



The International Society of Behavioral Medicine (ISBM) is an interdisciplinary organization that aims to serve the needs of all health-related disciplines concerned with the integration of psychosocial, behavioral, and biomedical sciences. The Special Interest Group program of ISBM aims to establish and maintain forums for open and frequent communication among professionals who share similar interests in behavioral medicine. In addition to this fundamental aim, ISBM SIGs shall

- provide a forum for researchers and clinicians, independent of their stage of career to initiate activities to promote their interest in the field of behavioral medicine. encourage diverse activities to promote behavioral medicine in alignment with the ISBM Charter.
- get involved in collaborative activities with ISBM Committees (e.g., Education and Training Committee, International Collaborative Studies Committee)
- For early career ISBM members, in particular, SIGs shall provide opportunities to practice leadership skills in collaboration with their senior colleagues and to take over responsibility in their field of interest.

Any professional theme, broader as well as more specific themes, in the field of behavioral medicine can be proposed to become a focus of an ISBM SIG. In particular, the SIG program is designed to be flexible, and responsive to new, emerging developments in behavioral medicine.

The ISBM SIG Committee (four ISBM Board members: Joost Dekker, Michael Diefenbach, Maria Kleinstaeuber, Sherri Sheinfeld Gorin; two ISBM early career members: Tirusha Naidu, Nadia Regas) was formed in December 2021 and aims, in collaboration with the ISBM Board, to:

- Initiate and monitor the process of establishing an ISBM SIG program.
- Set criteria and procedures for establishing SIGs.
- Facilitate communication between group-in-formation organizers and the ISBM Board.

The ISBM SIG Committee proposes the following **criteria to form a new SIG**:

- The SIG Chair submits a Mission Statement which has to be reviewed and approved by the ISBM SIG Committee and the ISBM Board (see examples below).
- The SIG has to obtain a basic organizational structure, comprising at least a chair and a co-chair.
- The minimum group size to form a SIG should be ten ISBM members who share interests in a certain field of behavioral medicine. Aspects of inclusion and diversity (e.g., regarding representation of different age groups, genders, and countries) should be considered when forming a SIG.
- The SIG should hold a formal, public meeting at the next ICBM.

December 2021
ISBM SIG Committee

Joost Dekker
Tirusha Naidu

Michael Diefenbach
Nadia Regas

Maria Kleinstaeuber
Sherri Sheinfeld Gorin



Examples of Mission Statements

SIG Abdominal and Pelvic Pain (International Association for the Study of Pain)

The SIG on Acute Pain advances and promotes the understanding of mechanisms, assessment, prevention, and management of acute pain through the following activities:

- Collaboration between basic and clinical research.
- Study of the underlying mechanisms of acute pain, including the transition from acute to chronic pain, and the implications of acute pain therapy for clinical outcome and quality of life.
- Exchange of guideline developments, its methodology and implementation strategies.
- Exchange of information and experience about the assessment and treatment of acute pain, both within IASP and in exchanges with other national and international NGOs such as the World Federation of Societies of Anaesthesiologists.
- Identification and implementation of programs to minimize the development of acute pain and related suffering.
- Furthering the educational objectives of the SIG via international meetings, an annual symposium, workshops at IASP World Congresses, Congress satellite meetings, a newsletter, and the IASP website.

SIG Women's Health (APA Society for Health Psychology)

The SfHP Women's Health Interest Group allows for a welcoming, collaborative and timely space to address ongoing and pressing women's health issues in psychology and society.

The primary goals are as follows:

- Define the core competencies required of psychologists who identify as having an expertise in women's health.
- Support interprofessional research on psychosocial, behavioral, sociocultural, economic and public policy factors affecting the health of women in all their diversities, their access to and use of health care, health disparities among women as well as gender differences in the application and translation of health psychology assessment, treatment and prevention interventions.
- Promote evidence-based treatment in clinical practice with women across the life span by psychologists and other health care providers in primary and specialty health settings as well as traditional mental health settings.
- Collaborate with the APA Center for Psychology and Health, the APA Women's Program's Office, the APA Office of International Affairs, and a range of APA Divisions, SPTA's and related groups to educate psychologists, colleagues across the health professions and the public on the role of psychology in women's health.
- Liaison with national and international women's health organizations to enhance collaboration across disciplines associated with women's health research, prevention, treatment, education and training and public policy.
- Collaborate with the APA Government Relations teams to advocate for public policy affecting women's health-related research and treatment, access to care and the status of women across the life span in the United States and globally.
- Promote the status of women in leadership roles in SfHP, APA, and related national and international organizations committed to women's health.