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News from the Editor

Dear ISBM members,

It is with pleasure that I present you this Spring-issue of our society's newsletter in 2012!

Please find some interesting news about the International Journal of Behavioral Medicine (IJBM) and two research and training programs within the ISBM, namely the international program "REPOPA" (REsearch into POLicy to enhance Physical Activity) and the Physiotherapy program at Mälardalen University (MDH), with this newsletter.

Also, as our president announces in his address, one of the big events which we are looking forward to will be the upcoming ICBM in Budapest, Hungary, this summer.

Therefore, I am particularly happy that Maria Kopp, the honorary president of the Hungarian Society of Behavioural Sciences and Medicine agreed to be interviewed for this newsletter issue. Please read her responses to the interview questions from page 6 on and enjoy learning more about the specific history of behavioral medicine in Hungary.

To me, Maria's descriptions of her personal experiences, her career as a researcher in our field and the interdependence of her professional development with the political changes in her country were highly moving and interesting!

Finally, I would like to draw your attention to the upcoming events this spring and summer and, along with this, to the Encyclopedia of Behavioral Medicine (EBM), to which so many of us have contributed.

So, on behalf our Society's board, I hope that you enjoy reading this newsletter and I wish you all a good 2012!

Beate Ditzen, PhD
Newsletter Editor



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Letter from the President

I wish that you have a happy new year in 2012 and behavioral medicine could contribute to health and well-being of people living in our world with conflicts and difficulties. Here are a few updates from the ISBM.

In this year, one of the highlights within the ISBM is the International Conference of Behavioral Medicine (ICBM) in Budapest, Hungary, August 29 – September 1, 2012. The conference will include keynote and master lectures and panels by world leaders in the related areas; the conference already received over 750 abstracts, which is more than were submitted for the last conference in Washington DC. I am fully confident that the ICBM2012 will be one of our most successful conferences and I would like to invite all ISBM members, as well as non-members, to come and talk about behavioral medicine. Also, there is still an opportunity left for you to contribute to the conference by submitting a Rapid Communication Poster.

This January, Dr. Christian Lee formally and successfully took over the position of the Editor-in-Chief of the International Journal of Behavioral Medicine (IJB) from Dr. Joost Dekker. The Journal is in good shape, with an increased number of submissions of high quality.

In order to strengthen the ties between our member societies and other societies, I was invited by the Venezuelan Society to give a keynote lecture on “the global health challenges and behavioral medicine” at their conference in October 2011. However unfortunately, I was unable to attend because of my father’s illness. Instead, I sent a video presentation of my lecture, which is now also available on the ISBM website. I will attend and deliver a keynote lecture at the International Congress of Occupational Health (ICOH), March 18-23, 2012, to establish a closer connection with the ISBM. In addition, I am glad to report that the ISBM Board approved providing a “strategic opportunities” fund to the Cross-Scandinavian Symposium on Behavioral Medicine, a joint venture of Scandinavian societies, in order to encourage the collaboration among these member societies. Please send your requests and proposals to the ISBM at president@isbm.info.



Norito Kawakami, MD, DMSc

President of ISBM

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News from the Editor-in-Chief of IJBM

I took over from Professor Joost Dekker as Editor-in-Chief of IJBM on 1st January 2012. At the same time, there have been changes to the editorial team. Both editors would like to express our sincere thanks to Lynda Powell and Katri Raikonen, who have stepped down from their editorial roles, after many years of consistent and supportive work. We are grateful to Michael Antoni, Wolfgang Hiller, Yvette Miller, Urs Nater and Akizumi Tsutsumi, who have agreed to continue in their Associate Editorial roles, and we welcome four new Associate Editors, Heather Buchanan, Winfried Gebhardt, Barry Hurwitz, and Kazuhiro Yoshiuchi. There have been numerous changes to the Editorial Board. Again I would like to express my thanks to the 14 members who have decided to step down from the Board, for their contributions over many years. I am also very grateful to the 27 members who have agreed to continue in this important role, and I am delighted to welcome 13 new members. I would particularly like to thank Joost Dekker, who has done an excellent job in raising the profile and standing of the journal with a combination of special issues, special topics, and submitted articles. Joost has also agreed to join the Editorial Board and I look forward to continuing to work with him. Submissions to the journal are very strong, with 161 submissions in the past year from a wide and increasing range of countries, both with and without member societies. Naturally this puts a heavy load on the editorial team and on our reviewers, but it speaks well for the growing reputation and quality of the journal. All accepted papers are available via Online First shortly after acceptance, but we have also made a small increase

in the length of each issue in order to achieve a reduction in waiting time before traditional publication. In March 2012, there were 78 accepted papers awaiting publication. My aim is to reduce this to around 30, or about 2 full issues. The first issue for 2012 includes 12 full-length articles and 2 short reports. A special issue, on functional somatic syndromes is also in preparation, under the guest editorship of Urs Nater. All papers are currently under review and this will be published later in 2012.

Editor's Choice

The lead article of the March 2012 issue is Health-Promoting and Health-Risk Behaviors: Theory-Driven Analyses of Multiple Health Behavior Change in Three International Samples, by Sonia Lippke, Claudio R. Nigg and Jason E. Maddock. It examines the co-occurrence of health-risk-related behaviors in several large community samples from the US and Germany. The paper demonstrates that risk behaviors tend to cluster, and also that stage of health behavior change tends to cluster – a person who is ready to change one behavior, is likely to be ready to change others as well. The authors argue that success in changing one behavior can facilitate changes in other behaviors. Moreover, multiple risk factor interventions might most effectively be targeted towards the identified behavioral clusters.

Christina Lee, PhD

BA, FAPS
Editor IJBM
University of
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Interview with Maria Kopp, MD PhD

Dear Dr. Kopp, with our next ICBM coming up in Budapest, I consider this interview with you perfectly timed in order to give us all a more detailed insight into behavioral medicine and your personal work in Hungary. I am, therefore, most grateful that you agreed to respond to my questions!

Q1: Could you provide us with some information about your educational and scientific background? Where do you come from scientifically and how did you get into the field of behavioral medicine?

A1. In 1968 I graduated with "summa cum laude" at the Semmelweis Medical University in Budapest, Hungary. Back then, I was interested in stress research and the effects of oxytocin and vasopressin on the cardiovascular system. After medical school, I was invited to organize the first Clinical Epidemiological Work Group in Hungary. This was a great challenge. I accepted it on the condition to include the psychological and sociological factors in clinical epidemiological studies. From 1970-1973 I was the head of this group of the National Inst. of Occupational Health. We organized surveys among coal miners. My late husband, Árpád Skrabski, was an informatics engineer, one of the first leaders of large computer centers in Hungary. We decided to work together. There was an official cooperation between our institutes and we spent many nights working in Árpád's computer center with the best computing possibilities at the time. This was the beginning of our common epidemiological studies. In 1973 I was appointed to be the head of the Department of Clinical Epidemiology at the

Semmelweis Medical University, and we worked hand in hand with the Institute of Psychiatry of this excellent university.

During these years I also completed my clinical psychology studies. In 1977 I received my Clinical Psychologist's Diploma at Eötvös Lóránd University, Budapest, and in 1982 my qualification in clinical psychology. In 1982 I finished my Ph.D. in Medical Sciences ⁽¹⁻⁶⁾.



Prof. Maria Kopp

We organized our first so-called Hungarostudy survey in 1983 with about 6000 people who were representative of the adult Hungarian population ⁽⁷⁾. During my work in the Dept. of Psychiatry, Semmelweis Medical University (1982 – 1993) as head of the Psychophysiology Laboratory and organizer of the Behavioral Medicine Outpatient Clinic, I contacted the Oxford group on cognitive behavioral treatment of panic disorder (Paul Salkovskis and David Clark) and I introduced this therapy in our department, second in the world ⁽⁸⁾. In 1993 I founded the Institute of Behavioral Sciences at the Semmelweis Medical University. In 1994 I was elected as the first president of the newly founded János Selye Hungarian Behavioral Medicine.

Q2. Ever since, your research has emphasized social factors, such as stress and social status, in health. Which of your results do you consider the most important for future research – but also for the public?

The paper which best summarizes the interdisciplinary model of my research might be “Where psychology meets physiology: Chronic stress and premature mortality - The Central-Eastern European health paradox”⁽⁹⁾. In this review, chronic stress is proposed as an integrating theory that can be applied to the suddenly changing patterns of premature mortality rates in transforming societies.

I am convinced that our results on social capital, hierarchy position, family relations, meaning in life and health would be fundamental in modern, consumer society and became more and more accepted by the public as well⁽¹⁰⁻¹³⁾.

Q3. Which of your activities, which piece of your career, are you most proud of?

A3. It's the foundation of the Institute of Behavioral Sciences at the Semmelweis Medical University in 1993, and after that at the other three medical universities in Hungary. There are several elective courses of the Institute, for example behavioral medicine, which is very popular among medical students or gender medicine. We published a paper about this process with one of my most talented former PhD student, Bettina Piko⁽¹⁴⁾.

Until now 19 PhD students have finished their PhD studies in behavioral medicine under my supervision, and they have published excellent and innovative papers in this field in international journals^(some examples: 15-18).

Q4. As an international Society and an international readership of this newsletter, we are of course very interested in the specifics of Behavioral Medicine in Hungary. How has Behavioral Medicine been situated in Hungarian research and society in the past - and where do you see the future scope of our discipline in your country?

A4. In the twentieth century, Hungarian born scientists (Franz Alexander, János Selye) significantly contributed to the development of psychosomatic medicine, which is the basis of behavioural medicine as well. Sandor Ferenczi was a close associate of Freud, whose concepts, therefore, had a great impact on his views. He was the founder of the first Department of Psychoanalysis in the world in 1919 at our university which became the famous 'Budapest School'.

Later on, in the early 50s, during the communist rule, for some years there was no psychology education at the Hungarian universities, because even mentioning the psyche was regarded ideologically incorrect. Therefore, after the change of the political system, the most important step in the development of medical education in Hungary was the establishment of departments of behavioural sciences. It was the natural consequence of my earlier activities that I wanted to include behavioral sciences and behavioral medicine into the curriculum of medical and other health professionals and the student leaders supported this process in a substantial way.

Other very important achievements are the development of the behavioral medicine outpatient clinic and several preventive and health promoting activities.



In the last two years we have been working intensively for a European Review of Social Determinants of Health and the Health Divide in the WHO European Region. I am the leader of the working group on Gender and health. Among the social determinants the ways of coping with changing gender roles seem to be of central importance in behavioural medicine. Thus, I initiated the so-called Demographic Roundtable on recommendations to help intergenerational cooperation and young people to combine family and professional life in a healthy way.

Recently, I have become the work package leader of Depression, Suicide, E-Mental Health project within the EU Joint Action on Mental Health and Well-being. This topic is especially important in our country, where suicide rates are among the highest and e-health is an important new possibility to reach at risk young people.

Q5. Your career and scientific focus have been intertwined with the political changes in your country. How would you evaluate has this influenced your ideas, your career, and your interpretation of findings?

A5. This is a very interesting question. Originally I wanted to study humanities. Since I completed the secondary school in the only Catholic girls' school in Budapest, it was impossible for me to apply to study humanities with such a background. Despite scoring high on the university-entrance exams, I was not accepted to the medical school for three years. Later on, in the last year of my medical studies, I got an invitation for a conference on "Personality in medicine" from France, offering me to pay all of my expenses, but my passport was withdrawn, maybe because this topic

was regarded politically unacceptable. Until 1983 I couldn't travel to Western countries. However, the Dept. of Psychiatry had a very good library, where we could read the international journals, and from the distance we could trace the most important directions of science.

I have been very much interested in mind-body interactions ever since I was a child, be-



Mónika Tóth, Márta Varga, Maria Kopp, Ágnes Zana, Piroska Balog, András Székely, Barna Konkoly Thege (from left to right)

cause my father, Dr. Jenő Kopp, founder and first director of the National Picture Gallery, was fired in 1949, and we had to leave Budapest to live on a farm. During these years my father got glaucoma, and later on he became blind, got depressed, and died of a myocardial infarction.

In the early 90s, the enthusiastic years after the change from the dictatorial system, we started to rebuild the civic society. The new rector at our university, Professor Miklós Réthelyi, supported our plans to change the medical curriculum in the direction of behavioral sciences. In Hungary there is much interest in the results of our national representative studies (1983, 1988, 1995, 2002, and a follow-up study in 2006) and I do hope that our results influenced the attitudes of people, at least in Hungary.

Q6. Which topics do you consider most relevant in our field, and where do you see our activities going in the next 10 years?

A6. The connections between epidemiology and epigenetics point out a most promising field and might explain the physiological and even genetic changes as results of psychological interventions. The other important field would be to understand the health consequences of the consumer society and to analyze the evidence based positive psychological and behavioral aspects of mental and physical health.

Q7. Based on this, is there any advice that you would give to young scientists and practitioners in our field?

A7. The main strength of our field is interdisciplinarity. My advice is to try to understand the human health and existence in the broadest possible sense.

Q8. On a more personal note, do you have personal heroes – in and perhaps outside our field? Who are or were they?

A8. Professor Pál Juhász was my professor at the Department of Psychiatry. He was a very open minded, excellent person, both as director and research leader.

Q9. And finally, for all of us who are excited about coming to Budapest for the upcoming ICBM: are there places that you like most and that you would recommend to us?

A9. For several years we lived in the castle district with our two children, and for me this is one of the nicest places in the world. The congress will be in the Hotel Hilton situated in the

castle district near Mathias Church, with unique view to the Danube and the Parliament. In the castle district you can also find the old royal palace which hosts the National Gallery as well with medieval historic exhibition and the excellent picture gallery. On the other side of the Danube, in the Pest side, is the Heroes' Square, another impressive place with the Museum of Fine Arts. The panorama of the two sides of the city from the bridges on the Danube always fills me with wonder and amazement. Budapest, famous for its healing hot springs since medieval times, has many health spas and baths that are worthwhile discovering during your stay here. A warm welcome to you! Hungarian hospitality is well known, and I do hope that all of you yourselves will experience it and that you will enjoy your stay.

Thank you very much for this interview!
Beate Ditzen, ISBM Newsletter Editor

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Towards evidence-informed physical activity policies

Research into Policy to enhance Physical Activity – REPOPA project supports evidence-informed policy making. It integrates research knowledge, expert know-how and real world physical activity policy making. Needs and priorities of policy makers are taken into account and views of all stakeholders are respected.

There is strong research evidence as well as common understanding that physical activity is good for health. Research evidence also shows that in addition to individual motivation and other factors, environmental facilitators are essential for sustainable physical activity. This means that societal sectors such as educational and occupational settings, environmental and technical planning and social and health sector are key stakeholders, in addition to civil society.

REPOPA recognizes that real world decision making happens in the intersect of research evidence, characteristics of population and setting, values, resources and priorities of practice and political actors. This is expressed by a policy maker:

*“You researchers tend to push your **scientific opinion**, but we policy makers have to take into account many other opinions”.*

Thus to enhance informed policy making all relevant stakeholders need to be on board. REPOPA takes this challenge and will develop new ways to work in collaboration and partnership towards evidence-informed policy making in physical activity.

Objectives

REPOPA has started its work by analysing physical activity policies in the partner countries. The goal is to assess the needs, role and use of research evidence in physical activity policy making (WP1). In the second year two interventions will test innovative ways to combine research evidence, priorities and realities of policy makers in developing genuinely cross-sector policy making process (WP2, WP3). The results will be further developed into practical tools and guidance (WP4) as well as structures to create sustainability in evidence-informed policy making in Europe (WP6). Evaluation will include the project process and outcome but will also gauge the impact of policies (WP5).

Expected results

Increase the use of research evidence in physical activity policy making;

Create closer collaboration between academia and policy makers and across sectors;

Develop better methodological competences; and empower citizens in physical activity policy making.



Project details***Time & funding***

5 years, Oct 2011-Sept 2016. Funding by the European Union Seventh Framework Programme (FP7/2007-2013); grant agreement n° 281532

Partners

- **Coordinator: University of Southern Denmark (SDU), Unit for Health Promotion Research, Denmark.**
- Tilburg University, The Netherlands
- Netherlands Institute for Health Promotion, The Netherlands
- National Institute for Health and Welfare, Finland
- Babes-Bolyai University, Romania
- The National Research Council, Italy
- University of Ottawa, Canada
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Photo by Sarah Viebeck

REPOPA partners at the kick-off meeting Nov 2011, Glostrup, Denmark



Physiotherapy program at Mälardalen University (MDH) - Behavioral Medicine in the physiotherapy context

The Physiotherapy program at MDH started in 2004. Since then, 164 students have graduated and are facing good chances on the labor market of physiotherapists (84% employment rate, according to latest report from the Swedish government).

The physiotherapy program has a behavioral medicine profile, which means that theories of motor control, physiology, health psychology, behavioral learning and behavior change are included in the program, with particular focus on the systematic descriptions of individual's movement behavior.



Students in group supervision

Students learn to apply individual functional behavioral analysis, which consists of the analysis of motor functions, cognitive processes and description of the target behavior, the current level of behavior, the context where behavior occurs and the consequences of behavior. Students are also taught skills in order to modify health related behavior, the generalization and maintenance of the target behavior as well as relapse-prevention. Courses on psychology, health sociology and leadership are incorporated into the program and add to the program's behavioral medicine



Some of our teachers

profile.

Within the teacher group (13 persons) there are seven PhDs (including two professors) who teach and are engaged in active research in behavioral medicine with a focus on:

- Screening for risk factors, intervention research in and implementation of behavioral medicine approaches in the treatment of long-term pain problems and stress-related problems
- Geriatrics / Gerontology, physical (dis)ability, challenges and strengths of the elderly

- Systematic literature reviews

In the program, there are several objectives for each year with the aim to include behavioral medicine in the physiotherapy context. After these years the students will be able to:

Year 1

- Define behavioral medicine and related concepts.
- Have knowledge of behavioral medicine methods on an individual and interpersonal level.

Year 2

- Identify and analyze behavioral problems in activity and participation.
- To be able to independently motivate the application, and with supervisor's support apply behavioral medicine methods when working with clients' activity and participation problems.

Year 3

- Independently choose which methods in behavioral medicine within the physiotherapy framework should be used to identify and to treat/manage specific problems, and evaluate treatment effects.
- Identify the need for further knowledge, continuously improve evidence based competences in the own work with clients.



Anne Söderlund

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<http://www.mdh.se/hvv>



Announcing the release of the Encyclopedia of Behavioral Medicine

The *Encyclopedia of Behavioral Medicine* (EBM), edited by Marc D. Gellman of the University of Miami and J. Rick Turner of Quintiles, is scheduled for publication in August 2012 to coincide with the Twelfth International Congress of Behavioral Medicine. This multivolume work is a collaborative effort among the editors, 29 distinguished editorial and advisory board members, and approximately 700 contributing authors from 26 countries, representing most of the ISBM member associations. The EBM will feature over 1200 peer-reviewed brief synopses and full-length essays on topics that cross the multiple disciplines contributing to the field of behavioral medicine. The EBM will be published by Springer both as an e-book and in hard cover.

The Encyclopedia has been in development for the past three years. With assistance from an Advisory Board consisting of present and former members of the ISBM Board and Governing Council, Marc Gellman and Rick Turner selected a group of 18 Associate Editors, representing Belgium, Canada, Finland, Germany, Japan, Sweden, the United Kingdom, and the United States. Each Associate Editor then invited authors for each of the entry terms.

The Encyclopedia of Behavioral Medicine will consist of three volumes arranged in an A-Z format. The beginning of each volume will contain a Preface written by the Editor-in-Chief and Co-Editor, followed by a Foreword on the "Early developments in the field of Behavioral Medicine" by Stephen Weiss (former ISBM President), and a Foreword by Neil

Schneiderman (also a former ISBM President), on his personal view of the future of behavioral medicine.

Conceptualized across the three major domains—basic science, clinical investigation and practice, and public health and public health policy—the Encyclopedia includes perspectives from many disciplines, including anthropology, behavioral science, biostatistics, genetics, medicine, epidemiology, health economics, psychiatry, psychology, physiology, and public health. Within these overarching domains, it is possible to group together numerous entries into categories of interest to readers pursuing their own research in cross-cutting areas. An example would be genetic predisposition to the deleterious impact of environmental factors and to the therapeutic benefit of various behavioral medicine interventions, for which entries of interest might include Family Studies (Genetics), Gene-Environment Interaction, Gene Expression, and Genome-wide Association Study. Readers will surely find many such groupings of entries relevant to their own interests and research.

For more information, visit the Encyclopedia of Behavioral Medicine's web site at

www.springer.com/medicine/book/978-1-4419-1004-2

A by-invitation only reception for the contributors to the Encyclopedia is scheduled to occur during the International Congress of Behavioral Medicine in Budapest.

News from the Societies

Event **Women, stress and health - concepts, results and future perspectives**
Date 9th March 2012
Place Stockholm
Organizer Karolinska Institutet
Contact / Info <http://ki.se/ki/jsp/polopoly.jsp?d=24175&a=137014&l=en&newsdep=24175>

Event **70th Annual Scientific Meeting: "Symptoms and Patient-Reported Outcomes"**
Date 14th – 17th March 2012
Place Athens, Greece
Organizer American Psychosomatic Society (APS)
Contact / Info <http://www.psychosomatic.org/AnMeeting/current.cfm>

Event **Nordic Behavioral Medicine Symposium**
Date 29th March 2012
Place Stockholm
Organizer Swedish Behavioral Medicine Society in collaboration with the Danish, Norwegian and Finnish Behavioral Medicine Societies, and under the aegis of the Swedish Social Medicine Society
Contact / Info <http://nbm.fikket.com/event/the-impact-of-the-physical-environment-on-lifestyle-and-psychophysiology>

Event **33rd Annual Meeting & Scientific Sessions of the SBM**
Date 11th – 14th April 2012
Place New Orleans, Louisiana
Organizer Society of Behavioral Medicine (USA)
Contact / Info <http://www.sbm.org/meetings/2012>

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

Dear ISBM Members,

We are about 6 months away from our 12th International Congress of Behavioral Medicine which will be held in Budapest, Hungary from August 29th - September 1st. We were very pleased to receive over 750 abstract submissions for the Congress so we expect the 2012 meeting to be one of the most well attended meetings in the history of our society. The Scientific Program Committee, in collaboration with the Local Arrangements Committee and our Congress organizer, Congressline, is working at putting together what promises to be a very engaging and exciting scientific program. Consistent with the Congress theme, "Behavioral Medicine: From Basic Science to Clinical Investigation and Public Health", the program will reflect the breadth of our field across multiple areas of investigation. We are fortunate to have a distinguished list of confirmed Keynote and Master lecture speakers, as well as a series of Tutorial Workshops that will be of high appeal to our members and individuals from all over the world interested in the field of Behavioral Medicine.

In addition to our Keynote and Master lectures, the program committee has identified several areas for invited symposia including behavioral medicine and global health, natural disasters and behavioral medicine and RCTs in behavioral medicine. The legacy of Hans Selye and his contributions to behavioral medicine will also be highlighted in the framework of an exhibition presenting the most famous Hungarian scientists. As in previous years, two scientific poster sessions will take place during the congress where congress participants will have an opportunity to present and discuss their latest work in the field of behavioral medicine. We are very excited about the out-

standing location for our 12th Congress. The Congress venue will be at the Hilton Hotel in the Budapest Castle Hill district. The Hilton Hotel is set in the heart of the Royal Castle District, and a few steps from several UNESCO World Heritage sites. The venue offers magnificent views of the Danube River, the city of Budapest and the romantic, cobbled streets of old Buda. Our welcome reception will take place at the House of the Hungarian Culture Foundation, an impressive palace of new gothic style built in the early 20th century. In addition to welcoming remarks by the ISBM and ICBM leadership, a performance and show of gypsy musicians will offer a unique musical experience for our attendees. We will also offer an optional Danube river cruise banquet dinner which promises to provide an enchanting evening. Welcome drinks and dinner will be served on board. During the meal, a Hungarian jazz band will entertain guests. Our Congress organizers have also put together a group of optional tours highlighting the most popular tourist venues and activities in the Budapest region.

As you can see, the 12th International Congress of Behavioral Medicine promises to be a stimulating, exciting and engaging meeting that will take place in one of the most beautiful and culturally rich cities in Europe. Please see below for important dates. For regular updates, please visit www.icbm2012.com.

We hope to see you in Budapest! Sincerely,

Frank Penedo, PhD

12th ICBM Scientific Program Committee Chair



Important Dates

- **1 April, 2012** Early Career Award application deadline
- **1 May, 2012** Early bird registration, Rapid communication poster submission closes
- **21 May, 2012** Rapid communication poster submission acceptance notification
- **15 August, 2012** Regular registration

Keynote Addresses:

- **Jean Claude Mbanya, Cameroon**—International Perspectives in Diabetes Prevention, Treatment & Care
- **Irina Todorova, Bulgaria**—Cancer Screening Health Disparities & Reproductive Health
- **Neil Schneiderman, USA**—Cardiovascular Behavioral Medicine: Basic Research, Population Science & Clinical Trials

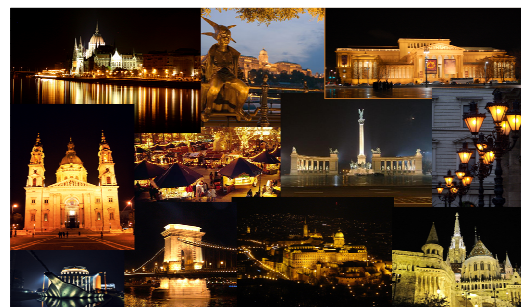
Master Lectures:

- **John Cacioppo, USA**—Social Neuroscience: The Impact of Social Connections on Biological Mechanisms & Health
- **Yan Guo, China**—Health Equity, Reproductive Health & Nutrition
- **Harold Snieder, The Netherlands**—Genetic Epidemiology of Common Diseases of Aging
- **Linda Carlson, Canada**—Mindfulness Based Stress Reduction Interventions in Cancer
- **Tamás Freund, Hungary**—Control of Cortical Inhibition and Excitation by Endocannabinoids: Novel Insights into Anxiety and Epilepsy
- **Paula Repetto, Chile**—Psychosocial Determinants of Smoking in Latin American Youth

Workshops:

Nine workshops were selected for the pre-congress day, as well as a full-day satellite forum. Confirmed workshops are:

- **Peter G. Kaufmann, Lynda H. Powell, Kenneth E. Freedland, USA**: Design and Execution of Randomized Clinical Trials Involving Behavioral Interventions
- **Ralf Schwarzer, Germany**: Mechanisms of Health Behaviour Change
- **Cathy D. Meade, USA**: How to Create and Adapt Educational Interventions for Diverse Groups: Concept to Final Product
- **Maria M. Llabre, USA**: Applications of Structural Equation Models in Behavioral Medicine Research
- **Hilde Tobi, The Netherlands**: Questionnaire Construction: Design and Testing
- **Leanne Morrison, Laura Dennison, Lucy Yardley, UK**: Developing Internet-based Health Behaviour Change Interventions
- **Wayne F. Velicer, Bettina Hoepfner, USA**: Idiographic Methods: Individual Behavior Change over Time
- **Bengt B. Arnetz, Sweden**: Wireless Assessment of Stress and Physiological Reactions in the Real World



ICBM Satellite Forum

INSPIRE will be organizing the first international 'speed-dating' mentoring session, an informal social get-together and also a pre-congress satellite forum. The satellite forum is co-organised by the International Collaborative Studies Committee, INSPIRE and the Organizational Liaison Committee.

Date: Wednesday 29 August, 2012
Time: 9am – 4pm

Getting Research into Practice: Advancing the Science for Dissemination and Implementation in Behavioral Medicine

*Chaired by: **Brian Oldenburg** (Chair, International Collaborative Studies Committee), **Carina Chan** (Chair, ISBM Early Career Network - INSPIRE) and **Vish Viswanath** (Chair, Organizational Liaison Committee)*

Historically, researchers and policy makers have focused most of their attention on developing and testing empirically supported interventions. Much less attention has been paid to what is needed to implement and sustain these in a range of real-world settings. Many empirically supported interventions are less effective and/or fail to reach their target audiences when implemented within existing service structures and systems, and few are sustained over the long term. Clearly, if effective public health programs are not widely adopted and implemented, their potential to improve people's health is significantly impaired. Effective dissemination, implementation and translation for public health and behavioral medicine interventions require the triangulation of evidence from formal trials with case studies, expert opinion, network analysis, systems

thinking, as well as assessments of the local context. These combine information about scale, resources and structuring, with the practical experiences of the end-users. This combination of evidence from different fields and perspectives is essential. These steps require methods, study design and approaches which most researchers are not formally trained in.

This forum will draw on the knowledge and experience of expert speakers and participants from around the world:

- to learn more about research related to the implementation of research findings into policy and practice as applied to health issues in different settings and countries.
- to learn more about theoretical frameworks, research approaches and measures that can be used to undertake dissemination and implementation research in behavioural medicine.
- to identify ways of working together in the future to further advance the evidence base for better implementation and translation of behavioural medicine interventions globally.

We are looking forward to meeting many of the early career researchers at the upcoming congress in Budapest.

Please mark your diary and plan to attend.

For more information about the program and other details, please contact Dr. Carina Chan @ email: carina.chan@monash.edu.

