

President's Letter



Shari R. Waldstein, PhD

Greetings from spooky Baltimore where we have recently celebrated another terrifying Halloween! I have decided it would be best to aspire to my daughter's Wonder Woman attire, and not worry too much about the fact that I dressed as the Grim Reaper.

We held a highly productive Fall Council meeting in Reston, VA at the end of September. The group put their heads together to examine ways to further incorporate ideas from our recent Strategic Planning Meeting into our infrastructure. To that end, we first examined information gathered by the Task Force on Identity and Name via a membership survey and our Town Hall meeting. Common themes pertaining to the APS's identity derived from this feedback included: excellent cutting edge research that spans lab to clinical/translational with a focus on biological mechanisms; a multidisciplinary, international membership; an excellent journal; an outstanding annual meeting that promotes scientific interchange, constructive criticism, warmth, collegiality, loyalty, and mentoring activities; and history as the oldest society of its kind. Suggested changes to our present identity mainly focused on doing what we do even better and letting others know about it! With respect to the latter issue, a number of suggestions were provided regarding increased dissemination efforts.

The Council first considered the wording of our present mission statement to evaluate whether our desired future directions with

respect to identity sufficiently matched our existing statement. The overall consensus was that our statement matched our ongoing values and goals quite well, but that we could better indicate our newly stated commitment to increased efforts in dissemination. Accordingly, we have slightly modified our statement as follows (changes in italics).

"The mission of the American Psychosomatic Society is to promote and advance the scientific understanding and multidisciplinary integration of biological, psychological, behavioral and social factors in human health and disease, and to foster *the dissemination* and application of this understanding in education and health care."

Consistent with this theme, our Task Force on Dissemination and Implementation, led by Steven Locke, MD, and Joan Broderick, PhD, submitted an extraordinary report on potential objectives, strategies, and methods. Their excellent suggestions will receive detailed consideration as work related to our strategic plan proceeds. However, perhaps we can all be increasingly cognizant of our own personal efforts at dissemination. For example, to what degree do we "preach to the converted" as opposed to "spreading the word?" Can we as individuals make an impact locally, nationally, and internationally with our own dissemination efforts? Methods of dissemination are varied and might include educating our local colleagues on the meaning and goals of psychosomatic medicine, publication and presentation of our work in venues other than our own (or closely related) meetings and journals, training and mentoring efforts at undergraduate and graduate levels, and granting of media interviews. The society leadership will continue to work hard to increase our focus on ongoing and new methods of dissemination. But, I challenge each of our members to think of ways to assist in this important goal.

Issues pertaining to our identity and dissemination relate directly to ongoing discussion

regarding the name of our society, and consideration of possible name change. Information on this controversial topic gathered by the Task Force on Identity and Name has reinforced that our membership remains divided on the best course of action – whether to keep our name and try to better educate the public and other professionals about its true meaning versus seeking an alternative name. At the Town Hall meeting this past March, members were asked to consider respective pros and cons of keeping or changing the society's name. Examples of argu-

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ments in favor of keeping the name included link to tradition and history; that the literal meaning of the term psychosomatic is "mind-body" thus reflecting accurately what we do; international recognition; and linkage to consultation-liaison psychiatry. In contrast, stated concerns about keeping our name included that the term psychosomatic is frequently misunderstood and may have negative connotations particularly in the United States; that it is sometimes viewed as a non-scientific term, that the name may not attract new members; that the name does not reflect our international membership; and that there may be a mismatch between the name and what we do.

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Leadership**

March 2009 - March 2010

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From the Editor

Mary-Frances O'Connor, PhD

I am so proud of my membership in the American Psychosomatic Society each time I read through the articles in our newsletter. I am touched by the connection from past leaders to our most up-to-date technical manifestations. I am struck by the quote from Richard Rahe on page 3:

“For another six months I analyzed all these data by hand (as it was before desk-top computers) during my “spare time” as Chief Resident.”

and comparing that with the article by Julie Noblitt from HighWire Press. She points out that we have *free* access to any article in the reference section of articles from *Psychosomatic Medicine* that are hosted by HighWire, which as she points out, “this is a benefit that saves us lots of research time.”

An event that has been making me think about other ways that our research is supported is the death of Ruth L. Kirschstein on October 6. This remarkable woman was the first woman named as a director of an NIH Institute, and served twice as acting director of NIH. She is perhaps best known, however, for the award that now includes her name, the Ruth L. Kirschstein National Research Service Award (NRSA). Countless young scholars have developed into research scientists because of this grant. I am reminded that at APS, we have the opportunity to fund our own young scholars, through the APS fund.

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Another way that our research is supported is through the communication provided by our APS website—and it’s facelift is under way! Stay tuned for a full-scale overhaul, perhaps available to the public by the March meeting. If you have comments or requests during this process, please feel free to email info@psychosomatic.org.

And, speaking of our website, it describes our annual meeting in the following way:

“The Annual Meeting in March is an open scientific and clinical forum where investigators from allied disciplines communicate, pool their knowledge, consider problems of conceptual relationships, and develop ideas which will stimulate further research.”

I think that is a terrific description of what happens at our meeting, and I am personally looking forward to making new connections and stimulating new ideas at this year’s meeting in Portland. I can’t wait to see you all there!

**CALL FOR
APPLICATIONS**

The Editor Search Committee of the American Psychosomatic Society announces its call for applications for the post of Editor of *Psychosomatic Medicine*, the official scientific publication of the Society. The five year term will begin January 2012, and is renewable for a second term.

Applicants must be members of the Society and applications must be received by the Editor Search Committee no later than February 1, 2010.

See page 9 for a more detailed description and information on how to apply.



Stress, Coping, and PTSD

Richard H. Rahe, MD

In 1959, as a medical student, I worked over my summer vacations, with Professor Thomas H. Holmes, MD in the Department of Psychiatry. He had trained with Professor Harold G. Wolff, MD at Cornell University in New York, along with other prominent physician researchers such as Stuart Wolf, MD and Lawrence Hinkle, MD. I selected a straight medicine internship at Bellevue Hospital, Cornell Division, in New York, hoping to meet and learn from Dr. Wolff. Unfortunately, the night before I was to present a patient who developed hyperthyroidism while suffering from severe recent life stresses, Dr. Wolff died of a cerebral hemorrhage. Disheartened, I elected residency in Psychiatry and Internal Medicine back in Seattle, Washington where I could continue to work with Dr. Holmes.

I first reviewed Dr. Holmes earlier studies of stress and tuberculosis and pointed out in a summary article that stress was defined differently in each study. Additionally, I found no description as to how the severities of various stresses were determined. It was during a walk back from our attendance to a lecture by Eugene Galanter, PhD, Chairman of the Department of Psychology, where he presented his scaling study rating various severities of juvenile crimes that we had our “Ah ha” moment. Dr. Holmes said: “Why don’t you do a similar study for life stress events?” The next six months I gathered over 400 subjects of differing ages, race, generation American, marital status and education. I had them scale 42 life stress events typical of a person’s work, home and family life, social and community relationships, and finances. For another six months I analyzed all these data by hand (as it was before desktop computers) during my “spare time” as Chief Resident. Another few months passes while we checked my data on the main frame and while I wrote serial drafts of the paper. When done, Dr. Holmes told me: “On your previous papers you were first author. I think I’ll put my name first on this one.” The Social Readjustment Rating Scale (SRRS) publication became known as the “Holmes and Rahe Scale.”

The SRRS remains in use today, 42 years after its publication. I revised the scale twice

during my 20 years in the U.S. Navy, and once again during my time as Professor of Psychiatry at the University of Nevada School of Medicine in Reno, Nevada. The original list of life change events, along with their intensity ratings (which I later labeled Life Change Units, or LCU) reported in 1967 were compared with those from a nearly identical study carried out in 1994. Average LCU estimates had become significantly greater across the years. For example, a traffic ticket that was originally rated as 11 LCU in 1967 was rated 27 LCU in 1994. Most of the lower rated LCU in 1967 had more than doubled by the 1994 study. Higher rated events in 1967 also increased in LCU value, by 20 to 30 per cent, in 1994. Averaging all LCU values from 1967 compared to all values found in 1994, life had become 44% more demanding across these twenty-seven years. So if you have always thought that life has become progressively more difficult across recent decades, you are correct!

From these early studies, and additional investigations that I carried out in the U.S. Navy, it became evident that the higher the number and severities of a person’s recent life change events over the prior year, the more likely it was they would experience one or more illnesses the next year. Persons with extremely high recent LCU scores tended to go on to develop the most severe illnesses and/or injuries.

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Following a National Institutes of Health Fellowship in Stockholm, Sweden, from 1968 to 1969, I returned to active duty in the Navy and was assigned to study stress and illness in several groups of naval personnel. These groups included Underwater Demolition Team (UDT) trainees, Naval aviators, and officers and enlisted men serving aboard ship during the Vietnam War. I also helped

psychological examination used after the release of Army and Navy Prisoners of War (POWs). As a member of the Department of State Mental Team I introduced a similar assessment for the evaluation of the psychological and physical health of 52 returning Americans who were held hostage for a year and a half in the American Embassy in Iran.

What types of mental illness symptoms typically result from severe life stress events? The most common early symptom is anxiety, resulting in heightened arousal, sleep disturbances, dreams of traumatic experiences, poor appetite, and frequent reliance on alcohol and sedative drugs in an attempt to manage these symptoms. The most frequent later symptom is depression. Depression is generated by repeated traumatic memories, self-censure of one’s performance during the trauma, grieving for friends who were severely injured or lost their lives, worries about what the future may hold, and in the extreme, thoughts and plans for suicide.

U.S. military actions in Iraq and Afghanistan have brought public attention to the association of the stresses of combat with mental health disorders. This association has been described by different names since recorded military history. From the mid-1980s to today it has been referred to as **Posttraumatic Stress Disorder, or PTSD**. However, the symptoms of this disorder are not limited to persons experiencing war trauma. A nearly identical cluster of symptoms is also seen from childhood to old age following traumas of abuse, rape, criminal actions, life-threatening illnesses, earthquakes and hurricanes. Stories in the press concerning persons with PTSD are generally of individuals with long-term suffering and lack of recovery following their traumas. Such reporting has led to a common belief that PTSD is a severely disruptive, long lasting and crippling disorder, generally unresponsive to treatment. This belief is a large distortion of the course of recovery for the majority of individuals experiencing severe trauma. For example, in a large-scale study of over fifty thousand military men and women, nine out of ten combat veterans returning from Afghanistan and Iraq did not report a diagnostic number of symptoms to reach a diagnosis of **PTSD**. Among those symptoms that did qualify for this disorder, many showed improvement in their symptoms over the following two to three years.

Scientist, continued on page 8

Professional Education Committee

Daichi Shimbo, MD and Jason Satterfield, PhD, Professional Education Committee Co-Chairs

The Professional Education Committee has undergone some important administrative changes and continues to focus its efforts on three primary projects. Administratively, Dr. Daichi Shimbo has assumed Co-Leadership with Dr. Jason Satterfield. A concerted membership drive resulted in five new committee members: Drs. Fran Cohen, Laura Julian, Serina Neumann, Michael Ziegler, and Nik Egloff. The three primary projects include website teaching materials, an educational roundtable for the 2010 annual meeting, and ongoing dissemination efforts including work with the Dissemination Task Force and the medical student textbook. Most importantly, we would like to extend an invitation to all APS members to submit your ideas regarding what type of educational materials you'd like to see posted on the APS website as detailed below.

Teaching Materials Web Project:

We continue to work with members of the APS Web Committee to share Information Technology (IT) needs, suggestions, and ideas regarding how educational materials can best be shared and maintained on the APS website. Inquiries have been made to organizations such as the Association of Behavioral and Cognitive Therapies (ABCT) regarding their policies for electronic teaching materials. Issues such as copyright, quality assurance, and intellectual property are being considered as this project moves forward. At minimum, we hope the teaching materials from our proposed 2010 APS Educational Roundtable will be available online regardless of IT updates and platform.

As current leaders of the Professional Education Committee, we would like to tell you about a new initiative that we are planning: making a wide range of educational materials available to all APS members on the APS website. Given the depth and breath of the scientific fields that encompass the APS membership, we would like to take an opportunity to reach out to you for feedback on the topic areas that we should be focusing our attention on (e.g., neuroimaging, behavioral cardiology, pain, etc) as well as the type

of materials that should be available (e.g. slide sets, reading lists/reference lists, syllabi or course outlines, resources for curriculum development, contact list for teaching mentors/colleagues, etc). We would plan to update the website on a periodical basis, and we would also have a system in place so that the material that is sent to us is reviewed by subcommittee members for quality assurance purposes (accuracy, length, conciseness, non-redundancy with other submitted materials, appropriate sensitivity to copyright issues, etc). Feedback is very important to

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make this initiative valuable for most if not all APS members. Please email either Jason Satterfield at jsatter@medicine.ucsf.edu or Daichi Shimbo at ds2231@columbia.edu. We are soliciting comments and specific feedback regarding what educational topics to cover and what types of teaching materials would be most useful.

Conference Workshop:

65 surveys regarding a possible 2010 educational workshop were collected after the 2009 APS conference. Interest in specific topics was widespread including the role of educational research in translational science, dissemination, and implementation. Respondents were almost equally interested in evidence-based teaching tools, curriculum development, and professional development as an educator. We are currently drafting ways to address many of these topics.

Long Range Plans:

Our committee has put together a 'mini-medical school' (Overview of Biomedical Patho-

physiology Relevant to Stress and Disease) for the 2010 meeting. The educational aim is to educate and inform graduate students and scientists (both early career and senior) by providing an up-to-date review of the basic biobehavioral mechanisms underlying stress-related diseases. Both basic biological mechanisms and "big picture" relevance to human health and psychological stress will be emphasized. Mastery of basic workshop content is intended to enrich comprehension and appreciation of more in depth presentations during the APS conference and to create collaborative bridges between research "silos." More specific details will follow. We hope to see you there!

President, continued from page 1

Arguments in favor of changing the society's name included an opportunity to decrease prejudice; to increase the society's impact and membership; to include the word "medicine" in the name; to choose a name more informative of what we do; and to move away from a psychiatry identity given formalization of their specialty in psychosomatic medicine. Arguments against name change focused on possible negative costs such as a potentially negative impact on other international societies; fiscal costs; the possibility that name change would result in infighting and anger including the risk of alienating certain groups of members; concerns about associated change in the journal's name; and concerns about what name we could agree on. Discussion of these very important issues will continue. Yet, it is critical for all of us to keep in mind that despite we may disagree on the best course of action we all have the best interest of our society in mind. I look forward to further consideration of this most important topic and development of a productive and respectful solution.

Take Another Look at Psychosomatic Medicine online!

Julie Noblitt, HighWire Press

If you haven't visited the online edition of *Psychosomatic Medicine* on the HighWire platform recently (www.psychosomaticmedicine.org), you may want to have a look. There are lots of good resources there for you! For example, did you know that as a subscriber to *Psychosomatic Medicine* you have free access to the full text of articles that are listed in the references, as long as the referenced article is hosted at HighWire? You do! With almost 1,300 highly cited publications on the HighWire platform, including *Science*, *PNAS*, *JAMA*, *New England Journal of Medicine*, and many others, this is a benefit that saves us lots of research time. Because *Psychosomatic Medicine* participates in this reciprocal toll-free linking program at HighWire, that means that the journal enjoys the benefits brought by the referral traffic from these other highly cited journals.

45. Folsom AR, Kaye SA, Sellers TA, Hong CP, Cerhan JR, Potter JD, Prineas RJ. Body fat distribution and 5-year risk of death in older women. [Erratum appears in JAMA 1993 Mar 10;269:1254]. *JAMA* 1993;269:483-7. [[Abstract/Free Full Text](#)]
46. Kaplan GA, Camacho T. Perceived health and mortality: a nine-year follow-up of the human population laboratory cohort. *Am J Epidemiol* 1983;117:292-304. [[Abstract/Free Full Text](#)]
47. Vasan RS, Larson MG, Leip EP, Evans JC, O'Donnell CJ, Kannel WB, Levy D. Impact of high-normal blood pressure on the risk of cardiovascular disease. *N Engl J Med* 2001;345:1291-7. [[Abstract/Free Full Text](#)]

Did You Know?

Here are but a few of the very nice features and services you can find by visiting the journal site:

1. On the home page, you can find links to the most frequently read articles in the journal. An interesting list! You can also see the most frequently cited articles in the journal (cited by other journals hosted at HighWire, that is).

► Articles in Demand

- ◆ [Most Frequently Cited](#)
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2. Another valuable and popular feature in our HighWire site is Subject Collections, in which *Psychosomatic Medicine* articles have been sorted by topic. Best of all, you can even sign up to be alerted by e-mail whenever a new article gets added to particular subject collection.

[Pediatrics](#) (41 Articles)

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[Pharmacology](#) (17 Articles)

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Psychiatric Disorders

[Anxiety](#) (161 Articles)

[Delirium](#) (0 Articles)

[Dementia](#) (12 Articles)

[Depression](#) (399 Articles)

[Eating Disorder](#) (32 Articles)

[Personality](#) (35 Articles)

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[Somatoform](#) (84 Articles)

[Other Psychiatric Disorders](#) (60 Articles)

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► **Related collections:**

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- [Adolescence](#)
- [Aging](#)
- [Animal Studies](#)
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- [Cancer](#)
- Cardiovascular Medicine

3. Speaking of alerts, I recommend that you sign up for free e-mail alerts that tell you when a new issue has been posted online. The email contains links to each article. Of course, you can also sign up to be alerted whenever a new batch of "Early Release" articles is posted.
4. You can find PDFs of all of the APS Meeting Abstracts on this site as well, dating back to 2003! Those are free for anyone to see.
5. Have you ever wished you could just scan all the figures for a given article in a single page? *Psychosomatic Medicine* on HighWire offers you a "Figures-only" view for each article. See an example here: <http://www.psychosomaticmedicine.org/cgi/content/figonly/717715>

These are just a few of the features of the journal. If you haven't visited lately, I encourage you to take a look. And, to help you stay abreast of highlights of the contents of the journal, subscribe to our new Twitter feed at <http://twitter.com/PsychosomMed>

What's Next?

Coming soon, *Psychosomatic Medicine* will be migrating to HighWire's new platform, which they call "H2O". A nonprofit company run out of the Stanford University library, HighWire is the Web host for many high-impact peer-reviewed journals. With the new H2O platform will come an updated look and feel for the site and some new and improved article display elements, as well as a new site architecture that will enable *Psychosomatic Medicine* to take advantage of the web services that our up-and-coming readers are increasingly coming to expect. So, stay tuned for more to come!

Distinguished Fellow Appointment

Steven Locke, MD



APS member and past-President Steven Locke, MD was appointed a Distinguished Life Fellow of the American Psychiatric Association at the recent 2009 Annual Meeting. Distinguished Fellowship is awarded to outstanding psychiatrists who have made significant contributions to the psychiatric profession in at least five of the following areas: administration, teaching, scientific and scholarly publications, volunteering in mental health and medical activities of social significance, community involvement, as well as for clinical excellence. Distinguished Life Fellow is the highest membership honor the APA bestows upon members. Dr. Locke is a research psychiatrist at the Division of Clinical Informatics at Beth Israel Deaconess Medical Center and a consulting psychiatrist in the Department of Psychiatry at Massachusetts General Hospital. He is an Associate Professor of Psychiatry at Harvard Medical School and Associate Professor of Health Sciences and Technology at MIT, where he serves as Course Director for a course on e-health entrepreneurship (Information Technology in the Healthcare System of the Future). Dr. Locke directs a research project on the use of high fidelity simulation to teach doctor-patient communication skills in the area of medical error disclosure and apology at the Center for Medical Simulation. He is also a faculty member in the Bioastronautics program in HST where HST921 is also an elective course in the Bioastronautics curriculum. Serving as a member of Dr. James Cartraine's team at Harvard (supported by grants from the National Space Biomedical Research Institute), Dr. Locke is the project psychiatrist in NASA's effort to develop an onboard computer-based mental health system to mitigate behavioral threats to mission success that could arise during long-duration space missions such as the lunar colony and Mars mission.

Dr. Locke's research interests are in the field of behavioral telehealth in which technology is used in population health management to facilitate the integration of behavioral medicine into primary care and the supported self-management of chronic medical conditions. He has also been active in national efforts to use information technology and the Internet to enhance community resilience in the face of major public health challenges such as pandemic flu, outbreaks, and terrorism where stress-related physical symptoms can confound triage efforts.

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PMIG Summary

Leo Pozuelo, MD

APS is fostering the next generation of psychosomatic medicine practitioners and researchers through support for Psychosomatic Medicine Interest Groups (PMIG). Applications from 14 institutions were reviewed this summer and 10 programs were chosen for funding of \$1000 each in the 2009-2010 year.

Former APS president, **Richard D. Lane, MD, PhD** from the **University of Arizona College of Medicine** will spearhead coordination of remote lectures for all PMIGs through liaison with the APS Past Leaders, APS Education Committee and APS webmaster to create an inventory of remote lectures using video conferencing, Go-To-Meeting and downloadable powerpoint files.

Dr. Lane will lead the Arizona PMIG, which will hold monthly lunch meetings geared for medical students and open to all medical trainees and faculty. The meetings will include 8 lectures (4 local and 4 remote) and two patient interviews (one on fibromyalgia, one on depression and breast cancer). Lecture topics will include Emotional Triggers of Sudden Death, Somatization, and Close Personal Relationships and Breast Cancer Outcome. The Arizona PMIG will also have informal gatherings for medical students, residents and other trainees at Dr. Lane's home to discuss medical students' clinical experiences and how one builds a career in psychosomatic research. Crysta Clemente and Alicia Cowdrey (MS2s) will be student co-leaders.

John Spertus, MD, MPH, FACC, from the **University of Missouri - Kansas City**, and **Johan Denollet, PhD** and **Kim Smolderen, PhD** from **Tilburg University**, The Nether-

lands, will lead a collaborative PMIG dedicated to promoting psychosomatic research for medical students, residents, and fellows. Both these groups are widely published in psychosomatic research, and the award will be used to fund and promote live online web based seminars for trainees. At the Mid America Heart Institute, one of the two main teaching hospitals for the University of Missouri- Kansas City, medical students will have prime access to cutting edge research in behavioral cardiology. Parallel to the international focus of the APS, this PMIG project will foster interest and awareness on international research for the students, as well as provide valuable insight into American-European research collaborations.

Sarah Rivalli, MD, from **Duke University Medical Center**, will form a PMIG to enhance awareness of psychosomatic medicine with a focus on psychosomatic research opportunities at Duke. Third year medical students will be exposed to 6 psychosomatic research conferences where faculty present and engage the students to actively participate in these research projects. The PMIG award will provide an excellent vehicle to tap the superb faculty working in the field of psychosomatic medicine at Duke and foster relationships with students looking for research mentors. In addition, a dedicated conference will be organized with a career panel, at which psychosomatic faculty can discuss their training, clinical and scientific work and field questions from students and residents. Funds will be used for these endeavors with expectations to recruit more talented students into the residencies of psychosomatic medicine and assure quality clinician researchers for years to come.

The **Rush University School of Medicine PMIG** will be led by **Daniel Rosenthal, MD**, Director of the Residency in Internal Medicine/Psychiatry. With residents in the combined internal medicine-psychiatry and psychiatry programs, a vibrant psychiatry consultation liaison service, a large medical student base, and faculty with psychosomatic research experience, the Rush University foundation is strong. Over recent years, they have worked toward development of a model curriculum at the interface of internal medicine and psychiatry with case-based journal clubs and conferences meeting twice monthly. The APS grant will help cultivate the content and process of these conferences to: 1) apply evidence-based data to clinical cases at the interface between medi-

cine and psychiatry with equal thought given to each discipline; 2) identify gaps in the literature and consider what research is needed to answer remaining questions; 3) expand the conferences to include faculty and trainees from internal medicine and psychology and medical students; 4) encourage mentorship and cross-fertilization across disciplines; and 5) promote active membership in the APS.

This year, we will support our first PMIG Down Under. **The University of New South Wales PMIG** will be directed by **Kay Wilhelm, MD**, Professor of Psychiatry at the University of New South Wales School of Medicine. The goal of this PMIG is to design a library of Independent Learning Projects in Psychosomatic Medicine for medical students in their honours years, as well as for resident trainees in consultation liaison psychiatry. At the University of New South Wales, medical students spend a year doing research projects. Learners could pick projects from the available suite that could be kept updated and 'spade ready' to encourage exposure to research in Psychosomatic Medicine. The funds may be used for some expert assistance in designing and implementing projects and awards for the best research presentations.

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Michelle Nichols, MD will lead the PMIG at **University of Texas Southwestern** for medical students and psychiatry/psychology trainees and faculty. They will also encourage participation by trainees and attending staff on surgery, neurology, obstetrics, and PM&R with whom they share strong liaison relationships. Lunch sessions will involve case presentations (usually with a live patient), preceded by faculty introduction/discussion and followed by a question/answer period. Sessions will highlight diagnostic, ethical/legal, and treatment challenges com-

monly faced by consultation-liaison psychiatrists such as post-partum psychiatric issues. These case conferences may be supplemented with satellite broadcasts from outside institutions and psychosomatic-oriented movie nights as appropriate to the group. This PMIG will partner with the existing Psychiatry Interest Group at the institution to increase PMIG visibility and they expect it will foster enthusiasm for expansion of psychosomatic medicine both clinically and in research.

Physician scientists **Raz Gross, MD, MPH** and **Dr. Tali Cukierman-Yaffe** will lead the PMIG at **The Gertner Institute at The Sackler School of Medicine at Tel Aviv University** in Israel. They aim to attract public health and psychology graduate students, as well as medical students, interns and residents with a potential to become independent scientists and leaders in the fast-evolving field of diabetes-related depression and cognitive dysfunction. Bimonthly meetings of a multidisciplinary team of psychiatrists, psychologists, internists, endocrinologists, and epidemiologists will include an educational component (expert guest speakers, journal club, symposium, and informal interaction), and a grant proposal development component. The latter will also provide residents and junior faculty with an opportunity to acquire basic grant writing skills.

The **Penn State College of Medicine PMIG** will be directed by **Robert A. Gabbay, MD, PhD**, Co-Director of The Penn State Diabetes Center, and focus on behavioral factors in diabetes and obesity. In recognition of the fact that outcomes in diabetes and obesity care depend primarily on behavior of patients, the Penn State Institute for Diabetes and Obesity (PSIDO) wishes to promote interaction of faculty involved in clinical diabetes and obesity research with faculty involved in understanding human behavior and behavior change. Under the PMIG Program, PSIDO will develop a Psychosomatic Medicine Interest Group of faculty, medical students and graduate students with an emphasis on creating a broader understanding of behavioral interventions in this field. The goal is to seed self-perpetuating clinical and research programs. The group will be brought together with the establishment of a monthly journal club that will include internal faculty presenters, student presenters, and one major invited external speaker. The final event will be an informal poster reception at the University's Conference

Center. The grant will provide refreshments and cover travel expenses for the external speaker.

APS will continue to support the excellent work of two previous awardees from the last PMIG year.

Margit Keresztes, MD, PhD and **Katalin Barabas, MD PhD** will lead a second year of the PMIG Award at the **University of Szeged, Hungary**. Dr. Keresztes has built a successful psychosomatic curriculum, for medical students and clinicians. The continued project will nurture roundtable discussions, provide the first ever psychosomatic elective for medical students, and organize a scientific session at the University of Szeged on psychosomatic illnesses. In addition, the team at Szeged has collected research data in the area of stress and psychoneuroimmunology. Dr. Keresztes continued advocacy for the field of psychosomatic medicine has been impressive and we hope to see her and two of her students at the next APS meeting in Portland, Oregon 2010

Jose Luis Gonzalez de Rivera, MD, at the **University of Madrid Autonoma, Spain**, has an equally successful PMIG year where they promoted serial meetings for medical students on psychosomatic medicine and psychotherapy of functional disorders. The work culminated in a very well attended CME course on Psychotherapy in the Medically Ill. The project for this year's PMIG will continue on the momentum achieved by offering a psychosomatic research elective to medical students, collaboratively publishing the revised edition of the Spanish textbook of Psychosomatic Medicine and holding seminars for psychology pre and post graduate students on autogenic psychotherapy, psychosocial risk factors in heart disease, and stress reactivity.

Details on the PMIG program are available at www.psychosomatic.org.

There are four critical areas of influence in the development of PTSD. Various combinations of these four areas facilitate or inhibit the development of this disorder. The first critical area of influence is Risk versus Resilience. Risks include biological and biographical liabilities such as lack of socialization skills, low educational achievement, excessive alcohol and cigarette use, a history of antisocial behaviors, previous psychiatric illness, and few “successes with challenges” in their early lives. Resilience factors are the opposite of the risks listed above. The second critical area of influence is Severity of Trauma. It has frequently been believed that most anyone experiencing, or witnessing, a very severe life trauma will go on to develop PTSD. In truth, there are many exceptions. The third critical area of influence is Concomitant Life Stresses that may reduce an individual’s stress tolerance at the time of his or her exposure to trauma. Such stresses may include significant personal problems, poor physical and/or psychological health, emergencies of a spouse and/or children, legal problems, and financial stresses. The fourth critical area of influence is the

The full intervention group showed 34% fewer doctor visits over the study year compared to doctor visits by members of the other two groups.

Progress toward Recovery an individual makes. Was the person psychologically debriefed following the trauma? Has he or she received good social support from professionals and/or buddies? Once back home, did he or she find employment? Did the person start to use excessive amounts of alcohol and sedating drugs and isolate him or herself from friends and family and the community? Poor progress toward recovery leads to continuing stress symptoms long after the trauma.

Looking at various combinations of these four critical areas, the most likely combination leading to PTSD is: high Risk, many

Concomitant Life Stresses, moderate to severe Trauma, and little Progress toward Recovery. A second combination of high Risk, many Concomitant Life Stresses, small to moderate Trauma, and little Progress toward Recovery also frequently leads to PTSD. A combination of high Resilience, few to moderate Concomitant Life Stresses, moderate to severe Trauma, and excellent Progress toward Recovery very often results in no PTSD. Severity of Trauma is therefore not always predictive for PTSD. An additional area of influence for Progress toward Recovery is prior stress training. Specifically designed stress training courses have long been carried out for Air Force and Navy aviators who are, by the missions they are assigned, at risk for being taken captive following a shoot down of their aircraft. This training contributed substantially to the remarkable adaptation to captivity shown by prisoners of war (POWs) from Vietnam.

From 1986 to 2004 I was Research Professor Of Psychiatry at the University of Nevada School of Medicine in Reno, Nevada. I broadened my stress and coping research in response to long-term contracts from the U.S. Department of Justice to treat extraordinary stresses Immigration and Border Patrol executives. For this work I developed my Stress and Coping Inventory (SCI). The SCI contains my Recent Life Changes scale along with three other stress measures (Biological and Biographical Assets and Liabilities, Physical and Psychological symptoms, and illness promoting Behaviors and Emotions) along with four coping scales (Health Habits, Social Support, Responses to Stress, and Life Satisfaction). The SCI proved to be very successful, especially so in a large-scale California Wellness Study. This study was designed to seek possible improvement in workers’ health through an psycho-educational program based on the SCI. Over five hundred subjects were randomly divided into three groups. The first group, or “full intervention,” was provided six, ninety-minute, biweekly group educational sessions. During these sessions, subjects utilized feedback from their initial SCI, as well as additional information provided by me and other co-therapists. The second group was called “partial intervention.” They received no group sessions, but were provided feedback from their initial SCI results by mail. The third group, termed “delayed care subjects,” received no group sessions and no SCI feedback by mail until the end of the study year. Then they received full feedback

from their initial, mid-year, and year-end SCI tests and were offered a single educational session. At the end of the study year, subjects’ medical records were compared for doctor visits. The full intervention group showed 34% fewer doctor visits over the study year compared to doctor visits by members of the other two groups.

As helpful as the SCI proved to be, it took thirty to forty-five minutes for the average person to complete it. Therefore, I shortened and revised the SCI, added one additional stress indicator (looking at feelings of helplessness and hopelessness) and one more coping measure (purpose and meaning in life) and named it the Brief Stress and Coping Inventory, or BSCI. The BSCI takes only ten to fifteen minutes to complete and I have used it as the basis for my Publish On Demand (POD) book entitled “Paths to Health and Resilience.” The book is available on my web site (www.drrahe.com) and will soon be listed on amazon.com. In this volume I was able to include several of the stress and coping lessons taught in the California Wellness Study. I use much of this book material in my VA employment where I have been treating returning veterans from Iraq and Afghanistan since 2004.

**The 68th APS Annual Scientific Meeting~ Stress and Health
Portland, Oregon~ March 10-13, 2010**

Plenary talks: David Goldstein on Homeostatic definitions of stress and distress; *Greg Miller* on Mechanisms linking stress and disease; *Steve Manuck* on Perspectives on Gene-Environment Interaction for Psychosomatic Medicine

Invited Clinical Relevance talk: Linda Carlson on Stress management in cancer care

Dual Plenary Symposia on Measuring Stress: *Steve Cole, Elissa Epel, Pete Gianaros, Clemens Kirschbaum, Julian Thayer and Roland von Känel*

Invited Symposia: Janice Kiecolt-Glaser and Kavita Vedhara on Stress and Wound Healing; *Doug Carroll, Anna Phillips, Mustafa al’Absi and Andrew Steptoe* on Stress Reactivity and Recovery

We look forward to seeing you in Portland!



CALL FOR APPLICATIONS

Editor, *Psychosomatic Medicine*

The Editor Search Committee of the American Psychosomatic Society announces its call for applications for the post of Editor of *Psychosomatic Medicine*, the official scientific publication of the Society. The editor will hold a five-year term beginning January 2012, renewable for a second five-year term with the concurrence of the Council of the Society by two-thirds vote. The Editor, who serves as an ex-officio (voting) member of the Council, is responsible for selecting members of an Editorial Board who represent a full variety of the relevant disciplines and, upon appointment, will have the right to constitute a new Board.

To apply, please provide the Committee with a brief letter of application, your curriculum vitae that includes details of prior editorial experience, a statement from your chairperson indicating a commitment of release time for this work and of adequate space for the journal operations, and a statement of your conception of the journal that indicates the types of articles you would like to see published and the kinds of innovations you would want to introduce.

Applicants must be members of the Society. Given the increasing international focus of the field, application is not limited to American citizens. Society members are encouraged to forward nominations including the name and contact information for the person nominated and a brief statement of the rationale behind the nomination. All appropriate nominees would then be encouraged to formally apply by the Search Committee.

Applications must be received by *February 1, 2010*.

For further information and to apply, contact:

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APS 68th Annual Scientific Meeting

Stress and Health

March 10 - 13, 2010

Portland Marriott
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Portland, OR USA

visit www.psychosomatic.org
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Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is January 18.

Please send correspondence to the APS Newsletter Editor

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