

President's Letter



Shari R. Waldstein, PhD

I am thrilled to begin my year as your President! These are exciting times for the society as we seek to incorporate new ideas emanating from last summer's Strategic Planning Meeting into the rubric of our infrastructure. APS committees and a series of task forces have been working hard to examine ideas related to topics such as dissemination of our high quality science, expansion of our scientific efforts, and the society's name and identity, and develop new short and long term goals for the society. I hope to continue the incorporation of new directions, nurture our long-standing goals, and follow the example of excellence in leadership set by our outgoing President Matt Muldoon.

The Chicago meeting was a great success at multiple levels. Congratulations and thanks to Christoph Herrmann-Lingen, Scott Matthews, and the Program Committee for putting together a fantastic meeting! Consistent with the meeting theme of "Psychosomatic Research and Care Across the Life Course" this year's sessions opened with a superb lecture by George Kaplan on a life course approach to health. The meeting theme was further implemented with a series of invited symposia focused on select epochs in the lifespan – early life into adulthood, midlife, and older adulthood. These outstanding symposia featured world class speakers including Christine Heim,

Paul Plotsky, Karen Matthews, Carol Ryff, Les Katzel, and Tom Glass.

The society honored several scientists at the annual meeting via our awards program – George Kaplan, winner of the Patricia R. Barchas Award in Sociophysiology spoke on the topic of "Returning the Social to Sociophysiology." The Alvin P. Shapiro Award Lecture was delivered by W. Thomas Boyce who addressed "Social Stratification and the Biology of Misfortune: How Early Adversity becomes Stress Reactivity." The Herbert Weiner Early Career Award was presented to Brigitte Kudielka who spoke on "Determinants of Individual Stress Regulation under Acute and Chronic Stress." The Donald Oken Fellowship – supporting meeting attendance by a prominent C-L psychiatrist or internist – went to Kurt Kroenke. It was a pleasure to host these distinguished colleagues at the annual meeting. Please note the request in this newsletter for nominations for next year's awards!

Our awards program also gave recognition to 21 outstanding young scientists via the APS Scholar Awards and APS Medical Student/ Medical Resident/ Medical Fellow Travel Scholarships. These two programs support the society's goals with respect to promoting meeting participation among trainees conducting excellent research. Six APS Minority Initiative Travel Awards offered recognition to outstanding trainees and established scientists of color thus supporting the society's critically important diversity initiative. Please see the APS website for a listing of this year's awardees. A travel assistance award for researchers from developing countries was provided to Mariantonia Lemos Hoyos of Columbia. This award is kindly supported by The Cousins Center for Psychoneuroimmunology at the UCLA Neuropsychiatric Institute. Congratulations to all of our award recipients!

The Town Hall meeting attracted well over 100 participants. We used a small group

discussion format and asked attendees to address questions related to the APS identity and name. The APS main office has worked hard to transcribe the notes emanating from each discussion group, and the Identity/Name Task Force will be using this material to derive central themes and report back to the membership. Stay tuned for word on the pulse of the society on these important matters.

Chicago is always a terrific venue for a conference, and members enjoyed the city's marvelous food, drink, and cultural opportunities. A large group from the APS attended a "no holds barred" Second City performance and laughed heartily (often at the expense of Rahm Emmanuel). The APS banquet was a blast, and the dance floor was packed from start to finish once the band began. I am considering possible ways to honor the best "APS groovers" but in the meantime, you know who you are....

Joshua Smyth has taken over the reins as Program Chair and his committee is already focused on development of another excellent meeting in beautiful Portland, Oregon. Please watch for the call for abstracts and prepare to send Josh and crew your best science! As always, the heartiest of thanks go to Laura and George Degnon, Sarah Shiffert, Christine Lusk, and the rest of the staff at Degnon Associates for their superb administration of the annual meetings.

A big welcome goes out to our new society leaders – Paul Mills President-Elect; Jos Brosschot, Gaston Kapuku, Karen Weihs, Council; Martica Hall, Nominating Committee Council Member; Roland von Kaenel, Nominating Committee representative; Jeanne McCaffery, Co-Chair, Membership Committee; and Daichi Shimbo, Co-Chair, Professional Education Committee. We thank our colleagues for their willingness to dedicate their talents and time

**American Psychosomatic Society
Leadership**

March 2009 - March 2010

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From the Editor

Mary-Frances O'Connor, PhD

This issue of the APS Newsletter comes to you during an economic downturn. Because of this, many graduate students, post-docs and position-seeking faculty are very nervous about their futures. It is the case that tightened budgets has forced many universities to freeze hiring or put off new searches. Roughly 50% of colleges that responded to a survey by the Chronicle of Higher Education and Moody's Investors Service last December said that they had partial or total faculty hiring freezes. In addition, the TIAA-CREF financial services firm reported in May that about one-third of surveyed participants over the age of 50 had delayed retirement plans. Fewer retirements mean less positions opening up for junior faculty.

The tight job market is very stressful, and those in psychosomatic research will recognize that it is harder to manage a stress that is uncontrollable. With that in mind, using the strategies discussed here can provide a sense that one is giving oneself every advantage. First, look for positions at small or medium-sized institutions. These colleges and universities are sometimes in a position to hire in an economic downturn, and they are hoping to attract a better quality of candidate because of the smaller number of open positions. Second, think very carefully about what it is that you want in a position. There are many opportunities that are "away from the bench", such as at private non-profit research institutions, federal agencies, and public policy organizations. You may find that one of these opportunities fits you better than you had expected. Third, remember to maintain your social networks. Many positions are discovered or clinched through personal connections. For example, stay connected with graduate students from your program who have taken positions at other universities, follow up on interesting conversations with senior faculty that you meet at talks, let mentors from your graduate institution know what you are up to now. Fourth, develop expertise in a specialized technique or analysis. It is often easier to obtain special training, or cross-discipline training, during the early years of one's academic career. This specialization makes you very attractive as a candidate. For example, computer-modeling skills that can produce

answers from a large amount of data are in need for the future.

As I read through this issue of the Newsletter, I recognize that there are many ways that American Psychosomatic Society can facilitate the careers of our junior members. In Denise Cooper's column "2009 Meeting Review: A Post-doctoral Fellow's Perspective", she comments on the various training opportunities that are available at the annual meeting. The fascinating career path of Ann Eward, in her Distinguished Scientist column, points to the way that prior economic difficulties have shaped her work and her excellence throughout. The photos on page 5 demonstrate networking at it's best—with lots of smiles and awards! Finally, Josh Smyth, our new Program Committee Chair, reports on plans for our next Annual Meeting in Portland, Oregon, and I hope you will consider how this opportunity will help you in your future goals.

*Message from the Editor of
IJBM*

Joost Dekker, PhD, Editor IJBM

To the members of all ISBM Member Societies, which includes APS members:

As of January 2009, *International Journal of Behavioral Medicine* is published by Springer Science + Business Media. Negotiations with Springer have resulted in a markedly improved service level. One of the most important improvements is: Free and easy electronic access of IJBM, to members of all ISBM Member Societies.

This service is now operational:

- Log on to ISBM website: www.isbm.info
- Left click on IJBM
- The system now asks for username and password:
Username is: `ijbm`
Password is: `ijbm2008`
- Left click on IJBM and you have access to all published content (i.e. published issues and papers published Online First).

I am very pleased with this important step: this facilitates scientific communication among members of all ISBM Member Societies.



Ann Maxwell Eward, PhD

While my career path has been considerably different from most members of the APS, it has been through the collegial contacts with others in the Society that I found an intellectual home. Most of my career opportunities have centered around health services research, developing large databases for studies of patient outcomes, resource use variability, and physicians' practice patterns and decision-making. How did this come about? First, it is important to recognize the passionate curiosity I felt, and continue to feel, for investigative studies of health and physiological responses to stressors once these studies moved from the laboratory to the work site and other social environments. Not surprisingly, my doctoral dissertation was entitled, *Anticipated Relocation of the Aged: Life Change and Urinary Free Cortisol*. With Dr. George Curtis at the University of Michigan Neuropsychiatric Institute as my research advisor, studies included two semesters of a psychosomatic research seminar. In March, 1980, I attended my first APS annual meeting in New York City and was thrilled to meet *in person* the authors of much of the work underpinning my research, including John Mason, Richard Rahe, Stan Kasl, David Jenkins, and Robert Rose.

Upon graduation, I had anticipated a faculty appointment at Michigan State University; however, the auto industry had fallen on hard times (sound familiar) and funding from the Michigan Legislature was severely limited there and at the University of Michigan. – So, I contacted Stan Kasl whose work on the physiological consequences of “real life” stress was widely esteemed for its exemplary psychosocial and statistical precision⁽¹⁾ and accepted a post-doctoral position mentored by him at the Yale University School of Medicine, Department of Epidemiology and Public Health. Along with coursework in epidemiology and biostatistics, I wrote a grant proposal to study the *long-term health effects of unemployment in older workers* (age >44) from the auto industry in Michigan with approval from both the AFL-CIO and the UAW to provide contact information. Unfortunately, the Office of Management and Budget under the Reagan Administration was less enthusiastic than I about investigating policy impact.

Returning to Michigan, despite appoint-

ments within the Department of Epidemiology, it seemed as though I were trading water career-wise with funding struggles in academia. Therefore, in 1986, I accepted a proffered fulltime position as Project Director of a multi-center study which included the Cleveland Clinic and Emory University Hospital, was well funded by the Kellogg Foundation, and, importantly, was being coordinated through Butterworth Hospital in Grand Rapids, Michigan, where my family lived. This also included faculty appointment with limited teaching at the University of Michigan.

The study of five surgical procedures was of little intrinsic interest; however, with an ample discretionary travel budget, I would be able to participate more actively with the Society. An unanticipated career advantage resulted from the exposure to claims data at the three hospitals with different coding systems which required translation tables. At the conclusion of this project in 1989, I began a substantive collaboration with Dr. Laurence McMahon at the University of Michigan who was completing a pilot study on the cardiology floors using concurrent billing data for their clinical management model.⁽²⁾ We agreed that I would test the applicability of the model by implementing it hospital-wide at Butterworth, a community teaching hospital. This project led to the development of a research office at the Hospital, of which I was director. Developing and implementing a cutting-edge technology was technically challenging but creatively exciting, and led to other opportunities during the 90's.

One at the community level involved a business coalition of self-insured companies concerned with the rising costs of healthcare and seeking a negotiated procedure price from the four area hospitals. At the request of our CFO, I served on two task forces, “Clinical Indicators” and “Physicians' Practice Patterns” for this West Michigan Healthcare Initiative. Working with human resource directors representing major manufacturing firms presented a challenge to civil discourse. This was by far the most politically explosive activity of my career. After considerable persistence, eventually the payors recognized the value of formal training for appropriate database development, severity adjustment and interpretation, and I then agreed to chair their payors' committee for the implementation of a community-wide database.

On a more clinical level, The University of Michigan's Blue Cross Blue Shield of Michigan Cardiovascular Consortium was initiated in 1996 with seven participating hospitals. As an Executive Committee, we standardized a data collection instrument and trained nurses dedicated for abstracting specific clinical elements from medical records. This cumulative, clinically rich database provided our academically productive members a valuable source for important outcome studies, which were published and reported at cardiology meetings.

During this time, I remained active in the APS serving variously as a Council Member, Publications Committee Chair, Long-Range Planning Committee member, Secretary Treasurer and Chair of Finance/Investments Committee. Participating with colleagues in the work of the Society gave me a sense of being grounded. The annual meetings were a time of “coming home” as it were. More recently at the 2008 APS annual meeting, the sessions related to personalized medicine were of particular interest since I chair the Van Andel Research Institute's IRB, and review protocols for genomic and proteomic studies, some associated with our Center for Molecular Medicine. While genetics has great promise, it is turning out to be much more complicated than once thought because of the gene-environment interaction. As patient-specific experiments unfold, it is important that clinicians working in collaboration with laboratory scientist under the rubric of translational medicine, weigh the burden of creating unrealistic expectations for gravely ill patients and their families who may benefit from professional support in coming to terms with end of life issues.

I would encourage the APS to actively ensure opportunities for service to those who extend a commitment to the Society and its mission and who may bring an interesting diversity of career experience.

(1) see Prefatory Remarks by Richard H. Rahe for Chapter 7, Stanislav Kasl and Sidney Cobb. *Blood Pressure Changes in Men Undergoing Job Loss: A Preliminary Report* in Eward AM, Dimsdale JE, Engel BT, Lipsitt DR, Oken D, Sapira JD, Shapiro D, Weiner H. (editors). *Toward an Integrated Medicine: Classics from Psychosomatic Medicine*, 1959-1979. American Psychiatric Press, Washington, D.C. 1995.

Ad hoc Journal Committee update

Thomas N. Wise, MD, Chair, The Journal Committee

The journal committee is an ad hoc committee that is a conduit between the executive director's office and the editorial office. A significant task was to consider a new subtitle for the Journal incorporating the term "Biobehavioral". With the approval of the council and committee a new subtitle was established. During the past year it has reviewed the possibility of utilizing a new electronic platform established by Lippincott Williams and Wilkins but decided to remain with Highwire, our current platform. It has also suggested an appeal process for authors who have not been satisfied with their editorial reviews and decisions. The committee is pleased with the cooperation and spirit of common purpose between our executive managers George and Laura Degnon as well as the editorial office led by Dr. Sheps and Victoria White.

Scientist, continued from page 3

(2) McMahan LF, Eward AM, Bernard AM, Hayward RA, Billi JE, Rosevear JS. Managing the Clinical Practice of the Hospital: The Integrated Inpatient Management Model's Clinical Management Information System. Hospital and Health Services Administration. Vol 39/No 1, pp 81-92, Spring 1994. (This paper received a special commendation of excellence from the American College of Healthcare Executives.)

*My thanks to Donald Oken for his helpful comments, continued commitment to APS and high standard of thoughtful scholarly leadership.

2009 Meeting Review: A Post-Doctoral Fellow's Perspective

Denise C. Cooper, PhD

It was great to be in Chicago for APS conference, though the March weather was still chilly (at least for those of us coming from San Diego). With the buzz created at that time by the NIH Challenge Grant announcements from President Obama's Recovery Act, it seemed fitting that we were in his hometown. The high quality research presented was invigorating and work relevant to depression and cardiovascular disease held special interest for me. A symposium and follow-up roundtable by Christine Heim and Paul Plotsky on "Psychobiological Consequences of Childhood Trauma" covered intriguing work on the neurobiological impact of early life stress and how it may lead to biologically distinct subtypes of depression. Of course, I also attended many sessions presented or chaired by fellow Dimsdale-Mills lab members and by Baltimore members of my training "family tree," such as the "Invited Plenary Symposium: Processes of Aging and Health: From Mechanisms to Interventions" chaired by Shari Waldstein, which included a presentation ("Healthy and Successful Aging: Benefits of Exercise") by Les Katzel.

Since my first time attending this meeting in 2001, it has been encouraging to see the success of efforts by APS to increase ethnic minority participation and advance research on minority health. The "Invited Symposium on Development Approaches to Health Disparities," which was chaired by Julian Thayer, presented fascinating research by Eugene Emory and Cynthia Colen on racial and socioeconomic disparities in perinatal risk and the barriers that impede African Americans from deriving the health benefits usually associated with upward mobility. Likewise, the symposium on "Race, Psychosocial Stress, and Inflammatory Markers" offered insights on emerging disparities research by Tené Lewis, David Williams, Mahasin Mujahid, and Natalie Slopen.

As a junior-level investigator, I found the sessions on career development and skills training quite useful. For those of us preparing to write our first grants, valuable advice was offered by Karina Davidson, Tom

Kamarck, and Peter Kaufmann in "An Introduction to Grant Writing in Psychosomatic Medicine" (organized by trainee representatives Carrington Rice and Aric Prather). Being optimistic about the effectiveness of their advice, I attended "You Got the Grant, Now What? A Primer on Grants Management." During this panel session, Joel Dimsdale, Jean Endicott, Peter Kaufmann, David Krantz, and Lynda Powell drew on their vast experience to give suggestions on managing personnel, recruitment, database, and regulatory issues on funded projects. The roundtable "Going on the Academic Job Market: Advice from Recent Hires" conducted by Sarah Pressman, Sally Dickerson, and Nick Rohleder produced a surprisingly lively early morning discussion with attendees about job searches and the various paths trainees may take to secure their first academic positions. Don Hedeker's workshop "Mixed Models for Longitudinal Data" effectively demonstrated the advantages of mixed effects regression models versus other approaches when dealing with incomplete data across time.

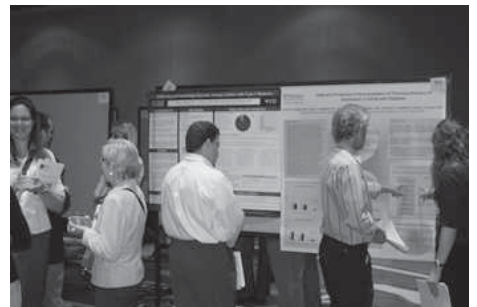
Multiple opportunities were available to interact with faculty members. In addition to receiving helpful feedback from visitors to my poster presentations, the ethnic disparities special interest get-together facilitated interactions with investigators whose work I had read, but had never met. The "Town Hall Identity Discussion" was enlightening as our breakout group chatted about APS's history and how the term "psychosomatic" carries different connotations internationally than it does in the U.S. Informal socializing with friends and colleagues was enhanced by Chicago's great restaurants and pubs, the latter often staffed by rather entertaining waiters. I look forward to sampling what Portland has to offer at next year's meeting.

President, continued from page 1

to the betterment of the APS. I know we are all looking forward to a year of positive forward movement for the society we hold so dear.

67th Annual Scientific Conference ~ March 4 - 7, 2009 ~ Chicago, Illinois

below and to the right...APS delegates, award recipients, travel fellows and scholars, leaders and management enjoy the 67th Annual Meeting in Chicago



Roses, and Salmon, and Wine. Oh my!

Joshua Smyth, PhD, Program Committee Chair

68th Annual Scientific Meeting
March 10-14, 2010
Portland, Oregon, USA
“Stress and Health”

On behalf of the Program Committee let me invite you to participate in the 2010 Annual Meeting, to be held in the “Rose City” of Portland, Oregon! The broad theme of the meeting will be “Stress and Health”; one we hope to be inclusive and to encourage new thinking about classic processes in psychosomatic medicine. We continue to enjoy a wonderful tradition of superb annual meetings (and thanks need to be given again to Drs. Christoph Herrmann-Lingen and Scott Matthews for their work on the last two meetings). In the spirit of “if it ain’t broke, don’t fix it,” we will try to preserve the many strengths of our traditions. On the other hand, we strive to constantly improve, evolve, and adapt to best meet the needs of our attendees. Based on your feedback, we will be attempting – among other things – to diversify the content of the program, include more membership initiated programming (e.g., symposia), highlight components of the meeting with an intervention and/or clinical focus, continue our commitment to special programming (e.g., mentor-mentee events, travel support, etc.), offer excellent pre-conference workshops, and work to better convey our meeting content to the media and other interested parties. As always, however, our primary goal for the meeting is to let the best science shine!

PORTLAND OREGON

For those of you who have not yet visited, Portland is a wonderful city! We will have much more information available for you in advance of the meeting, but let me whet your appetite a bit... Portland is the third most populous city in the Pacific Northwest (after Vancouver, BC, and Seattle, WA) with approximately 2 million residents in the metropolitan area. It has been called the “greenest” city in America (Popular Science magazine, February 2008) for its commitment to renewable and sustainable living, as well as the abundant walking and biking trails, light rail infrastructure, and many other eco-friendly designs. Portland International Air-

port [PDX] has several hundred flights daily on a large range of airline carriers. Upon arrival, it is a quick trip to Portland by taxi or the excellent light rail system that runs regularly from 5 a.m. to 1 a.m.

Portland is known for innovative, world-class cuisine and champions the “FLOSS” food movement [fresh, local, organic, seasonal and sustainable]. Portland has a range of diverse neighborhoods with coffee shops, local brewpubs, sidewalk dining, and a vibrant music scene. The City of Roses has many extraordinary parks and gardens, including the International Rose Test Garden,

*For those of you who
have not yet visited,
Portland is a wonderful
city!*

Japanese Garden, Classical Chinese Garden, Tom McCall Waterfront Park, Forest Park and Mill Ends Park. If you like to shop, Oregon has a full range of designer boutiques and local markets – all with no sales tax! Bibliophiles must visit Powell’s Books – the world’s largest independent bookstore with an incredible selection of rare, out of print, and otherwise hard to find books. Portland is also a city for the arts – there is an astonishing selection of both visual and performing arts; the greatest challenge is picking what venues to go to. The region also has a number of options for extended activities before and/or after the meeting. The Columbia River Gorge provides awe-inspiring vistas and hiking opportunities. The Willamette Valley holds a number of world-class wineries. The Oregon coast is a wild and ruggedly beautiful region with many scenic towns and beaches. Skiers can find snow (usually year round) on Mount Hood.

In conclusion, your Program Committee is hard at work planning the program, and we welcome any and all suggestions you may have – this is your meeting, after all. Please feel free to email your comments directly to me (jmsmyth@syr.edu), and I will ensure that the Program Committee considers your thoughts. I look forward to a great meeting in Portland, and hope to see you there!

New Award in Honor of Dr. Paul D. MacLean

The APS Council recently approved an exciting new award: “The Paul D. MacLean Award for Outstanding Neuroscience Research in Psychosomatic Medicine.” Paul MacLean was a physician whose visionary neuroscientific research career at Yale Medical School and NIMH was inspired by his recognition of the importance of emotion in clinical medicine and everyday life. Dr. MacLean, who coined the term limbic system, brought an evolutionary perspective to brain research and is considered by many to be the father of modern affective neuroscience and social neuroscience. Moreover, in his seminal paper in *Psychosomatic Medicine* in 1949 on the visceral brain, he hypothesized that psychosomatic disorders arose from an impairment in communication between the limbic system and neocortex. With the advent of modern brain imaging techniques, support for this perspective is growing. The award is intended to honor Dr. MacLean and to highlight and energize the line of research that he created on emotion, the brain and physical disease. The awardee will be given a plaque, an honorarium and the opportunity to give a major lecture at the APS Annual Meeting.

In addition to the above award, a companion travel award scholarship program will be created to enable at least 5 neuroscience trainees to attend the Annual Meeting and interact with the award recipient. Costs for both the award and travel scholarships would be covered by donated funds. A fundraising committee is being formulated with the hopes of raising \$100,000 to make this a permanently endowed award program. We intend to have our first award presented during our March 10 - 13, 2010 Annual Meeting which will be held in Portland, Oregon, USA. A call for nominations will be announced shortly, and Richard Lane, MD, PhD will chair both the fundraising committee and the selection committee of this exciting new award program.

Marilyn Elias, USA Today

1. The media are businesses— They need readers, viewers, listeners, website visitors—to get ads. Ads support the business financially and make mass media possible. So stories need to be interesting enough for a mass audience to pay attention to. That alone won't guarantee coverage; it's necessary but not sufficient.

2. Why research doesn't get picked up:

A) Angles not of greatest interest to mass audience emphasized (methodological advances, something that advances the literature in a way that interests researchers in the field but not the layperson)

B) Jam-packed news day

C) Material has been sent to generic "news desks" or editors not responsible for area. Shortest distance between 2 points is a straight line; find out who covers the topic.

3. Best chances for coverage:

A) E-mail a reporter directly & follow up with phone call a couple of days later. (We talk to PR people all the time—if you have a good one who can communicate well with non-scientists, fine.) But a scientist calling is impressive & unusual ... It shouldn't be done in an inflated or self-promoting way, but fact-based. Reporters are more likely to pay attention to the person who did the research.

B) Good summary in lay language. Start out with most important finding and what it signifies—why the finding matters to people. Need phone number and e-mail addresses at top of news releases.

C) If you are contacted on your research or to comment as an expert on someone else's work, e-mail or phone back promptly, that day for sure or as soon as possible. Leave all of your numbers to be reached easily. Reporters have very tight deadlines.

D) Speak in layperson's English. Try to decode the academic jargon so that someone who knows nothing about your field can understand it. Reporter expertise varies greatly.

4. How to avoid accuracy & context problems:

A) "The best defense is a good offense." If you are concerned about a specific misinter-

pretation that easily could be made (for example, cause vs. correlation, a distinction that many non-specialist reporters fail to make), state up-front "This data DOES NOT mean X; it does mean Y. Readers, viewers, etc., would be misled if you said it means x." Reporters are concerned about demands for corrections and want to avoid them.

B) Spell out the context. Tell how what you have fits with the research literature. Why, specifically, is it a contribution? Why might your findings differ from others' if there is a mixed literature? "This adds to a growing body of, etc." or ... "This suggests some earlier studies may have not taken into consideration..." If it is a preliminary finding that needs further research (or larger studies) to be confirmed, be sure and state that explicitly. Don't hesitate to give the reporter directive sign-posts for context: "I wouldn't want you to imply that this is the only reason for high blood pressure... genes play a role," etc.

If you are uncomfortable with either the questions asked by a reporter or his restatement of key findings, because it sounds like they may have misunderstood your work, stop right there and spell out your concerns.

C) Always, always, always say if your work is a first of any kind—the largest, the longest-term, the first to compare two factors, the first to include a larger sample of women, certain racial groups... First is synonymous with newsy if the topic is interesting.

D) Suggest other knowledgeable sources in the area of your research and give reporters their e-mail addresses, phone numbers. If there is a controversy or disagreement, it's particularly classy to identify those with a different point of view from yours and even give their contact information—I've had scientists do that.

5. Sidestepping miscellaneous minefields ... an ounce of prevention:

A) Don't let a news release that overstates the importance of your research go out unchallenged. The release may be picked up by outlets with no specialty reporters and/or the wire services if it is a slow news day, and this will amplify the "little white lies" a thousand-fold. They won't be so little anymore. If you encounter an ultra-assertive PR person from your university, for example, offer to help make the story interesting without exaggerating. Never allow yourself to be intimidated by a PR person who claims his/her distorted version is the only way the media will pick up your research.

B) If you are uncomfortable with either the questions asked by a reporter or his restatement of key findings, because it sounds like he may have misunderstood your work, stop right there and spell out your concerns. Clearly correct any misperceptions you think may be there, based on anything a reporter has said.

C) Adjust your expectations or you may be sadly disappointed. It's journalism, not a PhD thesis. Methodology, however elegant, will be downplayed or omitted. Reporters don't have the final say on placement of a story; they often don't determine the space available. A mediocre story can be played prominently on a slow news day; a much better story may be squeezed for space on a day when there's a lot of other news and many ads. Reporters don't write the headlines, so don't carry a grudge on that score.

D) If there is a mistake and you want a correction or clarification to run, contact the reporter directly. Go over the reporter's head to editors only if there is resistance.

E) If you are pleased, it's a nice gesture to e-mail or phone the reporter. You may want to contact her/him again about future research, and it helps to have a pleasant relationship in which good work is rewarded.

Final Point: Reporters love exclusives because it puts them out ahead of competitors, drawing audiences to something they can't get anywhere else. If you can give some interesting news exclusively to a reporter that you respect, consider doing so as an investment in good will.

4/15/09

The Professional Education Committee is currently undergoing some important administrative changes and continues to focus its efforts on three primary projects. Administratively, Dr. Herb Ochitill has finished his terms as Co-Chair and Dr. Daichi Shimbo has assumed Co-Leadership with Dr. Jason Satterfield. A concerted membership drive is currently underway and, thus far, has resulted in four new committee members: Drs. Laura Julian, Serina Neumann, Michael Ziegler, and Nik Egloff. The three primary projects include website teaching materials, an educational workshop for the 2010 annual meeting, and ongoing dissemination efforts including the medical student textbook.

Web Project: With the accelerated growth of on-line communication and education, another focus of our efforts will be a joint collaboration with the Society's website development committee to fully foster the growth of educational pages on the site. Website features could include teaching materials (syllabi, slide sets, video postings) as well as on-line space for teaching and educational consultation. Initial meetings have occurred with the APS Web Committee and a small subcommittee of individuals interested in identifying priorities for web content is being formed.

Conference Workshop: We've been encouraged by the Program Committee to prepare a contribution for the 2010 annual meeting. Several survey questions to elicit APS member interests were included in the 2009 program survey. Survey results will be used to determine the most helpful educational programming to propose for the 2010 conference. Topics may include the role of education in translational science, curriculum development, and/or a "mini-medical school" for PhD members.

Dissemination Activities: In addition to web-based dissemination strategies, our committee is re-examining the APS Visiting Scholars Program, collaborations with existing Psychosomatic Medicine Interest Groups (PMIGs), and continues to move forward with the market proposal for a medical student textbook. Our ultimate goal is to deter-

mine how to best amplify the impact of these programs by more effectively disseminating created products and shaping them for easiest uptake.

The Unbearable Elusiveness of "Evidence"

**Jessie Gruman, PhD, President
Center for Advancing Health**

Moments after sending the e-mail blast announcing the Center's modified name and new tagline ("Evidence. Engagement. Equity."), I received a message from a respected patient activist questioning our use of the word "evidence" as part of our identity. "Evidence will be a bad word when it comes to denying care down the road," she cautioned.

Hmm. What are the alternatives to evidence as a guide to health interventions: Your doctor's best guess? *Your* best guess? I didn't understand her objection.

She explained that her concern about evidence comes from the emphasis on comparative effectiveness research (CER), the focus of a \$1.1 billion government initiative to systematically compare medical tests and interventions to discover what works best to prevent and treat disease. "I see comparative effectiveness research as an opening wedge to getting everyone's records (I have no problem with them being in a database I control... but routed through the government, no way) and then bang a bunch of apples and oranges – 'evidence based studies' – against them and say...OK, a CT scan doesn't 'work' for your condition, no CT scan."

Actually, this response is hardly surprising. Health policy experts and reformers are engaged in a highly charged, politicized debate about whether and how the results of CER can improve the quality and reduce the cost of health care. The consequences of both action and delaying action seem extreme and potentially deal-changing for all health care stakeholders. Including us.

Until recently, we delegated all questions about health to our doctor for an authoritative answer. This no longer reflects our reality, as we find ourselves responsible for evaluating physicians to treat us, coordinat-

ing our care among specialists, and choosing and following through on test and treatment options on our own.

Many of us make high-stakes decisions about our health and health care in the absence of the guidance of a trusted health professional. Sometimes we make these choices on the fly, based on the available information. Sometimes we look to our family, our colleagues, talk radio, advertisements, a Google search, WebMD, people like us online, and government sources to help us decide. Sometimes our choices will approximate the recommendations that our health care providers would make – or will be consistent with systematic reviews of the scientific literature. But I bet that frequently they will not.

But let's not kid ourselves: our choice is not between unlimited access to all the health care we think we need and draconian government intervention.

Every health care reform proposal currently on the table assumes that care will increasingly be based on scientific evidence in order to deliver better outcomes at a lower cost. But a growing number of important decisions about care are being made by us – patients and caregivers – whose knowledge of what evidence is, where it can be found and how it can be best used is limited, and whose attitudes about it are ambivalent. As we are assigned more responsibility for choosing and using our care, we have the potential to become authors of wild variation that will not easily be tamed, even by well-placed decision support tools and access to premium information online, as we try to figure out how to get our back to stop aching, our kid's ear infection to clear and our babies born safely.

What potential disruption our less-than-idealized approaches to finding and using the best available health care pose to efforts to increase the health care!

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