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ISBM

International Society of Behavioral Medicine

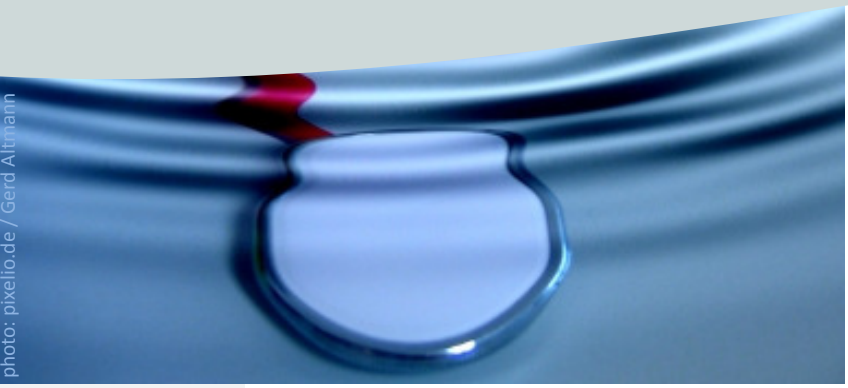

photo: pixelio.de / Gerd Altmann

Content

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News from the Editor

Dear ISBM members,

I welcome you to the first issue of our society's newsletter in 2011!

Now that Urs Nater has stepped down as our newsletter editor to become the secretary of the ISBM, I will follow him as the new editor of the ISBM newsletter. I am greatly looking forward to my work on the ISBM newsletter! So, with the beginning of this newsletter issue, let me briefly introduce myself: I am a junior faculty member at the University of Zurich, Switzerland. Working mainly on neural and endocrine mechanisms of social support, I am also a psychotherapist and investigate psychosocial interventions with their impact on health outcomes.

Of course, with the beginning of my work on the newsletter, I would first like to thank Urs for the great job that he has done! He leaves me with a healthy and well-organized newsletter, which keeps all of us up to date with recent and upcoming ISBM events twice a year. I also feel that he included some highly interesting topics, such as the interviews with individual personalities in our society and the brief presentation of the member societies. My plan is to keep the design and structure of the newsletter, as well as the topics which are covered. In this line, I would like to draw your attention to the interview with our long term society member and former president of the ISBM, Redford Williams. For me personally, it was highly interesting to learn more about his career which is so closely related to the development of behavioral medicine in research and clinic. I am convinced that his view of the perspectives in our field might be stimulating to all of us. From this issue on, with each newsletter I would also like to briefly present one international collaboration project within the ISBM. I consider our worldwide network of practitioners and scientists to be one of our greatest strengths. By putting this topic in our newsletter, I hope to further stimulate ideas for future exchange and collaborations. So, I am happy to present you the collaboration project "Peers for Progress" with this newsletter.

Naturally, if you have any suggestions or ideas for our newsletter, please do let me know! This is your newsletter after all, and I am looking very forward to your feedback and to working with all of you!

Beate Ditzen
Newsletter Editor

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Letter from the President

I hope that every member of the ISBM is well and active, despite the recent disputes in Arabian countries, and the recent natural disaster in New Zealand. I wish that the ISBM and behavioral medicine could contribute more to health and wellness of people who suffer from tragic life experiences in the unstable human and natural worlds. Since I took over the position of President of the International Society of Behavioral Medicine (ISBM) six months ago, the Board of ISBM and I have been working hard for the next two-year term and the future of the ISBM. I am glad to report here some of these progresses, which is also a follow-up of our future plan which was published as the President Address in the last issue of the ISBM Newsletter (also available at the ISBM website).

New organization of the Board

The Board had a series of online webmeetings to discuss relevant issues. The Board selected its new members and they were recently approved by the Governing Council (GC) by an electric vote. First, following the initiative of Hege Eriksen, the former President, the Board decided that the International Network for Supporting Promising Individual Researchers in their Early career (INSPIRE, formerly called the "Early Career Network") would be officially involved in the ISBM activity. Dr. Carina Chan, the chair of the INSPIRE and Lecturer of Monash University, Malaysia, was elected a Member-at-Large of the Board for 2011-2014. On the ISBM website, you will find the webpage of INSPIRE, as well as a membership application. Second, Prof. Redford Williams was selected by the Board among several candidates and approved by the GC as the Chair of Nominations Committee for 2011-2012. Third, Prof. Christina Lee was appointed as the next Editor-in-Chief of International Journal of Behavioral Medicine (IJBM) for 2012-2017. These changes in the organization of the Board will enhance the ISBM to develop further. Last but not least, Dr. Beate Ditzen (University of Zurich, Switzerland; newsletter@isbm.info) was selected as the new Newsletter editor, taking over the position from our "great" Newsletter editor, Urs Nater.

Three pillars of ISBM

Concerning the first pillar, the nine ISBM committees, the last GC meeting in Washington DC requested committees to submit their workplans. Most committees have already submitted their workplans and these plans are posted at the ISBM website, from which an ISBM member can see the members and specific plans in a committee. We are waiting for workplans from the remainder. Concerning the second pillar, we have 26 member societies from 23 countries, with two affiliate societies and three emerging societies. I, as the President, visited several member societies during the last six months. I visited the Chinese Society in October 2010 to attend their 12th Conference, which was a huge and successful conference. I met with President Zhiyin Yang and many members of the Chinese Society who are very committed to the behavioral medicine discipline. I also visited the Italian Society in February 2011 to talk with President Lucio Sibilia and to find out that they are trying to establish a connection with and help some Latin American countries to

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develop their behavioral medicine societies. This is a good example of membership campaign and a model for all our member societies. In March 2011, I will talk to members of the Japanese Society about our future plans at a conference in Tokyo, Japan. I plan to visit other member societies during my two-year term. The third pillar is individual members. The Communication Committee Chair, Richard Peter, kindly prepared a gateway "ISBM Mail Contact" under the menu "Contact" (http://www.isbm.info/contact/contact.html) through which members and non-members can register their e-mails and receive timely information electronically.

Leadership in global health

I proposed that we could identify key areas of research and practice in behavioral medicine to be promoted in the next two years. During my visits to member societies, people proposed that poverty and social inequity could be one common area to tackle with in terms of their impact on health, under the current changing economic circumstances. Others proposed that an additional important area could be exploring bio-psycho-social integrated mechanisms underlying human health. I also proposed working with international organizations. I have approached the International Commission of Occupational Health (ICOH) (http://www.icohweb.org), which is a large international professional organization with more than 1,700 members from 78 countries, and I proposed a close collaboration between ISBM and ICOH. This was positively acknowledged by the Board of ICOH, and the Organizational Liaison Committee Chair, Kasisomayajula Vishwanath (Vish), and I will further work on this topic. Also the Organizational Liaison Committee is planning to work on the United Nations initiative on chronic diseases.

ICBM 2012 and beyond

As many of you already know, the next International Congress of Behavioral Medicine (ICBM) will be held in Budapest, Hungary from August 29 to September 1, 2012, hosted by the Hans-Selye Hungarian Society of Behavioral Science and Medicine (http://www.icbm2012.com). The Program Committee Chair, Frank J. Penedo, and the Local Organizing Committee Chair, Adrienne Stauder, as well as other committee members, are working very hard in order to prepare the conference. The conference theme is going to be "Behavioral Medicine: From Basic Science to Clinical Investigation and Public Health". I ask everyone to promote this conference whenever possible, through e-mailing list, conferences, or meetings. We also have started planning a future conference beyond the ICBM 2012: We received two nice proposals for the ICBM 2014 by February 1, 2011. The venue will be discussed at the next Board meeting.

The next Board meeting will be held on April 15, 2011, at VU University Medical Center, Amsterdam, The Netherlands, hosted by President-elect, Joost Dekker. Member societies and individual members, please send an e-mail to me if you have anything to propose for the discussion among the Board.

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News from the Editor-in-Chief of IJBM

February 2011

Christina Lee next Editor-in-Chief

Christina Lee (University of Queensland, Australia) has been appointed as the next Editor-in-Chief of IJBM (2012-2017 Term). She is a former Associate Editor of IJBM (2001 - 2009) and has extensive editorial experience in other journals. She has been closely involved with ISBM, especially with regard to the organization of conferences. I am very pleased that Christina Lee has accepted this appointment: I trust she will do an excellent job. I welcome her to this position.

Submission and review characteristics

The number of manuscripts submitted to IJBM in 2010 amounted to 138. The number of manuscripts with a final decision was 78. The acceptance rate was 26%.

Manuscripts originated from regions all over the world: Africa (2%), Asia (28%), Australia/NZ (7%), Europe (39%), Middle and South America (2%) and North America (23%).

The number of submitted manuscripts, the acceptance rate and the origin of manuscripts is quite similar to the 2009 characteristics.

Content

I would like to draw your attention to a special series on Social Determinants of Health at Different Phases of Life, with an Editorial by

Toivanen and Modin, published in the March 2011 issue of IJBM. This a highly interesting series of original empirical studies, put into context by an excellent editorial.

The four issues of IJBM published in 2010 address other highly interesting topics as well. These include a special series on Sedentary and Physical Activity Behaviors with an Editorial by Yvette Miller, and thematic series on Weight Loss, Stress and Emotions, Psychophysiological Processes, and Sleep and Health.

IJBM intends to publish other special issues or special series. Please feel free to contact me if you are interested in a particular topic. I am willing to discuss various options and alternatives with regard to special issues or series. Do not hesitate to contact me at j.dekker@vumc.nl.

Access to IJBM

Access to the online version of IJBM is free for all members of national societies. Just go the ISBM website and click on International Journal of Behavioral Medicine.

At the ISBM website, it is also possible to register for the free Table of Contents alert, alerting you to a new issue as soon as it is published.

Joost Dekker
Editor IJBM

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Interview with Redford B. Williams

This special series covers individuals who are long-term members of ISBM and have contributed to behavioral medicine in a significant manner.

Q1. Dr. Williams, first of all thank you so much for agreeing to be my first interviewee in my new position as the ISBM newspaper editor. I consider this interview series a great contribution of our newsletter to learn more about individuals who are long-term members of ISBM and have contributed to behavioral medicine in a significant manner. Could you briefly outline your involvement in behavioral medicine as a professional field and your current scientific interests?

A1. My involvement in behavioral medicine can be traced to my freshman year at college. During the summer of 1959, before my freshman year at Harvard College, I received a letter announcing a new freshman seminar program that would allow freshmen to take seminars that were run like graduate seminars. There were two that interested me – one on political science and one on behavioral science. My first choice was the political science one but I was not chosen for it. I did make it into the behavioral science one. The seminars required students to write one short paper each week, and our first assignment was "the mind-body problem." I think it's fair to say that if I'd made it into the political science seminar I wouldn't be sitting here right now responding to your questions about my involvement in behavioral medicine. It's also fair to say that I'm still working on that first paper assignment! [Will describe my current scientific interests below.]

Q2. Could you please tell us about your educational and scientific background? Where do you come from scientifically and how did you get into the field of behavioral medicine?

A2. My participation in the behavioral science seminar led to a major in Social Relations – "Soc Rel," a combined major at Harvard that included courses in personality, abnormal psychology, sociology and anthropology. I was fortunate to have mentors like George Goethals, John Spiegel and Stanley King who excited my interest in research in the behavioral sciences and, equally importantly, taught me the nuts and bolt of doing this research. I also had the good fortune to take the introductory course in genetics during the fall semester of 1962, when, half way through the course, we came to class one day to see written on the blackboard, "Dr. Watson has just won the Nobel Prize." It was not until many years later that I included a genetics component in my research, but I will always believe I was "imprinted" to genetics that October morning in 1962.

I received my medical education at Yale, including internship and residency in internal medicine, where I became increasingly interested in the role of psychosocial factors in medical illness. One of the requirements for the M.D. at Yale was a thesis based on original research, and I was happy to apply my Soc Rel background by wheeling a desk-sized blood pressure monitor around the wards of Grace-New Haven Hospital doing "stress interviews" on patients with hypertension. I next spent

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two years doing a postdoctoral fellowship at the National Institute of Mental Health, where I had the further good fortune to work in the labs of Irv Kopin and Julie Axelrod and learn how to apply the tools of molecular neuroscience to the mind-body problem. My education did not end when I joined the medical school faculty at Duke in 1972, with appointments in Psychiatry and Medicine. I will always be grateful to my Psychiatry chair, Bud Busse, who made sure I kept my focus on doing high quality research on the mind-body problem. I was also fortunate during the mid-1970s to spend time with Meyer Friedman and Ray Rosenman, learning how to assess and do research on the role of Type A behavior in cardiovascular disease. And lastly, I have been lucky over the years to have students who not only learned from me but also expanded my horizons and contributed significantly to my own continuing education.

Q3. On a more personal note, did you ever have a dream alternative career? If so, what would this alternative career have been about?

A3. My dream alternative career would somehow involve the arts -- being a novelist or an actor.

Q4. Besides serving as our society's president from 2006-2008, you have served in many official capacities, among others in different committees for the US National Institutes of Health, as the president of the Society of Behavioral Medicine, the American Psychosomatic Society, and the Academy of Behavioral Medicine Research. Could you briefly summarize your roles?

A4. I was part of the group that worked closely with Steve Weiss, Jim Shields and others at NHLBI in the late 1970s to expand that Institute's behavioral medicine research portfolio. One of our major accomplishments during this period was the establishment of the Behavioral Medicine Study Section, which with its multidisciplinary membership ensured that grants in our field received a fairer evaluation that had been possible earlier with more discipline-based study sections. I was proud to serve on the Behavioral Medicine Study Section for several years. I have also been privileged to serve as president of the three U.S. psychosomatic/behavioral medicine societies: SBM, APS and ABMR. I also worked closely with Steve Weiss, Neil Schnei-

At the meeting of 1977-78 that established the Academy of Behavioral Medicine Research and the Society of Behavioral Medicine.
(left: David Glass, middle: RBW, right: Gary Schwartz)

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derman, Andrew Steptoe, Kristina Orth-Gomer, Gunilla Burrell and other leaders to bring about the establishment of ISBM.

Q5. In 1992, you have published the groundbreaking paper on social and economic resources in medically treated patients in JAMA. Besides this paper, what one piece of your career are you most proud of?

A5. This is a tough question to answer! I'm going to cheat and pretend that you asked what do I see as my major career accomplishment. My answer to that question is this: not being fully trained (indoctrinated?) in any single academic discipline, I have been able to take a problem-oriented approach throughout my career, bringing to bear on my major problem of interest – the mind-body problem! – tools from a variety of disciplines. Thus, I have been able to use theories and techniques from psychology, sociology, medicine, physiology, genetics, cognitive behavior therapy, etc., etc., to increase our understanding of the pathways from stress to disease and to begin to translate that increased understanding into interventions that can provide more effective means of prevention and treatment of disease. One result of this approach can be found in my (somewhat ambitiously titled) 1994 APS presidential address, "Neurobiology, cellular and molecular biology, and psychosomatic medicine".

My current research aims to identify genetic variants that magnify (or reduce!) the effects of environmental stressors on psychological, behavioral and physiological endophenotypes that mediate the effects of such stressors on the etiology and course of medical disease. On the translational front, I have partnered with my life partner of the past 47 years, Virginia Parrott Williams, to start a commercial enterprise -- Williams LifeSkills, Inc. – with the mission of developing, testing and marketing behavioral interventions to ameliorate the health-damaging effects of psychosocial stressors.

Q6. In which area do you see the future of behavioral medicine? Which topic(s) would you like to see discussed more within the ISBM in the near future?

A6. You will not be surprised, given the foregoing, to hear that I see the future of behavioral medicine as lying in two key areas. First, we need to apply the tools of molecular genetics to identify genetic variants that moderate the impact of environmental "stressors on psychological, behavioral and physiological endophenotypes that mediate the effects of such stressors on the etiology and course of medical disease." And second, we need to translate the knowledge gained from that work into "interventions that can provide more effective means of prevention and treatment of disease."

Also not surprisingly, I would like to see more discussion of gene x environment interaction research and translational behavioral medicine within the ISBM in the near future.

Q7. Where do you see specific challenges in behavioral medicine?

A7. It is going to take a lot of hard work on the part of many of us to develop the necessary approaches and do the research needed to

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identify genetic variants that make some of us more vulnerable (or resistant!) to the health-damaging effects of stress. Another major challenge will be to secure the support to do the large scale clinical trials that will be required to document the efficacy and effectiveness of behavioral interventions to ameliorate the health-damaging effects of psychosocial risk factors.

Q8. Which advice would you give young scientists and practitioners - in our field, and at the beginning of their careers in general?

A8. Find a problem that really does interest you and then learn how to use the tools you will need to work on, and hopefully, eventually, solve that problem.

Prof. Dr. R.B. Williams is Head of the Division Behavioral Medicine and professor for Psychology and Neuroscience at Duke University, NC, USA. Coming from research on the biological and neurobiological mechanisms of psychosocial influences on health he is currently working on the role of genetic variation in behavioral, emotional, and biological responses to stress.
Williams authored a number of books, as well as several highly important papers in behavioral medicine. Besides serving in other official capacities, he was president of the ISBM from 2006-2008.

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Peers for Progress

"8,760". . . .If the average individual with a disease like diabetes spends as many as six hours a year in a doctor's or other health professional's office, that leaves 8,760 hours a year they are "*on their own*" to do all the things that managing a disease or condition like diabetes in real-world environments and

circumstances requires. **This is where peer support comes in.** Research has shown that people need practical, social, emotional, and ongoing support to manage and maintain good behaviors for health; in fact, the protective effects of peer support may be as important as the negative effects of established risk factors such as smoking. In particular, peers – people sharing similar experiences with a disease or condition - can be great sources of support for each other.

Ed Fisher, Ph.D., Global Director of Peers for Progress and Kevin Helm, M.B.A., Assistant Director.

Peers for Progress, a program of the American Academy of Family Physicians Foundation, is dedicated to promoting and advancing peer support as a key part of health, health care, and prevention around the world. To date, it has been supported by the Eli Lilly and Company Foundation and the Bristol-Myers Squibb Foundation.

Peers for Progress is focused on extending the evidence base, facilitating global networking and knowledge exchange, and advancing advocacy efforts. Dr. Edwin Fisher, a member of the US Society of Behavioral Medicine, is the Global Director of Peers for Progress. Although the program is based in the AAFP Foundation located in Leawood, Kansas, Dr. Fisher and the Peers for Progress Program Development Center are located at the University of North Carolina at Chapel Hill's Gillings School of Global Public Health.

To accomplish its goals, *Peers for Progress* began with an initial focus on the growing diabetes pandemic. Key activities include 14 evaluation and demonstration grants in 9 countries on 6 continents (noted by blue dots on the map). Members of ISBM Member Societies have leading roles in a number of

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these, including Guadalupe Ayala, Linda Baumann, Andrea Cherrington, Brian Oldenburg, and Tricia Tang. The goal of these grants is to build the evidence base for peer support's contribution to health.

Extending beyond diabetes to health, Health care and prevention in general, Peers for Progress provides online tools, materials, and utilities for program development, evaluation, and exchange through its website, www.peersforprogress.org. It also is developing a global network of peer support organizations (additional countries noted by yellow dots) for collaborative learning, dissemination, and quality improvement.

In addition to networking as a key strategy for promotion and dissemination, *Peers for Progress* embraces the idea that there is no "one size fits all" approach or uniform strategy for peer support to meet the needs of all populations in all places around the world. Complex behaviors (e.g., eating patterns), social contexts (e.g., family roles), and styles of support (e.g., appropriateness of eye contact) associated with health are fundamentally dependent on culture, so peer support approaches will need to vary to address them. Still, a set of common "key functions" can coherently define peer support around the world, and then be applied flexibly according to local and regional contexts, populations, health systems, and cultural perspectives.

As outlined in a 2010 Family Practice Supplement, *Peers for Progress* has identified four key functions of peer support:

1) Assistance in applying disease management or prevention plans in daily life (e.g., goal setting, skill building, problem-solving, rehearsal of behaviors)
2) Emotional and social support (e.g., encouragement in use of skills, dealing with stress, being available to talk with people troubled by negative emotions)
3) Linkage to clinical care (e.g., liaison to clinical care, patient activation to communicate and assert themselves to obtain regular and quality care)
4) Ongoing support (e.g., proactive, flexible, as-needed/on-demand, extended over time)

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Peers for Progress anticipates revisions to the scope and extent of peer support's key functions that evolve with empirical evidence and global experience.

A global approach to peer support requires attention to both unifying functions and tailored implementation, so solutions for designing and improving peer support programs exist all over the world. Cross-cutting evidence, program design, evaluation, and program examples from *Peers for Progress*' contribution to ICBM 2010 can be found at: www.peersforprogress.org/userfiles/documents/9181CCC9BB45AF9CF0795BBCEEF1772E.pdf.

Most recently, *Peers for Progress* convened over 50 representatives of peer support programs from over fifteen countries at a meeting in Kuala Lumpur, Malaysia to exchange ideas about development, application, and contributions of peer support as a critical part of prevention and global health.

Across various content (diabetes, cancer, HIV, maternal and child health, mental health) and contexts (rural populations, women, ethnic minorities), participants discussed critical aspects of peer support interventions, their effects, dissemination, sustainability, and implications for next steps.

Ed Fisher with Jean Claude Mbanya, M.D., Ph.D., F.R.C.P., President of the International Diabetes Federation and director of Peers for Progress grant in Cameroon.

Peers for Progress continues to expand the global network of peer support organizations to address various chronic diseases, health risks, and other conditions that require ongoing health care and sustained behavior change. ISBM Member Societies and their members can take major roles in promoting peer support programs within their countries and, with others in Peers for Progress, around the world. Those interested in such opportunities should visit the Peers for Progress website (www.peersforprogress.org) or contact Ed Fisher at edfisher@unc.edu. In collaboration with a broad network of peer support organizations and their leaders, our aim is to raise the visibility of evidence for and benefits of peer support programs, not just as affordable health care for poor people, but as good health care for all people.

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INSPIRE

The INSPIRE special interest group is made up of a team of dedicated early career researchers and students. Since its formal establishment after the previous ICBM in Washington DC, INSPIRE has been active in developing strategies to strengthen the engagement of and training for early career researchers. Individuals who consider themselves early in their career are welcome to join this special interest group although we use a general definition of "graduating within 5 years from their highest qualification."

A steering committee has been formed to drive the network. Carina Chan acts as the group chair and the regional officer for Asia/Australia. Gareth Hollands (UK) has been elected Co-chair and is also the regional officer for Europe and Elizabeth Seng (USA) has been elected Secretary and the regional officer for North America. Cserhati Zoltan has joined the committee as the activities officer for the 2012 ICBM in Hungary and will have a central role in organising activities and resources for INSPIRE members for the next conference. Finally, Emily Kothe (Australia) has been elected as the Communication Officer, her role includes running the INSPIRE web forums (www.isbminspire.org) and exploring innovative methods to communicate with INSPIRE members. Emily also sits on the Education and Training Committee and is working hard to ensure that INSPIRE and the Education and Training Committee are able to work together to achieve their shared aims.

The priorities of INSPIRE have a two-fold goal: to enhance visibility of early career researchers within the larger community of behavioral medicine and to provide early career researchers with opportunities to further their training and career development.

- *Networking*. INSPIRE aims to provide opportunities for early career researchers to identify potential collaborators, foster the development of regional early career societies, and develop mentoring relationships with more senior members of ISBM.
- *Education and didactics*. INSPIRE aims to assist its members in furthering their education through didactic opportunities at conferences and during interim periods.
- *Training and professional* development. INSPIRE aims to provide experiences for training in research and professional development through ISBM and regional societies.
- *Enhancing representation, exposure, and visibility of early career researchers within ISBM*.

INSPIRE has already begun to address these priorities. The creation of the INSPIRE board has allowed us to have increased representation within ISBM. Additionally, the INSPIRE online forum provides networking opportunities and enhance communication among early career members. INSPIRE is working towards having representation in each of the existing early career networks in regional societies. Specifically, we aim to support the formation of and communication between regional early career groups. A successful meeting with early

career researchers and a new format of mentoring session were conducted at the last annual conference of the UK Society of Behavioural Medicine (UKSBM) and the Australasian Society for Behavioural Health and Medicine (ASBHM), respectively. If your regional society has an early career network or is planning to set one up, please get in touch with any of the INSPIRE committee members.

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News from the Societies

Event	**Conference on E-health from behavioral medicine perspective**
Date	31th March 2011
Place	Karolinska Institutet, Stockholm (Sweden)
Organizer	The Swedish Society of Behavioral Medicine in association with the Center for Psychiatric Research at Karolinska Institutet
Contact / Info	http://sbf.fikket.com

Event	**Web-based interventions and E-health in Behavioral Medicine**
Date	9th September 2011
Place	Amersfoort (the Netherlands)
Organizer	The Netherlands Behavioral Medicine Federation (NBMF)
Contact / Info	Ivan Nyklicek, Secretary NBMF at www.nbmf.nl

Event	**Conference of The German Society for Behavioral Medicine**
Date	29th September – 1st October 2011
Place	Luxemburg
Organizer	Deutsche Gesellschaft für Verhaltensmedizin (DGVM)
Contact / Info	Claus Voegele (Claus.Voegele@uni.lu)

Event	**12th International Congress of Behavioral Medicine**
Date	29th August – 1st September 2012
Place	Budapest Hilton (Hungary)
Organizer	International Society of Behavioral Medicine
Contact / Info	http://www.icbm2012.com