

***Immediate Past-President's
Column***



Paul J. Mills, PhD

By the time you receive this newsletter, we will have enjoyed our Society's superb annual Spring meeting in San Antonio, and I will have passed the gavel into the exceptionally qualified hands of Dr. Michael Irwin. Serving as President of APS has been both an honor and a pleasure, something I will look fondly on through the upcoming years. I so appreciated working closely and regularly with the other members of the Executive Committee, namely Drs. Shari Waldstein, Mustafa al' Absi, and Michael Irwin, as well as with our Council members and Committee Chairs. Shari has rotated off the Executive Committee and joined our legion of Past APS Presidents. On behalf of the membership, I would like to recognize and thank Shari for her many years of exceptional and dedicated service to the Society. As Immediate Past President, I will have the opportunity to work closely with our new President-Elect, Dr. Tica Hall, to which I am very much looking forward.

Additional changes to the Society's leadership include Council welcoming three new members, namely Drs. Paige McDonald, Maria Llabre, and Scott Matthews. I am grateful that these highly qualified individuals agreed to serve on Council and to help further the success of our mission over the next three years, and beyond. These three new Council members replaced Drs. Tené Lewis,

Daichi Shimbo, and Doug Carroll who rotated off after three years of dedicated service. In addition, Ex Officio Council member Dr. Joshua Smyth rotated off Council, having completed his two-year term as Chair of the Program Committee.

With the intention of helping new Council members orient to their responsibilities, Council recently approved instituting a 'Leadership Mentoring Program' for all new Council members. In this program, a 'senior' Council member, most likely in their third year of service and/or one who is very familiar with the culture of APS leadership, will be matched to a new 'junior' Council member. The overarching purpose of this leadership development initiative is to provide new Council members with an opportunity to have direct support and guidance from a seasoned Council member. The senior Council member will make him or herself available to answer questions, to provide further orientation to Council responsibilities and strategic objectives, and to share the relevant historical context of current issues and initiatives. As part of this Leadership Development Initiative, new Council members will also attend a Leadership Orientation that will be presented by management during the annual Spring meeting.

“Serving as President of APS has been both an honor and a pleasure, something I will look fondly on through the upcoming years.”

Other changes to the leadership include changing of the guard of several of the Society's committees. Tica Hall rotated off as Chair of the Fundraising Committee, where she oversaw successful funding of the Society's NIH R13 grant, which provides

funds for trainees to attend our annual meeting. Dr. Jeanne McCaffery rotated off as Co-Chair of the Membership Committee. Jeanne, along with committee Co-Chair Dr. Jos Brosschot, focused on several committee goals this past year or two, including increasing physician membership, diversifying membership, and developing a survey that will examine issues pertaining to why some individuals transition to full Society membership while others do not. Dr. Jason Satterfield rotated off as Co-Chair of the Professional Education Committee. Jason, along with committee Co-Chair Dr. Daichi Shimbo, focused on committee goals of identifying and processing educational materials, including review of materials on and for the website, and material that would be designated for website access by non-members.

Other committee goals include developing video materials from the annual meeting that will be posted on the website, as well as completing work on the Society's textbook project (further described below). This past year too, Dr. Mary-Frances O'Connor rotated off as Chair of the Ad-hoc Website Committee. Under her leadership, the Society now has a more modern and appealing website, and one with broader capabilities in the areas of member networking and education, as well as dissemination. Given the website's vital role in these regards, Council is in the process of re-envisioning this committee, and possibly turning it into a standing committee. Finally, Dr. Joshua Smyth passed the Program Committee Chair reins to Dr. Suzanne Segerstrom, who will manage our annual meeting in 2012, to be held in Athens, and in 2013, to be held in Miami. Joshua chaired the Program Committee through two truly outstanding annual meetings, including our recent meeting in San Antonio and last year's meeting in Portland, the latter which broke the all-time annual meeting attendance record for the Society. I would like to express my sincere gratitude to Tené, Daichi, Joshua, Tica, Jeanne, Jason, and

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From the Editor

John M. Ruiz, PhD



A Season of Science

Much like in nature, the Spring conference represented an emergence of our members from their labs bearing the fruit of their work from the last year. Once again, the annual meeting was a huge success. In addition to seeing good friends and enjoying the bounty of food and tradition from San Antonio's famed Riverwalk, the quality of APS science was on full display. We heard from a range of speakers discussing disease contexts, special populations, clinical science, and emerging methodologies. I would encourage anyone who was unable to attend to check out the program which is available on the recently revised website (<http://www.psychosomatic.org>). An important development this year was the emergence of sleep research as reflected in both top-down and bottom-up conference programming. Other highlights included roundtables, invited speakers, and the awards ceremony, and of course, the closing night banquet!

The meeting was also an opportunity to remember the passing of good friends who leave us with their scientific legacies as well as memories richer for having known them. New relationships were also formed as our society continues to change and grow. A good friend and colleague of mine who attended the meeting partly because it was "local" cited the quality of research and warmth of the attendees as reasons he is now making plans to see us in Athens next year. Special thanks are owed to Joshua Smyth, the program committee, and Degnon Associates for organizing everything from scientific programming to the food options during the afternoon session (insert your favorite sausage-making analogy here).

On to this edition of your APS Newsletter. On the front page, Paul Mills comments on the leadership transition, welcoming Michael Irwin in as the new President and thanking Shari Waldstein for her service as she now rides off into the sunset. Thanks are owed to Paul for his leadership during the past year as he now shifts roles and begins work on writing his memoirs.

Federal research funding is of critical interest to many of our membership. In this edition Deborah Olster, outgoing Director of the Office of Behavioral and Social Science Research discusses how to interact with that office to improve your success in garnering NIH funding for your psychosocial research. In addition, Lee Mann, Scientific Review Officer of the Behavioral Medicine Interventions and Outcomes (BMIO) study section offers tips and links for improving the quality of your federal grant applications.

In this edition's *Getting to Know You* we feature interviews with William "Bill" Lovallo and Susan Lutgendorf who discuss everything from how they got their starts in the field to their the ideal day off and what superpower one of them would wish for. In *Practical Science* Tim Smith and Bert Uchino of the University of Utah discuss the prospects and pitfalls in conducting laboratory-based interpersonal research and offer a wealth of tips for those interested in examining how one person can affect the health of another. In our awards section, 2010 Shapiro Award Winner Dan Clauw discusses how clinical observation and team research contributed to his success and contributions in the study of chronic disease. In an addendum, Matthew Muldoon discusses the 10-year history of the Alvin P. Shapiro award as it comes to a conclusion. Finally, Paul Mills reflects on the 25-year partnerships between APS and Degnon Associates which was recognized at the 2011 meeting.

CORRESPONDENCE: Please email questions, comments, and suggestions to John M. Ruiz, Editor, APS Newsletter, John.Ruiz@unt.edu.



Which Institute Are You At?

Deborah H. Olster, PhD, Deputy Director, Office of Behavioral and Social Sciences Research, Division of Program Coordination, Planning and Strategic Initiatives, Office of the Director, National Institutes of Health, Bethesda, MD



Which institute are you at? This always is the first question I am asked when I tell researchers that I work at the National Institutes of Health (NIH). My answer — that I work in the Office of Behavioral and Social Sciences Research (OBSSR) — is often met with a somewhat baffled expression. Well, we're not an Institute; we are a program Office situated in the Office of the NIH Director. Congress established OBSSR in recognition of the key roles that behavioral and social factors often play in illness and health, and we opened officially on July 1, 1995. Our mission is to stimulate behavioral and social sciences research throughout NIH and to integrate these areas of research more fully into the NIH health research enterprise, with the end goal of improving the understanding, treatment, and prevention of disease. From its position in the Office of the Director, OBSSR is in a unique position to reach across all of the NIH Institutes and Centers to stimulate and coordinate behavioral and social sciences research.

OBSSR develops policies, goals, and objectives which strengthen behavioral and social sciences research across the NIH, and serves as a liaison between NIH and the extramural research communities, other federal agencies, academic and scientific societies, the media, and the general public on all things related to behavioral and social sciences research. Our vision is to unite the biomedical, behavioral and social science communities to work more collaboratively in solving pressing health challenges.

OBSSR's strategic priorities are (a) next generation of basic behavioral and social sciences research; (b) trans-disciplinary "team science" that integrates biomedical, behavioral and social-ecological perspectives; (c) systems science approaches that tackle the complex, dynamic nature of how individual,

group, and societal factors influence health; and (d) the translation, implementation, dissemination and maintenance of best practices and proven strategies that reduce the burden of chronic disease and eliminate inequities in health of the population.

The Office engages in a variety of activities to meet its mission. These include developing funding initiatives (i.e., program announcements, requests for applications); creating opportunities for training and career development; disseminating findings from behavioral and social sciences research to the public; and sponsoring workshops and conferences to address cutting edge behavioral and social sciences research both at the NIH and at national and international scientific meetings. We collaborate extensively with our colleagues from the NIH Institutes and Centers. A coordinating committee, comprised of representatives from all over NIH, provides OBSSR with counsel in fulfilling its mission.

OBSSR-led funding opportunity announcements (FOAs) currently accepting applications include: *Translating Basic Behavioral and Social Science Discoveries into Interventions to Improve Health-Related Behaviors*; *Social Network Analysis and Health*; *Understanding and Promoting Health Literacy*; *Behavioral and Social Sciences Research on Understanding and Reducing Health Disparities*; *Using Systems Science Methodologies to Protect and Improve Population Health*; *Methodology and Measurement in the Behavioral and Social Sciences*; and *Community Participation in Research*. OBSSR also participates in initiatives led by individual Institutes and Centers, and trans-NIH or other multi-Institute/Center activities including the NIH Blueprint for Neuroscience Research and the Roadmap/Common Fund. It is important to note that OBSSR does not have grant-making authority. This means that investigators cannot apply to OBSSR for a grant or receive an award from us even though we may lead or participate in a FOA. However, we may contribute modest co-funding towards awards made by the NIH Institutes and Centers that do administer grants.

We also are committed to providing training and career development opportunities for scientists. For the last 10 years, OBSSR has organized an *Annual Summer Training Institute on Randomized Clinical Trials Involving Behavioral Interventions*. We've

also started the *Institute on Systems Science on Health*. We're aiming to offer new training in Mobile Health and in the Science of Dissemination and Implementation in the summer of 2011. An on-line course in genetics for behavioral and social scientists is currently in development.

Given that we do not manage grants, you may wonder how OBSSR can help investigators in pursuit of research support? NIH is big – 27 Institutes and Centers – and can be difficult to navigate. Our position within the Office of the Director provides us with a trans-NIH view of the breadth of behavioral and social sciences activities and the Institute/Center staff who are responsible for them. We're a small office and don't know everything, but *we know people* (and they know *more* people). We can use our strong network of contacts to guide you toward NIH opportunities, resources and staff that might otherwise be difficult for you to find.

“Given that we do not manage grants, you may wonder how OBSSR can help investigators in pursuit of research support?”

How should you interact with OBSSR? If your question is science-related, *e.g.*, whether a behavioral or social science project that you're developing would be of interest to NIH and if so, which Institute or Center might be a good home for it, e-mail a one page description to one of the OBSSR staff members (http://obssr.od.nih.gov/about_obssr/staff/staff.aspx). This gives us time to reflect on it and perhaps locate a more appropriate staff member elsewhere at the NIH who can address it. In contrast, general inquiries about grants should be directed to the NIH Office of Extramural Research (<http://grants.nih.gov/grants/contacts.htm>). Administrative questions about grant applications are best handled by individual Institutes or Centers.

Maybe you can do something for OBSSR, too. We have a small office and a broad mission. There's a lot of fabulous behavioral

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Practical Science - On Friends and Spouses in the Lab: Lessons Learned in Dyadic Psychophysiology



Timothy W. Smith, PhD and Bert N. Uchino, PhD, Department of Psychology, University of Utah

For better or worse, friends and family influence the risk and course of serious illnesses (Holt-Lunstad et al., 2010). Efforts to understand the psychobiologic mechanisms underlying these associations have progressed in important ways in recent decades, but much work remains. Increasingly, this research involves bringing pairs of thoroughly acquainted people into the laboratory to observe at close range these connections between the details of social life and the body's response. As two investigators who have worked together for many years to apply the rough tools of the psychophysiology lab to the nuances of personal relationships, we are taking this opportunity to share a few experiences and lessons about getting started in this work.

Two paths to the same, inevitable place.

For both of us, coming to the intensive study of personal relationships in the psychophysiology lab was only a matter of time. Research on physiological mechanisms linking social support and health could only go so far without studying directly the relationships that are the most important sources of that support. Similarly, efforts to understand how personality characteristics and aspects of the social environment combined to influence physiological stress responses and health ultimately would be artificial and limited without studying the central features of social life – close relationships. Continued progress required moving beyond the skilled confederates and unacquainted interaction partners of our earlier social psychophysiological work. Yet, at a time when cardiovascular psychophysiology typically examined one individual at a time responding to tightly controlled experimental tasks, the prospect

of studying social interactions between people who were well acquainted seemed like truly messy business.

The importance of knowing what you don't know, and doing something about it.

There is a vast methodological, conceptual, and empirical literature supporting the scientific study of relationships and the more specific field of marriage. Self-directed study is essential in this professional development process, but can only take you so far. We have typically found relationship researchers to be eager consultants, if not actual collaborators, as applying their concepts and methods to the novel context of physical health and stress physiology represents an important opportunity to extend relationship science to additional, "real world" outcomes. Further, this application is an important continuation of classic work on the psychophysiology of relationships (e.g., Levenson & Gottman, 1983). For psychosomatic researchers, such input from outside one's usual field can produce much more informative research.

So, we recommend adopting a second research persona before going too far down this path on your own. Add "serious student of relationship science" to "psychosomatic expert." As behavioral scientists, we are quite familiar with the process of learning enough about new aspects of basic biomedical research to maximize the effectiveness of our efforts with biomedical collaborators. It is important to do the same with relationship science, rather than assume sufficient expertise. At a minimum, take a relationship researcher to lunch.

What do I do with people who know each other?

Observational studies of relationships and stress physiology can produce a lot of useful science. Yet, often we are interested in more powerful experimental designs necessitating manipulation of relationship experiences. When studying dyads with often years of close personal contact, this is often much easier said than done. Many times, while piloting an experimental manipulation (e.g., providing support, criticism, or affection) in a study of friends or spouses, we have heard from participants, "This is fake; there is *no way* she would say that!" Creating the intended interpersonal experience in the context of an established relationship sometimes seems to have as much to do with the dramatic arts as it does with conventional

experimental methods. Creation of personal conflicts in the lab, the thoughtful provision of support, or the experience of being ignored all require a great deal of careful piloting. Take time to get it as close to right as possible.

Given the complexity of this process, it is also essential to choose multiple, well-validated methods to determine if the intended interpersonal experience was in fact created, and also to determine that other constructs were not unintentionally manipulated. There are a variety of well-developed partner-rating and behavioral coding systems that can also be used to verify the effects of experimental manipulations (Reblin, Uchino, & Smith, 2010; Smith, Gallo et al., 1998) and identify predictors of physiological response and health endpoints (Smith, Uchino et al., 2009; 2011). Hence, dyadic research provides an opportunity to move beyond our fields' typical reliance on self-reports. The study of dyads provides a second – and sometimes third – method. Friends, spouses, and other informants sometimes provide more accurate information about our personality and behavior than contained in our self-reports (Connelly & Ones, 2010), and dyadic interaction often provides a rich and telling sample of behavior.

As researchers, we are ethically bound to minimize any negative impacts on participants of participation in our studies. When we study pre-existing relationships, this involves special efforts to make sure any temporary negative experiences are sufficiently undone. The "in the car on the way home" effect, in which a carefully created conflict discussion re-erupts with perhaps even more affect than seen in the lab, is a very real concern. Extended debriefing is essential, and keeping a handy list of possible counseling resources for referrals is a common feature of our protocols. They are rarely needed, but welcomed by participants and research assistants alike when they are.

"Please ignore assistant behind the curtain. And fight in 60 second turns"

It is also important to manage the intrusiveness of the laboratory environment. Often the interactions we are eager to model in the laboratory are highly personal (e.g., "Revisit your most important conflicts. Discuss a serious personal problem and let your friend/partner provide support. Show your partner you care"). Repeated BP cuff inflations, electrode placement, indwelling lines for blood

draws, periodic salivary samples, the comings and goings of lab staff to attend to these procedures, as well as the knowledge that lab personnel are never farther away than a neighboring room can “spoil the mood” and conspire to undermine the realism we would like to capture. The typical and highly important procedural rigors of psychophysiology experiments can unintentionally detract for the naturalness of dyadic interaction. Yet, without sufficient rigor and precision, relationship interaction protocols produce insufficiently controlled observations.

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In classic psychophysiological experimental methods, speech is an artifactual influence on stress responses, to be rigorously controlled if not eliminated altogether. In many of the most important relationship processes that influence health, speech is essential. This tradeoff between realism and artifact control is impossible to resolve optimally in a single study, and is best accomplished with multiple studies that vary along this dimension. For example, we’ve used unstructured interactions, and structured turn taking to see if the experimental manipulation has similar effects when participants definitely are talking, definitely are not, and in a more realistic exchange (e.g., Smith et al., 2009; 2011).

Two of everything, in equipment and analyses.

Dyadic work is doubly gear-intensive, and places a similar demand on staffing. Dyadic research requires appropriately designed lab space, and consideration of the more complex “choreography” of moving two individuals through a given protocol. Sometimes it is useful to have the partners or friends separated before or after a face to face interaction. Sometimes debriefing should be conducted separately, at least initially, to make sure that the conflicts raised in the lab do

not have worrisome parallels in a couple’s home life, for example. We have two lab suites constructed and equipped for full dyadic work, along with one suite for psychophysiological studies of individual participants.

The quantitative methods in this work must also accommodate the dependent nature of observations obtained from couples or pairs of friends. Here, too relationship science has made important advances. We have used a wide variety of approaches, including ANOVA-based models (e.g., Smith, Uchino et al., 2009), SEM (Smith, Uchino et al., 2011), and HLM (Sanbonmatsu, Uchino, & Birmingham, 2011). Failing to accommodate the dependent nature of observations from dyad members threatens the validity of statistical conclusions. But dyadic approaches to analyses also permit more direct tests of effects of features of dyads on the physiological and health outcomes of interest. If you still might want to do this....

In our experience, there is a great deal of collegiality across labs that pursue these fascinating but difficult issues, and it seems to go beyond “misery loves miserable company.” Researchers interested in grappling with the tension between the constraints of psychophysiological methods and the messiness of real relationships are typically generous with their expertise, keenly interested in their colleagues’ on-going work, and quite supportive of newer investigators. So, please feel free you contact us if you have issues you’d like to discuss, and we would suggest that you need not hesitate to approach others, as well.

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and social sciences research out there, and we could use some help in keeping up with it. Tell us (and the public) about your findings; share your scientific success stories! When we invite your input on scientific priorities (e.g., by participating in a workshop or responding to a Request for Information published in the NIH *Guide*), give us your ideas. When you are asked, please participate in the review process – it’s vital to the quality of the scientific research we support and to the agency’s mission.

Visit our Web site to find out more about OBSSR: <http://obssr.od.nih.gov/>. And one more thing: Please join me in welcoming the new Director of OBSSR, Dr. Robert M. Kaplan, who has just joined us.

The author thanks Ann Benner and Helen Meissner, Office of Behavioral and Social Sciences Research, for helpful comments on the text.

The views expressed are solely those of the author and do not necessarily represent the views or policy of the National Institutes of Health, United States Department of Health and Human Services.

Getting to Know You Interviews with . . .

William R. Lovallo, PhD



Dr. William “Bill” Lovallo is a long-time member and Past President (2007-2008) of APS. He completed his doctorate in biological psychology at the Uni-

versity of Oklahoma in 1978 and currently serves as Director of the Behavioral Sciences Laboratories at the VA Medical Center as well as Professor of Psychiatry and Behavioral Sciences at the University of Oklahoma Health Sciences Center in Oklahoma City.

1. What one piece from your career are you most proud of?

My favorite piece of work came from the idea of using hydrocortisone to examine the effects of cortisol in the human brain. Although we were not the first to do this, this experimental model has allowed us to explore the effects of one component of the stress response, cortisol feedback on the brain, in a straightforward manner. As your readers may know, cortisol has important sites of feedback in the limbic system and prefrontal cortex. High levels of circulating cortisol during an acute stress episode should have both immediate and longer-term influences on emotional responsivity and memory formation. Most of what we know about cortisol and the brain comes from work in rats, and I believed it was critical to understand what was happening in humans. For example, we know that persons who experience severe trauma may develop posttraumatic stress disorder, and that this may be a result of brain exposure to high levels of cortisol, but such effects had not been probed in humans to any great degree.

In our first study, my then-graduate student, Tony Buchanan and I administered 20 mg of hydrocortisone, a synthetic form of cortisol, to young adults and showed that it diminished the eye blink component of the startle reflex. This proved to be an important clue to cortisol’s effects because the startle reflex is modulated up or down by messages from the amygdala, and our data suggested that the acute effects of cortisol were to diminish amygdala activation. Tony then went ahead and administered 20 mg of cortisol to

volunteers an hour before they looked at emotionally evocative or neutral pictures in the “Lang slide” series and tested them a week later for cued recall of the pictures. He found that cortisol resulted in improved recall of the emotional pictures, but not the neutral ones. This suggested that memory systems may have been modulated by cortisol’s longer-term effects on gene expression. This again is consistent with actions at the hippocampus, and potentially the amygdala, which speaks to the hippocampus during emotional activation.

“I would say over the last 30 years, it is no longer credible in medicine to maintain that psychology has no effect on health and disease processes. This is a direct result of a vast undertaking by my colleagues who brought strong understanding of biology, pathophysiology, and a great appreciation for how to understand stress...”

These conclusions were somewhat speculative and came from our knowledge of rats but not from any direct observations in humans. So we next attempted to observe the effects of cortisol more directly by using fMRI in with the help of our colleagues David Glahn and Jennifer Robinson at the Research Imaging Institute in San Antonio working under the direction of Peter Fox. In this case, to precisely time the onset of events, we administered hydrocortisone intravenously to volunteers lying in the scanner. We observed at 15 minutes the onset of reduced activation of the hippocampus and amygdala, and we believe that this represents the onset of the most acute effect of cortisol in the brain, a reduction of neuronal excitability due to cortisol’s actions on the cell membrane. This is the first time the acute

effects of cortisol have been observed in this manner in humans, and it gave us the first estimate of how long it takes for circulating cortisol to reach the brain during stress, where it acts, and the direction of its effect.

While this work may be seen as somewhat basic, we believe that understanding acute and chronic effects of this important stress hormone has major implications for how we understand stress effects in patients.

2. How did you get started in this field?

In 1970, after finishing my master’s degree at the University of Colorado, I found a job at the University of Oklahoma Health Sciences Center because I needed to perform two years of alternative service as a conscientious objector to the Vietnam War. I moved to Oklahoma where, under the direction of Oscar Parsons, I somewhat ironically but also poignantly, began work on a project examining psychophysiological processes in veterans who suffered from alcoholism or brain damage. This was the first time I had really looked at anything physiological. To see autonomic responses occurring in real time and in many different people gave me the appreciation that there were some actual consistencies in how persons reacted to different cognitive tasks and to stressors, but that there were also large differences in how various persons responded. So, this helped me appreciate that cognition and emotions actually did have correspondences in the physical workings of the body. This changed my career path permanently and very much for the better. The work I have been able to do has been very rewarding to me and I believe more interesting than the early cognitive studies I previously had been involved with. So in some sense, I became a psychosomatic researcher at that time in my graduate career, although I would not have used that phrase then.

3. Do you have an academic idol – someone whose work fascinates or inspires you?

No doubt, Walter Cannon is a historic giant in our field. If you read his work, and everyone should, he was able to make complex things sound so simple. This was a result of the brilliance of his scientific logic. Nothing seemed difficult or obscure in his hands. In addition, when we read his work today, a century later, it still sounds fresh and informative. I can’t say this about many others.

4. What topic would you like to see discussed more within APS?

The APS is unique among our little family of organizations in the extent to which real biology is part of the agenda of studying health and behavior. Our nearest professional and academic neighbors do a great job of looking at cognition and coincident bodily responses (Society for Psychophysiological Research) or at behavior and life stress in relation to health outcomes (Society for Behavioral Medicine). Only APS tries to get the brain mechanisms of stress and emotions into the mix to see how these have an impact on the health of the body. So, our unique contribution depends on staying at the forefront of the neurosciences to put the behavior together with health and disease.

5. What is your favorite APS memory?

I don't have a favorite memory. When I think of what I love about APS, it's the priceless times I have with my colleagues and younger members who are beginning to make their mark on the organization. The annual meeting is always a high point of my year.

6. You've maintained a significant lab for many years, producing well-known work and many professionals. What is the secret to your success?

Well, if you say so! Really, I have done what I truly love. Everything else falls into place if you are a little bit lucky, which I surely am. As for my students who are achieving success, that really is a direct reflection of who they are. All I did is to have fun with them. Although, I must say, I know first hand what the "empty-nest syndrome" feels like. Fortunately, I get to see several of them at APS meetings!

7. Does stress research ever cause you stress?

The occasional frustration is unavoidable. Sometimes reviewers don't have that total appreciation for things the way I would like them to! Other than that, the work has been a constant source of enrichment and revitalization. If you don't experience that, all you are left with is a lot of hard work and staring at numbers, which would be totally boring if they didn't come to life in front of you.

8. How would you describe the field's progress towards establishing psychological factors as disease moderators? Are we making acceptable progress?

The progress has been outstanding. I would say over the last 30 years, it is no longer

credible in medicine to maintain that psychology has no effect on health and disease processes. This is a direct result of a vast undertaking by my colleagues who brought strong understanding of biology, pathophysiology, and a great appreciation for how to understand stress specifically, and emotions more generally, and who had the fortitude to study sufficiently large numbers of people that they could find the biases in the system that were working on people's health. I would like to name names, but I don't want to forget anyone, so I'll keep quiet.

9. Describe a perfect day for you.

Coming to the office, studying results, and writing. Everything else is filling in the time.

10. If you could have a dinner with any three people from history whom would you choose?

Renee Descartes, Isaac Newton, and Richard Feynman. Unfortunately, I'm sure these guys would find me boring.

Susan Lutgendorf, PhD



Dr. Susan Lutgendorf is a Professor of Clinical and Health Psychology at the University of Iowa. She graduated from the University of Miami in 1994 where she began

her work in psychoneuroimmunology and biobehavioral mechanisms in cancer, aging, and inflammatory diseases. She has won numerous awards including the 2002 American Psychosomatic Society's Early Career Award.

1. How did you get started in PNI research?

I had always been very interested in Mind-Body interactions, particularly as related to the immune system, and in the 80's was reading everything I could get my hands on in this area. I was fascinated by the work of Jan Kiecolt-Glaser and Ron Glaser, George Solomon, Bob Ader, and others. I was also very interested in complementary medicine and felt that PNI research might be able to explain some of the effects I was reading about. I started by studying biochemistry and immunology and then did my graduate training at the University of Miami so that I could learn intervention research as well as how to study mechanisms involved in psychoneuroimmunology. I was delighted to

be in graduate school — I felt like I was in a candy store, and there were so many research questions that intrigued me, which we had the means to try to answer.

2. Your recent work appears to focus on potential immunological mediators (e.g., natural killer cells) of psychological states on disease. Where do you see this work going over the next 10 years?

Actually my more recent work, rather than focusing on how stress affects the body's mechanisms of resistance (e.g. cellular immune response) is examining more directly how stress is implicated in mechanisms promoting tumor growth. My current work focuses on macrophages in the tumor microenvironment along with tumor cells and how they are involved in the signaling from the central nervous system that ultimately shapes tumor growth. Over the next few years (given a positive funding climate) I see this work as expanding into delineating a variety of different pathways that are involved in cancer progression. The next logical step of this work will be to utilize the understanding gained from our research to develop interventions that will have effects on the pathways we are outlining. A second line of work looks at stress mechanisms and inflammatory control in a disease called interstitial cystitis/painful bladder syndrome. I am part of a network trying to understand physiological mechanisms implicated in this disease and its exacerbations.

3. At the end of the day, what contribution do you hope you've made to the field?

One contribution has to do with understanding effects of stress on tumor growth. I hope that our work will go a long way towards helping not only behavioral scientists, but oncologists and tumor biologists understand mechanisms by which systemic pathways such as neuroendocrine hormones can impact tumor growth. I also hope that our work will help these pathways be accepted as relevant to cancer progression. A correlate of this work is if these pathways are important in cancer progression, looking at how they can be influenced to inhibit progression as well. I also hope to be able to push the envelope and understand interactions of the stress pathways we currently study in behavioral medicine with the role of energy or "chi" that is hypothesized to be part of a number of Integrative modalities.

Lutgendorf, continued on page 8

4. What would be your dream location for an APS meeting?

My dream location for a meeting would be near the mountains in North Italy, a place like Bellagio.

5. What topic would you like to see discussed more within APS?

The integration of behavioral medicine and integrative medicine modalities.

6. Any words of wisdom for those just starting out?

Be persistent and do what you love and do it with people you enjoy. Don't give up on getting funded!!! Be creative about disease models that you can work with. A local physician who understands and is enthusiastic about your work is invaluable—such a person will help you recruit, to understand the physiology of the disease you are working with and what is important to the scientists in the field. Pick your dependent variables based on what is important in the disease you are studying, not just on what you know how to do. Never stop learning- that is what keeps things exciting! Also pay attention to your own stress management.

7. Who is someone that was influential to your early career path?

The list of important people who have helped shape my work is long, and keeps growing. Mike Antoni, Gail Ironson, and Jan Kiecolt-Glaser were all influential to me in my early career path. Mike and Gail served as mentors to me and Jan's work served as an inspiration from afar. Mike taught me how to work with research questions, and generally shaped my development as a young scientist. He also provided a lot of emotional support to me as a fledgling researcher, and lots of red ink on my early drafts of papers (sometimes more red ink than print) before tracked changes became the way of the world. Gail supported my aspiration to figure out a way to integrate behavioral medicine and complementary medicine. When I first arrived at the University of Iowa, David Lubaroff, my long time immunology collaborator was instrumental in opening doors to allow me to work in his lab, and was willing to think with me about PNI questions. He has been a mentor and supporter of my work as long as I have been at Iowa. Another mentor at Iowa was Henrietta Logan, now at the University of Florida, who collaborated with me on several projects and provided me with much

needed support in the pre-tenure years. I keep learning and being open to new opportunities and so my way of approaching questions has kept developing. Over the last 10 years, Steve Cole and Anil Sood have been extremely important in shaping how I think and ask research questions in the context of tumor biology.

8. Do you have a favorite paper that you wish you wrote or study you wish you had done?

I have really admired Mike Irwin's research using Tai Chi with older adults. These studies are so well conceptualized and controlled—using a standardized complementary intervention, a well-designed control group, and relevant outcome measures for older adults— I would love to have done that work.

9. Assuming for a moment that you are not always doing science, do you have any guilty pleasures?

I spend a lot of time doing science, but in the off hours I am an avid swimmer, and my greatest pleasures usually involve hiking in the mountains, so far mostly Rockies and Himalayas. I am eager to explore the mountain ranges in South America and New Zealand. I love Mahler's Second symphony, and have sung in the chorus for 3 different orchestral performances. I also love to read novels- sometimes a page or two a night before I crash- currently Diana Gabaldon, Twilight series, etc.

10. If you were a superhero, what would you choose as your special power and why?

I would choose the ability to heal and to help people to be generous to each other. Seems like a lot of that is needed in the world.

Interventions in Consultation-Liaison Psychiatry and Psychosomatic Medicine

You are invited to attend the XIVth Annual Scientific Meeting of the European Association for Consultation-Liaison Psychiatry and Psychosomatics (EACLPP), which will be held in Budapest, Hungary from June 30 to July 2, 2011

Early bird registration deadline:
April 30, 2011

The meeting will focus on interventions in consultation-liaison psychiatry and psychosomatic medicine. We are looking forward to learn about various experiences and ideas concerning the development and testing of psychological, psychotherapeutic and pharmacological interventions as well as services in consultation-liaison psychiatry and psychosomatic medicine. We want to find effective and appropriate approaches to help our patients facing physical and mental health challenges, and also, to help their families and caregivers. We also wish to address current learning, educational and research developments in our field.

Márta Novák, Meeting Chair
Mária S. Kopp, Meeting Chair
Wolfgang Söllner, Meeting Chair and President

For information, contact CongressLine Ltd., H-1065 Budapest, Révay köz 2., Phone: +361 429 0146, Fax: +361 429 0147
E-mail: vamos@congressline.hu

Speakers include:
Manfred Beutel (Germany)
Francis Creed (UK)
Elsbeth Guthrie (UK)
Jon Hunter (Canada)
Mária S. Kopp (Hungary)
Kurt Kroenke (USA)
James Levenson (USA)
Paula Ravitz (Canada)
Gary Rodin (Canada)
Colin Shapiro (Canada)
Fritz Stiefel (Switzerland)
Ferenc Túry (Hungary)

NIH Updates for the American Psychosomatic Society Newsletter

Lee S. Mann, PhD, JD,
Center for Scientific Review,
National Institutes of
Health, Lee.Mann@nih.gov



To help you understand recent peer review changes and put your best forward when applying for grants from the National Institutes of Health (NIH), I've pulled together recent notices from the NIH Center for Scientific Review.

I have also included useful news from the NIH Office of Extramural Research.

New NIH Peer Review Videos are a YouTube Hit

In a couple of months, our "NIH Peer Review Revealed" video has logged over 25,000 views on the NIH YouTube channel, and the related video "NIH Tips for Applicants" has logged over 15,000 views. "After so many changes, we needed new videos to show researchers how their applications are reviewed," said CSR Director Dr. Toni Scarpa. "We had a dynamic production team that shot the videos without a script or paid actors," said Dr. Scarpa. "We gave real reviewers fictional grant applications and they ran with them."

View the video and see for yourself: <http://www.csr.nih.gov/video/video.asp>.

CSR Posts Guidance on Unallowable/Overlapping Applications

Now that NIH has reduced to one the number of times an applicant can resubmit an application with the same content and scope, applicants and reviewers should fully understand our related policies and practices.

CSR posted a new Web page that summarizes in plain language the policies and practices we use to identify unallowable duplicate or overlapping applications and ensure our decisions are fair. We designed this summary to help reduce the number of problematic applications and empower applicants to develop and submit applications that can advance into the NIH peer review and funding process.

2010 Alvin P. Shapiro Award Winner

Daniel J. Clauw, MD,
Professor of Medicine, Division of Rheumatology,
University of Michigan



A Career in the Study of Chronic Pain: Individual Success and the Importance of Team Research

It was a tremendous honor to win the 2010 Alvin P. Shapiro award. But I must say that I always feel uncomfortable when I receive accolades. My success in academia has occurred entirely in the context of "team research", so there are scores of individuals who have played critical roles in whatever success I have achieved in my career.

My role in our research group is a product of my background and training. I attended the University of Michigan for both undergraduate and medical school, and then completed my Internal Medicine residency and Rheumatology Fellowship at Georgetown University. Near the end of my Rheumatology Fellowship, which included no formal research training, I noted a number of patients over several months that had an unusual constellation of signs and symptoms, including high eosinophil counts, severe muscle pain, and an unusual rash. We identified seven individuals with this "new" condition, and after the CDC issued a notice that cases of eosinophilia had been identified in association with consuming L-tryptophan, found that all of these individuals were in fact consuming L-tryptophan. We published the first case series describing what was later termed Eosinophilia Myalgia Syndrome (EMS) in JAMA.¹ Thus before completing my Rheumatology Fellowship, I was fortunate enough to have been able to primarily use clinical observation to determine that the set of signs and symptoms these individuals presented with followed a unique pattern, and was in fact a new disease.

This fortuitous success in clinical research reinforced my passion to integrate research into my career. However, despite this early success there were two major barriers to my succeeding in research: 1) I had no formal research training, and 2) EMS was not a condition I could study my entire career, since new cases ceased when L-tryptophan was removed from the market. I then became fas-

cinated with fibromyalgia as a condition. Like EMS but logarithmically more prevalent in the population, although fibromyalgia patients perplexed and annoyed many clinicians, I felt that these individuals also had a characteristic pattern of symptoms, and in fact a "real illness". There symptoms were too similar for them to be "making this up". But in the early 1990's there was neither a credible existing research base in fibromyalgia to build upon, nor funding to pursue research into this nebulous condition. This hardly looked like a good choice for a research career.

*"...before completing my
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clinical observation to
determine that the set of
signs and symptoms
these individuals pre-
sented with followed a
unique pattern, and was
in fact a new disease."*

Then another fortuitous thing happened. I agreed to give Grand Rounds at a local hospital one evening, and unbeknownst to me there were two speakers speaking that evening. The speaker scheduled to speak following me was the Surgeon General of the US Army. After I finished giving a talk on fibromyalgia and overlapping symptoms and conditions, instead of launching into his planned talk he instead began by saying that he had been listening to me with great interest, and felt that the same overlapping symptoms that I described were the same ones that he was about to speak about in his talk, that were being noted in large numbers of veterans of the first Gulf War. It occurred to him that perhaps these veterans had a fibromyalgia-like illness that was somehow triggered by war (which in fact turned out to be the case).^{2,3} He had me speak before a number of military and congressional committees examining this problem, and I was

able to play an instrumental role in forming the government's research and clinical response to this problem.⁴ This also enabled our research group to obtain DoD funding for the study of Gulf War Illnesses, which ended up funding the critical experimental sensory testing and functional neuroimaging studies that helped establish objective evidence of augmented pain and sensory processing in fibromyalgia.⁵⁻⁷ We were subsequently able to demonstrate that similarly augmented sensory processing is found in other overlapping conditions such as low back pain, interstitial cystitis, vulvodynia, and endometriosis, and our work is amongst that that has led many of us in the pain field to conclude that a generalized state of augmented pain and sensory processing may play a critical role in the pathogenesis of nearly any chronic pain state.⁸⁻¹¹ Of note to this particular audience, this augmented pain processing is not noted in depression or mood disorders.¹² Twin and other studies clearly show that this tendency to amplify sensory information is strongly genetically determined, and is separable biologically and therapeutically from depression and other psychiatric disorders (except somatization).¹³

“The most rewarding part of my career is not in the past but in the present and future. Our group currently works closely with scores of individuals who we mentor or collaborate with...”

Ideas and funding were not enough for success though, particularly for someone with no formal research training. Early collaborators who, in contrast to me, were well trained in specific research methods included colleagues such as Rick Gracely, Dave Williams, Jim Baraniuk, and Frank Petzke. Without these individuals our team simply would not have been successful. These people have been followed by junior faculty that we helped mentor and train, who now occupy similarly critical roles in our team, such as

Rick Harris, Afton Hassett, and Steve Harte. Just as critical to the success of our group have been the innumerable highly trained staff that perform meticulous research and without whom, “team research” would be impossible.

The most rewarding part of my career is not in the past but in the present and future. Our group currently works closely with scores of individuals who we mentor or collaborate with, that “borrow” research methodology that we originally developed and validated for use in fibromyalgia, to use to better understand poorly understood patients or clinical problems that they encounter in their respective fields. We have ongoing studies led by very talented junior faculty in a number of different clinical disciplines, that use similar self-report questionnaires, experimental sensory testing paradigms, and functional neuroimaging techniques, to show that the underlying neurobiological underpinnings of conditions such as fibromyalgia actually are much more prevalent in the population than simply fibromyalgia, and may underlie much of the pain, fatigue, sleep disturbances and other related symptoms that might make up the majority of what individuals seek treatment for in primary care settings.¹⁴ But these sophisticated research techniques and the manuscripts and grants that they will lead to is not anywhere near as rewarding as actually seeing clinical practice change, as more and more clinicians better understand the pathogenesis and treatment of these individuals and conditions. In the meantime, we all need to carefully examine our preconceptions and biases in the light of these latest research findings, and be particularly careful about the words we use to describe these patients and conditions, since terms such as “somatizer” and “psychosomatic” have negative connotations at present, no matter how well-intentioned.

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Completion of the 10-year Alvin P. Shapiro Award

Matthew F. Muldoon, MD, MPH, University of Pittsburgh School of Medicine



From 2002 to 2011 we have enjoyed and learned from the Alvin P. Shapiro Award and Lectureship. The award was created by his family and APS leaders to honor the generous contributions which Dr. Shapiro made to the American Psychosomatic Society from 1947 to his death in 1998. The completion of this lecture series coincides with some restructuring of our awards portfolio, including the institution of an APS Distinguished Scientist Award.



My history learning from **Al Shapiro** is quite personal, as I reflect back on that pivotal day I strode into his office as a medical resident in one fall day in 1986. I was curious about his research on psychological factors in hypertension, but also very much in need of career counseling (!). Al

guided me toward this field of psychosomatic medicine and mentored me through a fellowship in cardiovascular behavioral medicine.

Al was a highly regarded and distinguished clinical investigator – he published over 250 papers and was elected in 1989 to fellowship in the American Association for the Advance-

ment of Science for “Pioneering Research in the Behavioral Aspects of Cardiovascular Disease.” His passing was prominently noted in both Psychosomatic Medicine (...) and Hypertension (1999;33:611-612).

“The Shapiro award and lectureship have brought to our annual meeting leading physicians whose research directly advances understanding of common medical conditions and improves clinical management.”

The Shapiro award and lectureship have brought to our annual meeting leading physicians whose research directly advances understanding of common medical conditions and improves clinical management. In Al’s mold, these clinician-investigators have interpreted and applied what’s being learned about psychosocial and behavioral factors to the practice of medicine. Elsewhere in this issue is a recap by Dr. Clauw’s March 2010 talk on the manifestations, etiology and treatment of chronic pain in patients with fibromyalgia. From the list below of each speaker and presentation topic, one can easily appreciate the breadth of important clinical applications.

The American Psychosomatic Society and I personally are most grateful to have benefited from Dr. Shapiro’s lifelong contributions and the extension of his legacy made possible by this 10-year lectureship.

2002 Stevo Julius, MD, ScD

Sympathetic Overactivity & Coronary Risk in Hypertension

2003 Steve Schroeder, MD

Promoting & Integrative Perspective of Health

2004 Timothy Quill, MD

Discussing End of Life Issues with Patients & Families

2005 William Busse, MD

Stress & the Central Nervous System in Asthma

2006 C. Noel Bairey Merz, MD

Psychosocial Factors & Coronary Disease

2007 Patricia A. Ganz, MD

The Mind-Body Connection in Cancer Treatment

2008 Thomas Pickering, MD, DPhil

Hypertension as a Psychosomatic Disease

2009 W. Thomas Boyce, MD

Social Stratification & the Biology of Misfortune

2010 Daniel Clauw, MD

Chronic Pain – It Really Is All In Their Head

2011 Lisa Rubenstein, MD

Primary Care/Mental Health Care Integration



2011 APS Scholars

View the Web site:

<http://cms.csr.nih.gov/ResourcesforApplicants/OverlapEvaluation.htm>.

Which Applications Are Problems?

- Applications submitted as new (A0) but appear to be resubmissions (A1)
- Applications submitted as new but are substantially similar to an unsuccessful A1 application
- Applications submitted as second resubmissions (A2)
- Duplicate applications
- Overlapping applications

How Does NIH Address Unallowable Applications?

When we compare applications, we examine all parts. We use text comparison software and the expertise of scientific staff, and we make decisions on a case-by-case basis.

We have a three-level decision-making process to ensure decisions are fair and address applicant concerns. CSR's Division of Receipt and Referral withdraws applications that are clearly unallowable or resolves issues that can be resolved with the applicant easily.

If staff members have questions or an applicant appeals, we send the application to CSR's Scientific Overlap Committee, which recruits additional experts as necessary. If an applicant rebuts its decision, we consult an arbitration board, which includes 12 scientific staff from across NIH and meets once a week. CSR's Director finalizes the decision and communicates the result to the applicant.

Podcast: How a Cover Letter Can Help the Review of Your Application

NIH encourages applicants to consider including a cover letter with their application to help CSR staff assign it to the best scientific review group and NIH institute(s) or center(s) for possible funding. In a new NIH podcast, Dr. Ann Clark, Associate Director, CSR Division of Receipt and Referral, helps applicants understand the benefits of "Composing Your Cover Letter":

http://grants.nih.gov/podcasts/All_About_Grants/episodes/Cover_Letter_Feb_2011.mp3

Change to Biosketch Allows Explanation of Delays

Applicants now can use their biosketch to explain how personal circumstances may have delayed their transition to an independent career or reduced their scientific productivity. This opportunity will provide peer reviewers, and others, additional information on which to base their assessment of the qualifications and productivity of the applicant. <http://grants.nih.gov/grants/guide/notice-files/not-od-11-045.html>

How Can I Fix an Incorrect New Investigator or Early Stage Investigator Status?

If you are a new investigator (NI) or early stage investigator (ESI) seeking your first R01 grant, you want to make sure NIH is aware of your status since reviewers take into account your career stage, and NIH has made a commitment to fund an appropriate number of NI and ESI R01 applicants.

If your NI or ESI status is incorrect or changes after the submission of an application either because you updated your eRA Commons profile information or you were granted an extension of your ESI status (NOT-OD-09-034), the application will not reflect the changed ESI status when you view the grant folder in eRA Commons.

To correct the designated NI or ESI status for the application, you should:

1. Log in to your eRA Commons profile
2. Verify the accuracy of your degree date, medical residency dates and NI and ESI status
3. Contact the [NIH Commons help desk](#) to request a correction to your NI/ESI designation (have your application number handy to speed the process). The NIH Commons help desk will correct the NI/ESI status designation for the application.

Learn more at http://grants.nih.gov/grants/new_investigators/.

NIH Has Posted Many Important Policy Updates

NIH has recently released a number of new and helpful policy updates for applicants. See chart below for some of the key releases.

Keep abreast of news from NIH by checking the following links.

- Center for Scientific Review: <http://cms.csr.nih.gov/>
- NIH Office of Extramural Research News Flashes: http://grants.nih.gov/grants/get_connected.htm .

Special Thanks to Donald Luckett, Communications Director, NIH-Center for Scientific Review, for his helpful input on this contribution.

Key NIH Policy Updates

Policy Change/Update	Effective Date
All applications must be submitted in response to an funding opportunity announcement	9/25/10
New policy on post-submission application materials	9/25/10
End of A2 submissions	1/7/11
Time limit for resubmissions	1/25/11
Adobe forms B1 required for F,K,T, and D apps	1/25/11
End of two-day error correction window	1/25/11
New reference letter due dates	4/8/11 and 6/12/11
Adobe forms B1 for all electronic apps	5/7/11
Late submission policy	n/a

Degnon Associates Recognized for 25 Years of Outstanding Professional Management of the American Psychosomatic Society

Paul J. Mills, PhD



At the annual meeting in San Antonio, the APS recognized Degnon Associates for 25 years of exceptional management of our Society. It was back in March of 1986 at our Society's annual meeting in Baltimore, MD that APS began what has been an extremely important and highly significant relationship with Degnon Associates.

Degnon Associates, a professional association management firm based in McLean, VA, was founded in 1979 by George Degnon, and provides a full range of personalized services to professional national and international associations, working exclusively with medical, health, and scientific organizations focusing on education, research, patient care, and advocacy. George was recognized for his overall management of our Society for the past 25 years and, in particular, his business management of our journal *Psychosomatic Medicine*. Also recognized at the annual meeting were Laura Degnon, who for the past several years has been leading the APS management team at Degnon Associates, and Sarah Shiffert, Christine Lusk, and Marge Degnon. Sarah and Christine provide critical ongoing support to the Society, particularly in the areas of the annual meeting and committee activities. Marge Degnon played a substantial role in the earlier years of Degnon Associates' management of our Society.

During these past 25 years, the individuals at Degnon Associates have provided innumerable significant services to the APS in the areas of society management, business management of the journal, and management of the annual meeting.

Listed below are some of the noteworthy highlights of their contributions in these respective critical areas:

Overall administration of our Society:

- Modernized and better organized the Society's governance structure and operations
- Provide critical ongoing support to the Executive Committee, Council, and all Committees
- Guide the Society to better management of its financial assets
- Provide consultants for a variety of critical matters, including leadership development and goal development
- Developed and maintain a handbook of standard policies & procedures
- Brought the society inline with best management practices
- Helped modernize the Society's infrastructure, including the Website, Logo, and Newsletter
- Implemented the Society holding strategic retreats, which have been invaluable in terms of identifying goals and determining future directions of the Society

“During these past 25 years, the individuals at Degnon Associates have provided innumerable significant services to the APS in the areas of society management, business management of the journal, and management of the annual meeting.”

Overall business administration of our Society's journal *Psychosomatic Medicine*:

- Enhanced the business management of the journal, including multiple contract negotiations that have improved the Society fiscally, including significantly enhancing

the journal's royalties and negotiating financial support for the journal's editorial offices

- Negotiated reduced journal subscription costs to APS members
- Helped us move smoothly to electronic submissions
- Helped us move smoothly to electronic publication
- Took the initiative to electronically archive online all journal issues back to 1939

Overall critical support for our Society's Annual Meeting:

- Selecting venues, managing logistics and registration
- Working closely with the Program Committee
- Overall meeting organization and troubleshooting

In addition, the APS recognized a fourth category, that of *friendship*. Over the years, many of us have developed meaningful friendships with the management team members at Degnon Associates.

I join the members of the Society in extending our gratitude, recognition, and appreciation to Degnon Associates for their able and critical leadership, and ongoing support. APS is indeed fortunate to have their exceptional professional management and, as a result, we continue to prosper in all aspects of our activities.

We look forward to continuing our strong collaboration into the future!



From left to right: 2010 APS President Paul J. Mills with APS Management team members George Degnon, Laura Degnon, Sarah Shiffert, Christine Lusk and Marge Degnon

APS Strategic Goals

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. The APS has set forth the following goals in order to achieve its mission:

- To increase Society membership and its diversity with respect to training and field of study, as well as demography
- To develop formal mentoring, training and educational programs throughout membership “lifespan”
- To integrate basic biological and behavioral sciences within APS
- To foster dissemination of psychosomatic research
- To build collaborative and interactive bridges to other societies
- To develop mechanisms for leadership growth
- To establish a 5-year business model to maintain financial health

Past-President, continued from page 1

Mary-Frances for their outstanding and dedicated service to our Society these past few years.

As many of you know, the Society’s journal *Psychosomatic Medicine* also had a recent change in its leadership. Since the journal’s inception in 1939, approximately every 10 years a new Editor-in-Chief has been appointed to pilot the Journal. Dr. David S. Sheps recently passed the reins to Dr. Willem J. Kop, who was selected from a pool of highly qualified candidates. As Editor-in-Chief, Dr. Sheps expertly nurtured and guided the Journal, expanding its scope and features, helping to successfully bring it into the electronic publishing age. Dr. Sheps spearheaded the initiative for the Journal to adopt its subtitle *Journal of Biobehavioral Medicine*, added the ‘Cutting Edge Review’ series, a valuable resource for quickly grasping developments in the field, and added the ‘Statistical Corner’ which helps inform researchers of the latest issues in data analysis. During his tenure, submissions to the Journal increased greatly and the journal’s impact factor increased to well above 4. On behalf of the Society, I want to again express my gratitude to Dr. Sheps for his outstanding stewardship of *Psychosomatic Medicine*.

This year also saw a change in the leadership of the Society’s Minority Initiative. Dr. Gaston Kapuku agreed to serve as the initiative’s Co-Chair along with Dr. Julian

Thayer, who has led this successful project since its inception. This Initiative’s current goals include providing a forum for diversity in psychosomatic research, increasing cultural diversity of the membership, increasing diversity of scientific training; the latter which includes developing formal mentoring, training and educational programs throughout the membership lifespan.

This past year has also seen changes to our Society’s Awards structure. Under the direction of the Awards Committee Chair, Dr. Doug Carroll, the President’s Award and the Shapiro Award (see Dr. Matt Muldoon’s article this Newsletter issue) were sunsetted. A new award, the Distinguished Scientist Award has been created, and which will be awarded for the first time at the 2012 meeting. To qualify, individuals must be long standing members of the Society who have made a substantial contribution to its goals, as well as made significant scientific accomplishments within any area of investigation of interest to the Society. Open nominations will take place and competitive review undertaken by the Awards Committee. The current President will be invited to join the Committee as an Ex-Officio member.

A very exciting and highly significant development for the Society that was recently launched is the long-planned textbook project. The project is being spearheaded by Dr. Shari Waldstein, who along with Dr. Dennis Novack, will be serving as the

project’s Senior Editors. It is the Society’s goal that the textbook, *Behavioral and Social Science in Medicine: Principles and Practice of Biopsychosocial Care*, will be the premier textbook of behavioral and social science in medicine used in United States medical schools. The book will be published in both traditional format and electronically, and will provide state of the art reviews of the critical topic areas in undergraduate medical education identified by a relevant Institute of Medicine report, linked case studies, and exciting web-based materials designed to actively engage learners.

I’d like to conclude my column by recognizing the Society’s 25-year relationship with our professional management firm Degnon Associates. At our annual meeting in San Antonio, APS recognized ‘25 Years of Collaboration and Exceptional Professional Management’ (March 1986 – March 2011) with Degnon Associates. This group, founded in 1979 by George Degnon, provides vital support to the Society in the areas of overall Society management, business management of the Journal, and comprehensive support for the annual meeting. The Society looks forward to continuing our strong collaboration into the future. I extend my thanks to Laura Degnon, George Degnon, Sarah Shiffert, and Christine Lusk for their ongoing support to and guidance of our Society, and for their valuable and much appreciated support given to me during this past year.



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Comments and Suggestions are invited. Remember, this is YOUR Newsletter.

The deadline for submission for our next Newsletter is June 17.

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