1:00 pm	Break
1:00 pm – 5:00 pm	Featured Course on Obesity – Preventing Obesity Through Behavioral Medicine: From Discovery to Development to Delivery

## Partial Listing of Symposiums

Addressing Social and Structural Influences on HIV Treatment Adherence in Domestic

Furthering the Frontiers of Understanding Spiritual Well-Being in Cancer Survivors

Reducing Childhood Obesity in High Risk Populations: From Science to Impact

Patient Reported Outcome (PRO) Assessment in Older Persons with Cancer

Three Dimensions of Diabetes Self Management Support: Synergy of Identifying Key Behaviors, Measurement, and Policy

Pseudoscience, Science, and Scientism in Cancer and Cardiovascular Health: Establishing Pathways to Evidence Based Practice

Multilevel approaches to understanding physical activity among racial/ethnic minority populations

Policy Research to Prevent Childhood Obesity: New Frontiers and Funding for Behavioral Medicine

Randomized Controlled Trial Methodology Applied to Behavioral Medicine

## Important Links and Information

**28th SBM Annual Meeting  
Scientific Program and Registration**  
www.sbm.org

**Hotel Reservations**  
www.sbm.org

**Washington, DC Convention and  
Visitors Bureau**  
www.washington.org

Don't miss out on the opportunity to attend quality educational programming and network with colleagues and peers at the 28th SBM Annual Meeting and Scientific Sessions. We look forward to seeing you in Washington, DC!

## Important Dates and Deadlines

**February 21, 2007**  
Early-bird Registration Deadline

**February 21, 2007**  
Housing Reservations Deadline

**March 21-24, 2007**  
28th Annual Meeting & Scientific Sessions

For more information, contact the SBM national office at:

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E-mail info@sbm.org  
Website www.sbm.org

## Registration Deadlines and Fees

	<b>Early Bird Before Feb. 21</b>	<b>On-site</b>
<b>Members</b>		
Full/Associate	\$250	\$300
Transitional	\$200	\$240
Student/Trainee	\$125	\$175
<b>Non-Members</b>		
Non-Member	\$500	\$550
Non-Member Student/Trainee	\$250	\$275
<b>One-Day Fee</b>		
Members/Non-Members	\$225	\$250
Guest	\$50	\$50

## Springtime in DC.....Don't Miss the 2007 SBM Conference!

By: The D.C. Local Arrangements Committee (Susan Czajkowski and Barbara Resnick)

Come explore Washington, DC this Spring during SBM's 28th Annual Meeting! This year's meeting, to be held March 21 - 24, 2007 in Washington, DC, will feature the theme, "Science to Impact: The Breadth of Behavioral Medicine." Make your plans now to attend this annual event, which as in years past will feature a host of exciting and informative keynote speakers, seminars, symposia and opportunities to network with friends and colleagues from across the nation and around the world. And while you are visiting DC for the meeting, we hope you will take the time to explore this historically and culturally rich city, full of interesting neighborhoods, topnotch restaurants, lively nightlife, and a wealth of museums, monuments, art galleries, historical sites and activities for the whole family.

The Marriott Wardman Park Hotel, site of this year's Meeting, is located in Woodley Park in upper northwest Washington, DC, close to beautiful Rock Creek Park and the Smithsonian's National Zoo, where the now-world-famous panda cub Tai Shan lives. A short metro ride away is the National Mall, site of the beautiful Cherry Blossoms, as well as the majestic monuments and inspiring memorials for which Washington is famous.

Take a tour of the Smithsonian museums, including the new Museum of the American Indian, the popular Air and Space Museum, and the Hirschhorn, Freer and Sackler Art Galleries. And remember – these museums, as well as the Washington, Lincoln, Jefferson and many other monuments, memorials and historical sites, are free and open daily to the public.

As inspiring as these sites are, a trip to Washington is so much more than a tour of monuments and memorials! Like any city, DC is known for its collection of neighborhoods, each with its own unique flavor and feel, and almost all easily accessible via walking, or a short trip on Metrorail or Metrobus. Within walking distance of the hotel is Adams Morgan, a multicultural hub with the most diverse population in the city and an abundance of ethnic restaurants, from Ethiopian and Thai to Mexican, Caribbean and Indian, as well as a lively nightclub scene. A short metro ride away is Dupont Circle, a cosmopolitan neighborhood known for its mix of restaurants, shops, hotels, quaint B&B's, galleries and museums (The Phillips Collection, The Textile Museum, Woodrow Wilson House and National Geographic Society's Explorers Hall to name a few). One of Washington's better known neighborhoods, Georgetown, is a must-see: at once historic and hip, with cobble-stoned streets

*See you in DC!*

SBM 28<sup>th</sup> Annual Meeting  
& Scientific Sessions  
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Washington, DC

lined with shops and boutiques, historic homes, restaurants and bars. For political junkies, you can't beat a visit to Capitol Hill, with its Victorian rowhouses, parks and tree-lined streets as well as the Capitol, Library of Congress, Supreme Court building, Folger Shakespeare Library, National Postal Museum and Union Station. And one of Washington's oldest neighborhoods -- the U Street corridor, birthplace of Duke Ellington and the center of Washington's African-American nightlife for much of the 20th century -- has been revitalized and is once again thriving. Old neighborhood haunts such as Ben's Chili Bowl (Bill Cosby loves the half-smokes) sit side-by-side with new favorites, such as the Bohemian Busboys & Poets (named for Langston Hughes). Take in the African American Civil War Memorial, see a show at the historic Lincoln Theater, and visit the designer stores, coffee shops, boutiques and jazz clubs that make this neighborhood once known as the "Black Broadway" so special.

Come to Washington, DC this Spring for the Annual meeting and enjoy all this historic and vibrant city has to offer. There is so much to do and see, you'll want to bring the whole family to explore the inspiring monuments, historic sites, museums, galleries, and colorful and diverse neighborhoods that make our Nation's Capital a truly unique experience!

## 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, Ph.D., the Editor of Annals, and his staff for providing this information. Cheryl Albright, Ph.D., MPH, Outlook Editor

### Annals of Behavioral Medicine

Volume 33 (1), February, 2007

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#### Original Articles

**Article 1** – *Misleading Tests of Health Behavior Theories*, Neil D. Weinstein.

**Article 2** – *A Randomized Controlled Trial of Mindfulness Meditation versus Relaxation Training: Effects on Distress, Positive States of Mind, Rumination and Distraction*, Shamini Jain, Shauna L. Shapiro, Summer Swanick, Scott C. Roesch, Paul J. Mills, Iris Bell, and Gary E.R. Schwartz.

**Article 3** – *Does genetic testing result in behavioral health change? Changes in smoking behavior following testing for Alpha-1 Antitrypsin Deficiency*, Matthew J. Carpenter, Charlie Strange, Yonge Jones, Marguerite R. Dickson, Cindy Carter, M. Allison Moseley, Gregory E. Gilbert.

**Article 4** – *The Neighborhood and Home Environments: Disparate Relationships with Physical Activity and Sedentary Behaviors in Youth*, James N. Roemmich, Leonard H. Epstein, Samina Raja, and Li Yin.

**Article 5** – *ABM-D-05-00055R4, Evaluation of an Interactive Computer-Tailored Nutrition Intervention in a Real-Life Setting*, Ilse De Bourdeaudhuij, Veerle Stevens, Corneel Vandelanotte, and Johannes Brug.

**Article 6** – *Minimal In-Person Support as an Adjunct to Internet Obesity Treatment*, Beth Gold, Paul Buzzell, Heather Leonard, Stephen Pintauro, and Jean Harvey-Berino.

**Article 7** – *The Contribution of Changes in Diet, Exercise, and Stress Management to Changes in Coronary Risk in Women and Men in the Multisite Cardiac Lifestyle Inter-*

*vention Program*, Jennifer J. Daubenmier, Gerdi Weidner, Michael Sumner, Nancy Mendell, Terri Merritt-Worden, Joli Studley, and Dean Ornish.

**Article 8** – *Anticipatory nausea - the role of individual differences related to sensory perception and autonomic reactivity*, Robert Zachariae, Kim Paulsen, Mimi Y Melhlsen, Anders B Jensen, Anna Johansson, and Hans von der Maase.

**Article 9** – *A Cohort-Sequential Latent Growth Model of Physical Activity from Ages 12-17 Years*, Susan C. Duncan, Terry E. Duncan, Lisa A. Strycker, and Nigel R. Chaumeton.

**Article 10** – *The Effect of Spirituality on the Quality of Life of Spousal Caregivers of Cancer Survivors*, LeighAnna Allen Colgrove, Youngmee Kim, and Nancy Thompson.

#### Rapid Communications

**Article 11** – *Moderator Analyses of Participants in the Active for Life After Cancer Trial: Implications for Physical Activity Group Intervention Studies*, Cindy L. Carmack Taylor, Carl de Moor, Karen Basen-Engquist, Murray A. Smith, Andrea L. Dunn, Hoda Badr, Curtis Pettaway, and Ellen R. Gritz.

**Article 12** – *Tobacco Retailer Density Surrounding Schools and Cigarette access Behaviours among Underage Smoking Students*, Scott T. Leatherdale and Jocelyn M. Strath.

**Article 13** – *Illness by Suggestion: Expectancy, Modeling, and Gender in the Production of Psychosomatic Symptoms*, William Lorber, Giuliana Mazzoni, and Irving Kirsch.

Please visit the SBM website at

[www.sbm.org/](http://www.sbm.org/)

for more information about the Society and its activities.

## OBSSR Award Supports Training in Evidence-Based Behavioral Practice

Bonnie Spring

Infrastructure to disseminate evidence-based health interventions continues to grow. Formal clinical and public health practice guidelines proliferate worldwide and are based increasingly upon systematic review of empirical research (Haines, Kuruville, & Borchert, 2004; Shiffman et al, 2004). Those who seek to integrate research into health care policy and practice decisions can find a growing array of accessible, regularly updated research syntheses. Examples can be found in the on-line libraries of the Cochrane Collaboration <[www.cochrane.org](http://www.cochrane.org)>, the Campbell Collaboration <[www.campbellcollaboration.org](http://www.campbellcollaboration.org)>, or the Guide to Community Preventive Services <[www.thecommunityguide.org](http://www.thecommunityguide.org)>. The behavioral sciences are relative latecomers to adopt evidence-based practice policy (APA, 2005; Anderson, et al, 2005). To benefit fully from the infrastructure of evidence-based practice, the several behavioral science disciplines may need to engage in some reconsideration of their training models (Spring, et al, 2005). The Office of Behavioral and Social Research (OBSSR) of the National Institutes of Health has committed to support the development of web-based training resources to disseminate evidence-based behavioral practice.

Through its contracting office, the National Library of Medicine, OBSSR issued Contract # N01-LM-6-3512, Resources for Training in Evidence-Based Behavioral Practice. The contract, renewable annually for five years, was awarded September 2006 to Northwestern University. The Principal Investigator for the award is Bonnie Spring. The Associate Chair is Barbara Walker from Indiana University.

The aim of the award is to create infrastructure that: 1) provides educators with appropriate tools to teach behavioral scientists and practitioners to find, generate, critically appraise, and apply research evidence; 2) equips practitioners with skills to perform evidence-based behavioral interventions, and 3) facilitates practice-based research. The contract's overall objective is to catalyze these efforts by the various professional disciplines that engage in training and implementation of behavioral practices. The Year 1 plan is to establish a multidisciplinary working Council as well as a Scientific Advisory Board that provides expert consultation. Members will produce a white paper that characterizes core knowledge and skills in evidence-based behavioral practice. Emphasis in years 2 and 3 will shift to performing needs assessment and developing web-based materials that can be used as part of a training curriculum. Training materials will be field-tested and refined in collaboration with graduate programs that provide education in behavioral interventions. Practice networks will be constituted in years 4 and 5. Network members will create training mod-

ules that demonstrate how evidence-based behavioral practices can be contextualized and systematized in real-world settings. Additional training modules will illustrate ways to accomplish sustained, ongoing iteration between generation of practice-based research knowledge and refinement of evidence-based practices.

The first needs assessment will occur for psychology training. Evidence-based practice is the theme of the Council of University Directors of Clinical Psychology's Winter meeting to be held January 19-20, 2007 in Savannah, Georgia. Bonnie Spring will deliver a keynote entitled, "Evidence-Based Practice in Psychology: What it is, Why it matters, and What you need to know." The keynote will be followed by a panel of four speakers. Barbara Walker, Indiana University, will describe her experience integrating evidence-based practice into graduate training in clinical practice. Next, Dianne Chambless, University of Pennsylvania, will discuss the role of empirically supported treatments in teaching evidence-based practice. Then Thad Leffingwell, Oklahoma State University, will describe an interventions seminar that models evidence-based practice. David DiLillo, University of Nebraska, will discuss his faculty's experience implementing an evidence-based practice curriculum in a scientist-practitioner program. The panel will be followed by a training session on using informatics for psychological practice. Finally, there will be break-out sessions on integrating evidence-based practice concepts into coursework on research methods, interventions, clinical syndromes, and practicum training. It is hoped that the Clinical Directors will identify content areas for which training resources need to be developed. Desired content will then be developed and posted as web-based training modules to be tried out by end-users as part of the graduate psychology curriculum.

### References

- American Psychological Association (2005), APA Policy Statement on Evidence-Based Practice, [www2.apa.org/practice/ebpstatement.pdf](http://www2.apa.org/practice/ebpstatement.pdf)
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- Spring, B., Pagoto, S., Whitlock, E., Kaufmann, P., Glasgow, R., Smith, K., Trudeau, K., & Davidson, K. (2005) Invitation to a dialogue between researchers and clinicians about evidence-based behavioral medicine, *Annals of Behavioral Medicine*, 30(2), 125-137.

### 1. General Information

Please read the section containing Registration Information in the Preliminary Program before completing this form. Clearly type or print all information EXACTLY as you wish them to appear on your meeting badge.

First Name, MI, Last Name, Degree

Organization (As you would like it listed on your name badge.)

Address

City State/Province Zip/Postal Code Country

Daytime Telephone (include country and city codes), Fax (include country and city codes), E-mail Address

This address is:  Home  Business

Check this box if you do not want this information included in the Attendee Directory.

Do you require special accommodations to fully participate in the meeting?  No,  Yes (If yes, please attach details of your special needs.)

In case of an emergency, please contact:

Name, Telephone, Relationship

### 2. SBM Membership Status

Please check the appropriate box:

- I have renewed or applied for membership for the 2007 calendar year.
- I am renewing my 2007 membership with this registration form. (Please attach membership renewal form.)
- I would like to join SBM (New SBM members must submit an application along with their completed registration form. Applications can be found on the SBM website at [www.sbm.org](http://www.sbm.org). If you do not include your application and payment for membership, you will be responsible for the non-member registration fees for this meeting.)

### 3. Base Annual Meeting Registration Fees

The general Annual Meeting registration fee includes admittance to all educational sessions that do not require an additional ticket as well as the Poster Hall. Ticketed sessions are available in section 5 of this form.

<b>SBM Members</b>	<b>Early-Bird, Before Feb. 28</b>	<b>After Feb. 28</b>
Full/Associate	\$250	\$300
Transitional	\$200	\$240
Student/Trainee*	\$125	\$175

<b>Non-Members</b>	<b>Early-Bird, Before Feb. 28</b>	<b>After Feb. 28</b>
Non-Member	\$500	\$550
Non-Member Student/Trainee*	\$250	\$275

<b>One-Day</b>	<b>Early-Bird, Before Feb. 28</b>	<b>After Feb. 28</b>
One-Day Registration	\$225	\$250

Please check day of attendance:  Wednesday, March 21  Thursday, March 22  Friday, March 23  Saturday, March 24

<b>Press</b>	<b>Early-Bird, Before Feb. 28</b>	<b>After Feb. 28</b>
Press Fee	\$0	\$0
Guest Fee	\$50	\$50

#### Spouse/Guest Registration

Registered spouses/guests will be admitted to the non-ticketed sessions and the Poster Hall. No registration is required for guests age 17 and under.

Name of Spouse/Guest(s)

Total Spouse/Guest(s) Fee

#### \*Training Verification

This verifies that NAME is currently enrolled as a full-time student for the 2006-2007 academic year at INSTITUTION.

Name of Supervisor (please print)

Signature of Supervisor

Date

Total Base Registration Fee

## 4. Course and Seminar Tickets and Fees

Seminars will be held on Wednesday, March 21 from 2:00 PM – 5:00 PM and Courses will be held on both Wednesday, March 21 from 12:00 Noon – 6:00 PM and Saturday, March 24 from 12:30 – 5:00 PM. There is a ticket and fee associated with each Course and Seminar. You may register for a Course or Seminar independently of, or in addition to, base registration for the Annual Meeting. (Please note that if a Course or Seminar does not receive a minimum of 10 pre-registrants it will be cancelled. You will be notified of the cancellation by the SBM National Office prior to March 7, 2007. In addition, SBM, in collaboration with RWJF will offer an obesity course on Saturday, March 24 from 12:30 – 5:00 PM.

### Wednesday, March 21

Cancer SIG Course 12:00 Noon – 6:00 PM  
Course Fee \$85 / Credit Fee \$25 (optional)

Integrated Primary Care SIG Course 12 Noon – 4 PM  
 Course Fee \$35  Credit Fee \$25 (optional)

### Seminars

- Seminar #1       Seminar #2       Seminar #3       Seminar #4       Seminar #5  
 Seminar #6       Seminar #7       Seminar #8       Seminar #9

In the event that your first choice of seminar is full, please identify a second choice here (optional): \_\_\_\_\_

Seminar Fees       Full/Associate Members \$60 per Seminar       Student/Trainee or Transitional Members \$35 per Seminar       Non-Members \$85 per Seminar

### Saturday, March 25

Obesity Course 12:00 Noon – 6:00 PM

Total Course and Seminar Fee

## 5. Continuing Education Credits

Please select the credits desired and add \$25 per credit type. Applicants for continuing education credits must complete and return the attendance record and any required posts-tests in order to receive credit.

- American Dietetic Association (ADA) Credits  
Member Number:  
Note: ADA Membership is required:
- CE Credits for Psychologists (APA)  
License Number:  
State Licensed in:
- CHECH Credits (Certified Health Education Specialists)
- AMA PRA Category 1 CME Credits for Physicians (PESI)
- Continuing Education (CE) Contact Hours for Nurses (PESI)  
License Number:  
State Licensed in:
- Nursing continuing Education Units for Nurse Practitioners (AANP)  
License Number:  
State Licensed in:

Total Credits Fee

## 6. Box Lunches

Box lunches are available for purchase in advance of the meeting. Your pre-ordered boxed lunch will include a sandwich, pasta salad, fresh fruit, cookie, and a soft drink. If you require a vegetarian meal please indicate below. On-site purchase of box lunches cannot be guaranteed.

- Wednesday, March 21 for \$37.50       Thursday, March 22 for \$37.50  
 Friday, March 23 for \$37.50       Saturday, March 24 for \$37.50

I have included the cost of a boxed lunch with my registration fee and require a vegetarian sandwich.

Total Box Lunch Fee

## 7. Payment

Add all fees entered on this form and enter the total at right.

Total

Registration forms received without payment will not be processed. Be sure to complete sections 2-7 of this form in order to calculate total fees. Checks must be made to SBM in U.S. funds drawn on a U.S. Bank. No purchase orders will be accepted.

Method of Payment:  Check, enclosed       VISA       Mastercard       American Express

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Cardholders' Signature \_\_\_\_\_

### Cancellation Policy

Any registration cancellations must be made in writing directly to the SBM National Office by March 5, 2007. All cancellations are subject to a \$35 administrative fee. Refunds will be processed following the Annual Meeting.

### Submission Instructions

Online: Register online at [www.sbm.org](http://www.sbm.org).

Fax: Please fax this registration form along with credit card payment to the SBM National Office at (414)276-3349

Mail: Please mail this form with appropriate check or credit card payment to:  
SBM Annual Meeting Registration, 555 E. Wells St., Suite 1100, Milwaukee, WI 53202-3823.

A confirmation of your registration will be mailed to you within 14 business days of receipt of your form.

If you do not receive a confirmation within 14 days, please call the SBM National Office at (414)918-3156.

### FOR OFFICE USE ONLY:

Date Received:

Check Number:

Date Confirmation Mailed:

Date Entered:

Refund:

## Classifieds

### Director, Behavioral Science

The Behavioral Research Center (BRC) of the American Cancer Society has several scientific director-level openings available as work expands in areas such as cancer prevention, tobacco control, early detection, health disparities, health promotion, and health communication. The successful candidates will initiate and direct research projects in collaboration with other American Cancer Society departments, programs, and national Divisions, along with local and national extramural scientific communities. The majority of the research projects are funded intramurally. These positions offer a unique opportunity to conceptualize and conduct research that has the potential to impact cancer care on a national level.

The American Cancer Society's National Home Office is located in Atlanta, Georgia. In addition, the organization also has 13 regional/state Divisions, more than 3,400 local offices, and over three million volunteers. The American Cancer Society has been a major player in cancer research for over 80 years. The BRC, an intramural research program of the Society, is part of the Research Department, which also includes the Department of Epidemiology and Surveillance Research, the Statistics and Evaluation Center, the Extramural Grants Program, and the Research Promotion and Communications Department. The expanding BRC staff includes 20 full-time doctoral, masters, and bachelors level scientific and support staff, along with pre- and post-doctoral interns.

The position of Director of Behavioral Science requires an individual with a PhD, MD, or equivalent degree who has a history of peer-reviewed funding and/or publications. Our working environment promotes teamwork. The position, available immediately, reports to the Vice President of Behavioral Research. Salary is commensurate with the applicant's qualifications and experience. If you are interested, please send a cover letter, your CV, the name of three references, and an indication of salary requirements to:

Michael Stefanek, PhD, Vice President of Behavioral Research, American Cancer Society, 1599 Clifton Road, Atlanta, Georgia 30329

Michael.Stefanek@cancer.org

The American Cancer Society is an AA/EO Employer

**The Department of Psychiatry and Human Behavior at Brown Medical School offers a 2-year postdoctoral fellowship in Addictions Research.** The Addictions Research Group (Richard A. Brown, Ph.D., Director) at the Brown Medical School-affiliated Butler Hospital invites applications for a postdoctoral fellowship position to individuals holding a Ph.D. in clinical psychology and who are interested in pursuing clinical research. Postdoctoral fellows will have the opportunity to be involved in ongoing NIH-funded clinical trials that are evaluating 1) the efficacy of a telephone counseling smoking cessation interven-

tion for smokers with recurrent major depression, 2) the efficacy of a moderate intensity aerobic exercise intervention for smoking cessation, and 3) the efficacy of a motivational interviewing (MI) intervention for adolescents with comorbid substance use and psychiatric disorders. Postdoctoral fellows may also engage in the publication of empirical research papers from several recently completed studies. Lastly, the position will consist of 25% clinical work on the various ongoing NIH-funded clinical trials described above. For application and program details see [http://bms.brown.edu/DPHB/pages/training/training\\_psychology/Clinical\\_fellowships/clin\\_fellow\\_desc.htm](http://bms.brown.edu/DPHB/pages/training/training_psychology/Clinical_fellowships/clin_fellow_desc.htm).

For further information email Richard\_Brown@brown.edu. Screening begins immediately and will continue until the position is filled. Starting dates vary from July 1 to September 1. Brown Medical School is an Equal Opportunity/Affirmative Action Employer and actively solicits applications from women and minorities.

### Post Doctoral Fellowship, Lombardi Comprehensive Cancer Center, Georgetown University

A postdoctoral position is available in the LCCC Cancer Control Program to work on NCI- and DoD-funded projects to develop and evaluate web-based patient education and decision aids in

continued on next page

prostate cancer screening. Responsibilities include: intervention development, project management, data analysis, manuscript preparation, and the development of an independent research program. Applicants with a research focus in decision making, cancer screening, or health communication are of particular interest. This position is open to doctorates (PhDs, DrPHs, or equivalent) in behavioral science (e.g., psychology, public health, communication). This is a 2-3 year position that provides didactic opportunities and mentored training in research and career development. Faculty appointment at the Instructor or Asst. Professor level, depending upon qualifications. Salary is \$55,000 plus benefits. Review of applications will begin immediately and continue until the position is filled. Information about the CC Program is available at <http://lombardi.georgetown.edu/research/areas/cancercontrol/index.htm>

Send a cover letter and C.V to Kathryn L. Taylor, Ph.D., Cancer Control Program, LCCC, 3300 Whitehaven St., NW, #4100, Washington D.C. 20007 or TAYLORKL@georgetown.edu. Georgetown University is an Equal Opportunity Employer.

**Department of Community Health Sciences, School of Public Health, UCLA**  
Assistant/Associate Professor, Health Education & Health Promotion: Substantial independent research in health education and health promotion, emphasis on community organization, empowerment, development, commitment to diversity; success in obtaining extramural funding; research publications; interdisciplinary research and excellence in teaching; ability to collaborate with other programmatic/disciplinary areas. Regular tenure-track position.

Assistant/Associate/Full Professor, Public Health & Community Nutrition: Substantial independent research in public health/community nutrition, current national or international-level grant fund-

ing, research publications. Will develop extramurally-funded research programs and contribute to department's teaching mission. Position is "in-residence," carries all faculty rights except requires future outside funding. Two years salary support available.

Our multidisciplinary faculty has strong history of ongoing research and graduate education in domestic and international settings. Collaborations involve Epidemiology, Environmental Health, Health Services, Jonsson Cancer Center, Medicine, area studies programs, other campus centers/departments.

Must have doctoral degree. Send C.V., statement of research interests, and contact information for 3+ references to appropriate person below. Review of applicants: January 2007 until position filled.

Virginia Li, Sc.D., Chair, Health Education Search Committee  
310/825-8132, [vcl@ucla.edu](mailto:vcl@ucla.edu)  
Steven Wallace, Ph.D., Chair, Nutrition Search Committee  
310/313-2699, [swallace@ucla.edu](mailto:swallace@ucla.edu)  
Department of Community Health Sciences  
UCLA School of Public Health  
Box 951772  
Los Angeles, CA 90095-1772  
<http://www.ph.ucla.edu/chs>

UCLA is an Affirmative Action/Equal Opportunity Employer and has a strong commitment to the achievement of excellence and diversity among its faculty and staff.

**Post Doctoral Fellowship in Childhood Obesity, University of Memphis Center for Community Health**

We are seeking a post-doctoral research fellow with expertise in childhood obesity prevention or treatment to coordinate a new multidisciplinary child obesity research consortium and to conduct independent research. We are seeking a promising scholar with potential to establish an externally sup-

ported research program. Individuals with a doctorate in relevant fields such as epidemiology, environmental epidemiology, psychology, health education, nutrition, or exercise science are invited to apply. This is a 2-3 year position that provides mentored training in research and career development and ample opportunity for collaboration across several disciplines and institutions. Salary is \$55,000 plus benefits. Review of applications will begin immediately and continue until the position is filled. Send a cover letter, CV, description of research experience and interests, and three letters of reference to Kenneth D. Ward, PhD [kwward@memphis.edu](mailto:kwward@memphis.edu) or Wasim Maziak, PhD [wmaziak@memphis.edu](mailto:wmaziak@memphis.edu); Center for Community Health, 633 Normal Street, Memphis, TN, 38152 ([www.cch.memphis.edu](http://www.cch.memphis.edu)).

The University of Memphis, a Tennessee Board of Regents Institution, is an Equal Opportunity/Affirmative Action Employer. Appointment will be based on qualifications as they relate to position requirements without regard to race, color, national origin, religion, sex, age, disability, or veteran status.

**Faculty Positions In Child Obesity And Related Health Conditions**

The University of South Carolina invites applications to fill three tenure-track faculty positions to build our program of interdisciplinary research in child obesity and related conditions affecting children and their families. This open rank recruitment is part of USC's Faculty Excellence Initiative to expand campus-wide areas of excellence. The primary appointments for these positions will be in the Arnold School of Public Health Department of Epidemiology and Biostatistics, the Department of Exercise Science, and in the College of Arts and Sciences Department of Psychology. Adjunct or joint appointments are possible, and affiliation with the Center

continued on next page

Classifieds... continued from page 12

for Research in Nutrition and Health Disparities, the Research Consortium on Children and Families (RCCF), and/or Prevention Research Center is desirable. Relevant areas of obesity research may include: the impact of family systems including parenting styles and family functioning in underserved youth; etiologic, metabolic, genetic, and cultural aspects of obesity and associated health conditions in children and adolescents; the influence of psychosocial, family, community, environment or policy factors on physical activity or nutrition as relates to children; and/or development and delivery of appropriate interventions.

Successful applicants are expected to lead their own research program and demonstrate potential to acquire external grant funding. Formal and non-formal teaching in the applicant's general area of expertise and consistent with the departmental needs is expected. Review of applications will begin immediately and will continue until hiring is complete. Rank and salary will be commensurate with experience.

Applications should include curriculum vitae, a cover letter detailing research directions and grant activity, examples of published research, as well as names and contact information for three references. Send applications and inquiries via email ([srgause@gwm.sc.edu](mailto:srgause@gwm.sc.edu)) or by postal mail to: Sarah Gause, Grants Coordinator, Center for Research in Nutrition and Health Disparities, 2718 Middleburg Drive, Columbia, SC 29204. The University of South Carolina is an equal opportunity employer.

**The Center for Interdisciplinary Research in Women's Health at the University of Texas Medical Branch in Galveston** is seeking an assistant professor (tenure track) interested in conducting high-quality research as part of a multi-disciplinary team in the areas of adolescent or women's health. Candidates must possess a M.D. or

Ph.D. in psychology, epidemiology, or other health-related field. Competitive salary commensurate with experience. Proof of eligibility to work in U.S. is required. Applicants should submit their CV and a letter of interest to Abbey B. Berenson, M.D., director, Center for Interdisciplinary Research in Women's Health, The University of Texas Medical Branch, Mail Route 0587, Galveston, TX 77555-0587, (409) 772-2978, [scholar-program@utmb.edu](mailto:scholar-program@utmb.edu).

UTMB is an equal opportunity affirmative action institution which proudly values diversity. Candidates of all backgrounds are encouraged to apply.

**Director, Graduate Program in Health Promotion University of Delaware**

Associate or Full Professor, tenure-track appointment, effective 9/1/07.

Primary responsibilities include directing the M.S. program in Health Promotion, teaching graduate and undergraduate courses in health promotion and health behavior science, and conducting nationally visible, funded research. Review of applications will begin February 15, 2007 and will continue until the position is filled. The curriculum vitae and all applications materials will be shared with departmental faculty. Send letter of application, curriculum vitae, and three (3) letters of reference to Susan J. Hall, Ph.D., Dept of Health, Nutrition and Exercise Sciences,

025 Carpenter Sports Building, University of Delaware, Newark, Delaware, 19716. For more information, please visit our web site: <http://www.udel.edu/HNES/>.

The UNIVERSITY OF DELAWARE is an Equal Opportunity Employer which encourages applications from Minority Group Members and Women.



# Society of Behavioral Medicine

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## Outlook

SBM-0107-004

### Classified Advertising Deadline and Rates

To advertise in the Spring/Summer 2007 edition of Outlook (which will be available in June 2007), please supply ad copy to the SBM National Office. Artwork, including company logos, will not be accepted. Please contact the National Office for additional information.

The deadline for receipt of ad copy is April 17, 2007. Advertising is billed at a rate of \$10 per line based on Outlook's final layout. Sample layout and final invoice will be forwarded to the advertiser prior to publication.

Contact:  
David Wood, Meetings & Membership  
Manager  
Society of Behavioral Medicine  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202  
Phone: (414) 918-3156  
Fax: (414) 276-3349  
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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