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Letter from the Editor

Dear ISBM Members,

Nearly half of this year has flown by and if we are optimistic, we could say that we find ourselves at the verge of summer as we are now eagerly anticipating the first virtual ICBM 2021.

It has been a while since I have spoken to Sharon Simpson (Chair of the Local Organisation Committee), Olga MacAskill (Conference Secretary) and Judith Prins (Chair of the Scientific Programme Committee), about the postponing of the ICBM, which was originally to take place in Glasgow in 2020 (see the last issue of this Newsletter). Therefore, I was curious to hear about the experiences they have made whilst undertaking the immense task of translating a face-to-face conference into a virtual format that. If you are keen on learning more about the fascinating journey [Sharon Simpson](#) and [Rebecca Jones](#) (KC Jones Conference Organisation) have been on, please go to page 10. Luckily, I was also able to quiz Rebecca on how to best navigate in a virtual environment, so make sure to take her advice on board for a smooth conference experience!

Apart from the terrific scientific content that the Organisers have put together, the virtual ICBM 2021 will offer plenty of opportunities for attendees to get to know one another. As pointed out by the Editor in Chief of the IJBM, Michael A. Hoyt, in his letter, this year's conference will witness the inaugural awarding of the Springer Awards for Excellence in Publication in Behavioral Medicine at the opening ceremony. For the participants early in their career, the ISBM's early career network INSPIRE has organised a number of fun activities, which you will soon be able to access via the ICBM website. Please go to page 14 to learn more about the committee members and feel free to use meeting/networking hubs to connect with them during the conference (if you do not know what

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meeting/networking hubs are, check out Rebecca's technical tips on page 13). Furthermore, there will be plenty of chances to learn from those with many years of experience during key notes, master classes, and various oral sessions.

Speaking of those who have provided guidance and inspiration to several generations of young researchers: I am very excited that the person I was able to interview for the luminaries in behavioural medicine section of this Newsletter is Emeritus Professor [Christina Lee](#). Professor Lee is one of the most distinguished international experts in women's health. On top of this, she has been instrumental in the organisation of several past ICBM's and has dedicated six years of her academic life to being Editor in Chief of the IJBM. I vividly remember meeting Professor Lee in this role at the ICBM 2012 in Budapest and was now fascinated to learn more about her interdisciplinary career path and about where she currently locates the biggest gaps in in behavioural medicine. I also highly recommend to read her advice to young researchers on page 18.

For those interested in emerging topics of global relevance, I would like to draw your attention to the different viewpoints of individuals from our member societies on Artificial Intelligence (AI). This time, [Kirstin Aschbacher](#), [Monica Baskin](#), [Anne H. Berman](#), [Edmond Girasek](#), [Colin Greaves](#), [Shigeru Inoue](#), and [Sakari Suominen](#) have reflected on the promises and pitfalls of these new technologies as they apply to behavioural medicine.

Last but not least, this issue contains the final letter by Urs Nater, our current President. Turn this page to learn what he considers the ISBM's biggest achievements since 2018 and where he thinks we are headed towards in the future. Dear Urs, I would like to take this opportunity to thank you for the brilliant ideas that you had for this Newsletter back when you were Editor, for your continuing support since then, and for all your numerous services to the ISBM in the past 13 years!

With this, I would like to close and to wish us all a joyful virtual gathering at the ICBM 2021!



Susanne Fischer
Editor of the ISBM Newsletter



Letter from the President

Dear friends and colleagues,

as we are eagerly anticipating our biennial conference, I want to take the opportunity to provide a brief update on the Board's activities over the past few years. As I am writing this, I am just getting off the final Zoom meeting of the Scientific Planning Committee, in which we discussed the last details of the upcoming virtual ICBM. The excitement and (also a little bit of nervousness) is palpable – everybody was working so hard on getting this congress together and now it is just only a few weeks away. I cannot thank enough all the individuals who have been involved in the preparation of this gargantuan task; from the Professional Congress Organizer, KC Jones, with Rebecca Jones and Ian Wilson at the helm (as well as many others behind the scenes), to the Local Organizing Committee, led by Sharon Simpson and her team, to the Scientific Planning Committee, chaired by Judith Prins, everybody has given even more time and resources than is usually required for tasks like these, due to the gigantic challenges that we faced because of the (still ongoing) pandemic. I am so happy that, despite these challenges and the sometimes difficult decisions we had to make, a fantastic program lies ahead of us. I am also very grateful to all the participants who give this first virtual ICBM a chance and submitted their work like it was a regular ICBM. We are already working on the next ICBM behind the scenes, taking place in 2023, as we will maintain our biennial interval. We will plan for a hybrid meeting that will take place on-site, but that will also offer many options to participate remotely.

I was lucky enough to serve as your President for the past 2.5 years. This is a good time to look back and think about what we have (or haven't) achieved during this period. Let me remind you of the five strategic goals that we have defined early on after our Chile meeting in 2018 and that have guided us in all of our discussions and decisions. I will briefly address each strategic goal:

1. To increase education and training activities

We have identified a need for education and training in behavioral medicine, ranging from having appropriate textbooks, to providing selected lectures, to workshops, webinars, and to full-scale courses, both on-site and virtual. Students, researchers, and practitioners from all over the world are eager to learn more about behavioral medicine, but there is a dearth of appropriate material. Of course, this differs from country to country and region to region, but it seemed obvious to us that ISBM needs to invest more in providing content that is applicable in all kinds of educational contexts. There is already a lot of reading material out there (and I just want to mention the gigantic "Principles and Concepts of Behavioral Medicine" textbook edited by Ed Fisher that came out in 2018), but where we could really make a difference is in the area of virtual dissemination. While



we were discussing about virtual content for a number of years, the pandemic showed that now is really the time to get to work when accessibility, feasibility, and acceptance for virtual E&T activities are at an all-time high. I am confident that this is where our future focus should be and this will clearly be a major focus of our E&T activities.

2. To become and remain financially healthy

Back in 2018, our society was financially unstable, particularly after having suffered a substantial financial loss due to preventable fraud activities. Not only did we implement much stricter barriers in how we are dealing with the funds we as an executive committee are entrusted with, but we were also able to slowly but surely recover. There were several factors that enabled us to get back on track: one, we all started to question each and every expenditure; this has always been our philosophy, but by actively thinking about whether we really need this travel or that activity, we were able to actively save money. As an example, our Strategic Retreat that we held in Vienna in 2019 was mostly covered by other means, so that we did not have to rely on ISBM funds so heavily. Ironically, the pandemic helped in this endeavor, as travelling was restricted and many activities that we would have normally undertaken were (sadly) not possible.

“Finding a financial management company has been key for the ISBM to become financially stable”

Apart from being conscious on how we are using our funds, finding and hiring a suitable management company was (and still is) key in becoming financially stable. ICS has become our partner last year after a long (long!) period of searching and scrutinizing various options. They have gone to work immediately, and helped us with getting our house in order. We are now working with a professional budget and are getting quarterly reports; also, we have now moved our bank to the States which allows us to be more flexible. I cannot thank enough Sherri Sheinfeld Gorin, our Finance Committee Chair, for all the hard work she has been putting into this (as well as the Presidents who have come before me since we started this process). We currently have a one-year contract with ICS, and we are now starting our discussions about the terms of extending the contract. Another important factor that is providing us with steady revenue is our contract with Springer. The funds provided by Springer enable our society and our journal to thrive. The contract with Springer is also up for renewal, so we will keep you up to date on this front as well. Another important stream of revenue stems from the dues that our member societies are paying. It is a difficult business to get all dues in time (as all of you who have ever served as Treasurer probably know); it's even more complicated when there are no individual members to address, but member societies as in our case. ICS has al-



ready been quite successful in generating revenue from dues; still, there is room for improvement. Finally, our ICBMs – if successful – are also providing us with some money. The Chile conferences was quite successful, but it did not generate as much money for us (remember that we are sharing both profits and losses with the local organizing committee and the professional congress organizer). We are now looking forward to a successful virtual ICBM in 2021 and are hopeful that we will generate some profit for ISBM. In the future, we will need to think about additional sources of revenue; these may encompass donations, setting up an investment portfolio, generating income from providing E&T content (see above), and various other options we need to consider in a creative way.

3. To increase translation/application of behavioral medicine research into clinical care

It is of utmost importance that our behavioral medicine research findings are eventually informing how health care professionals treat their patients. There are multiple ways to do this, and particularly basic research faces its own challenges of how its insights may translate into clinical applications. However, the “lowest hanging fruit” in this area is certainly our own involvement in participating in the development of clinical guidelines for various clinical conditions. A very good example is our longstanding contribution to the European Guidelines on cardiovascular disease prevention in clinical practice, to be updated in 2021 and coordinated by the European Society of Cardiology, for which expertise from key ISBM individuals was tapped. We hope to be involved in the development of other clinical guidelines, which can be achieved by strengthening ties to various medical associations. Another aspect is the re-establishment of Special Interest Groups (SIG). Historically, ISBM has been a strong supporter of smaller, more focused groups of experts within our organization, but over the years, support for SIGs (and interest in them) has waned. We are now planning to revive SIGs and hope that many of our members will be involved in those.

4. To help member societies thrive

Most of our member societies are doing well, despite the current barriers that everybody is facing. We have yet to see whether and how the pandemic might have led to loss of individual members and how severely activities were restricted. Still, there are also some societies who were already stumbling before the pandemic, reporting loss of members, with some being on the brink to extinction. In fact, there are a few societies we haven't heard back from in a while, so we are not entirely sure how active they still are. It is one of the major goals in the next few years to help those struggling societies (actually, we don't know whether they are struggling, we simply haven't heard from them) becoming more engaged again. Also, I fully realize that we need to make everybody aware on a regular basis how beneficial membership of ISBM can be; one may too easily forget that membership includes support for the growth of behavioral medicine as a



worldwide field, free subscription to the International Journal of Behavioral Medicine, and to this very ISBM newsletter, opportunities to apply for generous merit awards, including the Health and Behavior International Collaborative Award for junior scholars, participation in the international behavioral medicine community, access to an international network of scholars, many of whom are leaders in the field, support for the development and growth of new ISBM Societies, particularly in low- and middle-income countries. Also, we help emerging Societies to develop their mission statement and regulations, recruit board and society members, and apply for ISBM membership, support of research education programs for member societies, particularly in low- and middle-income countries, at biennial conferences and in partnership with other ISBM societies, there is the benefit of attendance at the International Congress of Behavioral Medicine with a reduced registration fee, where attendees can meet with special interest groups, and attend workshops to enhance scientific and clinical skills and many other things. (By the way, all these benefits are mentioned in our dues letters, but apart from the Treasurers of our member societies, hardly anybody sees those letters, so I thought it would be good to list them here).

“A big group of experts with representatives of all member societies has formulated an updated definition of behavioral medicine, which was recently published in our journal”

One thing that keeps confusing colleagues to some extent is the fact that ISBM does not have individual members; rather, our members are societies (and individual members of these societies are automatically able to benefit from ISBM benefits). This is interesting, because the question I heard most over the years related to ISBM is that people wanted to know a) whether they are members of ISBM and/or b) how they could become members of ISBM. This is not trivial, because you might pay the full conference fee when you don't realize that you are entitled to a reduced fee as a member of a member society. Still, this problem has given rise to the idea of also allowing individual membership. This would certainly re-array the whole membership structure, but it's something we could think about as an option in the future.

5. To (better) define what behavioral medicine is (and what it isn't)

Under the leadership of former ISBM President Joost Dekker, a big group of experts, with representatives of all member societies contributing, formulated an updated definition of behavioral medicine. I have discussed this in an earlier newsletter, so I won't go



into more detail, but I encourage you to read our paper published in our Journal. You will also find recommendations on how to specifically address challenges ISBM as a scientific organization faces, most of which I have outlined above. The expert group has come up with very clear and succinct recommendations on how to cope with those challenges. We will discuss these recommendations more extensively in future meetings.

“I am really happy about the progress we made in the past 2.5 years and am very confident that we will be able to address all the remaining challenges in a successful manner”

So, when I am looking back at the past years, then I am really happy about the progress we made. We have finalized the process of progressing into professionalized society structures, we have managed to consolidate our finances, and we have come up with a consensus on how to define behavioral medicine. At the same time, we have also identified a variety of challenges that we need to address in the years to come; among these are our aim to consolidate and expand membership, do the same for our finances, to rethink ISBM membership structure, to focus more on translation of BM into clinical practice, and to focus more on E&T activities. When I am looking at all the engaged and highly motivated individuals who are willing to put their time and resources into ISBM, then I am very confident that we will be able to address these challenges in a successful manner.

Let me thank all of my colleagues and friends from the Board, the Governing Council, and the various committees working with me tirelessly over the course of the past few years. I very much enjoyed our time together, and I am really glad that as Past-President I will still be able to interact with all of you.

All the best wishes, please stay healthy,

Urs M. Nater
President of the ISBM





Letter from the Editor in Chief of IJBM

Dear ISBM Members,

As we all plan to gather virtually for the 2021 International Congress of Behavioral Medicine, I am reminded of the importance of this time for the scientific study of behavioral medicine. I have been so humbled to witness the swift response of our international community to not only contribute to the fight against COVID-19 in our communities, but to ask the important questions in our research. The pages of the International Journal of Behavioral Medicine (IJBM) reflect that behavioral medicine has been “meeting the moment.” In addition to the examination of the critical behaviors of infection risk reduction, articles have offered insight into the impact of COVID-19 on the most vulnerable among us, have identified aspects of resilience in the face of this global pandemic, and have examined emergent issues in the uptake and hesitancy of vaccination.

“In 2020 the International Journal
of Behavioral Medicine broke a
new record for the number of new
submissions”

There are truly other indicators that IJBM has been meeting the moment. I am proud that our journal continues to grow. Each year the number of manuscript submissions to IJBM grows exponentially. In 2020 IJBM broke a new record for the number of new submissions and 2021 is on track to yet again enter new territory. The Special Issue in Salivary Bioscience in Behavioral Medicine (Volume 27, issue 3, June 2020) is proving to be one of our most highly cited issues, and the recent release of a two-issue series on translational sleep science has already brought attention to our science. Sleep science researchers have also found IJBM as a strong outlet for delivering their work to the scientific community. This has surely been an area of continued growth.

Special issue on **Salivary Bioscience**, edited by Michael A. Hoyt and Douglas Granger:

<https://link.springer.com/journal/12529/27/3>

Special issues on **Translational Sleep Science**, edited by Natasha Williams, Tracy Trevorow, and Michael A. Hoyt

<https://link.springer.com/journal/12529/volumes-and-issues/28-1>





What is on the horizon? As research and publishing in behavioral medicine grows and changes, IJBM must also continue to not only “meet the moment” but find ways to lead to the way. Open Science practices in the editorial process has been one area of significant focus. What is sound, meaningful, and valuable open science practice has surely been debated. At its core, are publishing practices that reflect the principles of transparency, data sharing, and shared participation in science. The conversations about what practices meet the needs (and the moment) for the international behavioral medicine community are critically important ones. Over the next year, IJBM intends to take several steps in the direction of open science. Among them is consideration of the minimal level of expectations set forth by the Transparency and Openness Promotion (TOP) Guidelines by the Center for Open Science. These articulate eight dimensions of practice including citation standards, data transparency, analytic transparency, research materials transparency, design and analysis transparency, study preregistration, and analysis plan pre-registration.

“A new tradition will begin by the
awarding of the inaugural
Springer Awards for excellence
in publication at the ICBM 2021”

I am quite pleased to announce that at this year’s International Congress of Behavioral Medicine (ICBM), IJBM will begin a new tradition by awarding the inaugural Springer Awards for Excellence in Publication in Behavioral Medicine at the opening ceremony. These awards are designed to recognize excellence in publication and contribution to the field through publishing in IJBM. All papers published in IJBM are considered for the award and the 2019 and 2020 recipients will soon be announced! We thank our publishing partner, Springer, for their support of these recognitions.

In close, it is heartening that our scientific community continues to meet the moment. I am honored to work with such an amazing and dedicated editorial team that truly calls IJBM to share in this progress and hard work. Soon, it will be time to “meet the moment” by finding ourselves at the “moment to meet”. I deeply look forward to gathering with you virtually in June!

Michael A. Hoyt
 Editor in Chief
 International Journal of Behavioral Medicine





Virtual ICBM 2021 – Interview with the LOC and KC Jones and tips for attendees

Dear Sharon, dear Rebecca, thank you so much for taking the time to speak to us during these very busy days! It's been nearly a year since we spoke to the Local Organising Committee (LOC) and the Scientific Programme Committee about the postponing of the International Conference of Behavioral Medicine (ICBM) due to the global pandemic. You, Sharon, as Chair of the LOC and Co-Chair of the Scientific Programme Committee, and you, Rebecca, as the CEO of the Professional Congress Organiser KC Jones, were key figures in enabling the translation of the ICBM into a virtual conference. Can you tell us something about how this process began?

Sharon: The pandemic hit us at a point when we were on the verge of being completely ready to go after nearly three years of planning. We had initially discussed hybrid options for the ICBM, but then realised that a virtual meeting was our only choice if we did not want to keep our members waiting for any longer - and we really did want to get everyone together again as soon as possible! Luckily, KC Jones, our professional management company, already had experience in the set-up of online meetings and as 2020 went on, our own experience of attending online conferences grew, too, and we were able to incorporate a lot of the lessons we learned from others into the virtual ICBM 2021.

Which challenges were you facing as the planning went along? Which things were easier using an online format?

Rebecca: In general, a direct translation of our planned face-to-face conference into a virtual format was difficult, so it really felt like planning a second conference from the start.

Sharon: I agree. Re-planning the programme to accommodate all different time zones so that people do not have to present during the night was probably the most difficult of all tasks. With people from all continents participating, we spent a lot of time trying to find optimal time slots for everyone and have done our best to accommodate people while also recognizing that, for some, their presentation is not at an ideal time.

Rebecca: On the plus side, we are now able to accommodate many more delegates. There is also much greater flexibility for people to attend the conference since they do not have to leave the office for five straight days. Participants can pick and choose content in line with their preferences and there are recorded videos of most talks so you can go back and watch the talks you missed.

What are some of the highlights of the conference that people should not miss?

Sharon: There is so much to look forward to! We have a remarkably varied conference programme this year. We were able to attract highly renowned speakers for our keynote and master lectures and over 700 individuals will present their work at the conference, spanning the entire field of behavioural medicine. Our symposia and oral sessions will run in six parallel streams, so there really is something in there for everyone. I am personally particularly looking forward to all the content on network approaches in behavioural medicine, which is also our conference theme this year. Finally, we have a few ideas on how to inject Scotland into the virtual ICBM 2021 – stay tuned for some fun surprises!



Do you have any recommendations for attendees? How can they get the best possible experience from the ICBM?

Rebecca: Read the instructions we send you! The most important point is probably to use Google Chrome as your browser. You will receive the login details several days before the conference starts. Log in a couple of days ahead of time and compile your individual program. There will also be the possibility for practice sessions with people from our team.

Sharon: We also recommend that you really take those days out of work and treat the conference as if you were there. Try not to reply to emails during the congress sessions, plan breaks and move around and join in with the social elements of the congress!

Do you think that virtual meetings will be an alternative to face-to-face meetings in the future?

Sharon: I do feel that that people will always want to meet in person. However, I imagine that hybrid formats will become a popular option for international conferences.

Rebecca: I fully agree. Travel for employees of governmental institutions and universities may be restricted in the future for ecological reasons. In addition, online meetings come with greater time zone flexibility. Although the implementation of hybrid formats is, as of now, extremely time-consuming, it is likely that the current situation will facilitate a very steep learning curve.

Dear Sharon, dear Rebecca, thank you so much for all your efforts in compiling this brilliant virtual programme for us! I am very much looking forward to seeing you at the conference. To make sure we all know how to navigate smoothly in the virtual space you created for us, Rebecca has kindly agreed to answer some of my most pressing technical questions - make sure to check out her tips on page13!



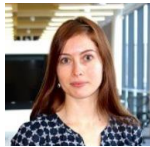
Professor Sharon Simpson
Chair of the Local Organising
Committee, Co-Chair of the
Scientific Programme Com-
mittee



Rebecca Jones
CEO of KC Jones
conference & events



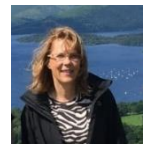
Members of the Local Organising Committee



Dr. Anne Martin
University of Glasgow



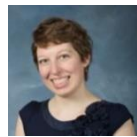
Dr. Lynsay Matthews
University of Glasgow



Prof. Cindy Gray
University of Glasgow



Dr. Katie Robb
University of Glasgow



Dr. Marie Kotzur
University of Glasgow



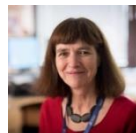
Prof. Ronan O'Carroll
University of Stirling



Dr. Lesley McGregor
University of Stirling



Prof. Paul Aveyard
University of Oxford



Prof. Annie Anderson
University of Dundee



Prof. Colin Greaves
University of Birmingham



Olga Utkina-MacAskill
University of Glasgow

Members of the Scientific Programme Committee

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Maria Kleinstäuber, ISBM Secretary
Barbara Mullan, ISBM Past Treasurer
Frank Penedo, ISBM Past President
Anne H. Berman, ISBM President Elect
Lara Traeger, Past Scientific Program Chair
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Henriette van der Horst, The Netherlands
Elizabeth Broadbent, New Zealand
Lynsay Matthews, Local Organisation Committee
Cinday Gray, Local Organisation Committee



Professor Judith Prins
Chair of
the Scientific Programme
Committee



How to make the most of your ICBM experience - 3 key questions to Rebecca Jones

How do I set my own schedule for the conference? Is it possible to get reminders about events via e-mail?

Absolutely. Once you have logged into the platform, you will have the possibility to star the events that you are interested in. These will then appear on your personal timeline and you will be sent reminders via e-mail about when the events start.

Who do I contact in the case of technical difficulties during my presentation?

In each presentation there will be a technical support person from KC Jones. There will be a brief meeting with each speaker before their presentation. In addition, KC Jones will be listening in and private message the speakers in the case that someone is on mute or in the case of other difficulties with the presentation. If a listener has problems, there is live support, they just need to press a red button.

How do I meet people outside of lectures, symposia, or oral talks? Is there a way to bump into someone online?

Yes, this is possible! There are two options. First, you can use the meeting hub where you can connect with someone 1:1. To make this happen, just private message people and send them a request for a meeting. The second option is the networking hub. This is a space where you can sit and wait until someone joins you. These spaces are made for up to four people at maximum.

Please check out the ICBM website for more up-to-date information on the conference:

www.icbm-congress.com





Meet INSPIRE

INSPIRE is the early career network of the ISBM. Since last year, the committee is chaired by Briony Hill from Monash University and a number of new members have joined INSPIRE. We would like to use this opportunity to present ourselves and to invite everybody to please get in touch via e-mail or at the virtual ICBM 2021 in the case they are interested in becoming an INSPIRE member! Membership is free and there are numerous possibilities to become actively involved in INSPIRE. Currently, INSPIRE are:



Dr. Briony Hill
INSPIRE Chair, Chair
HBIC Award Committee

Briony is an NHMRC
Early Career Fellow at
the Monash University,
Australia

Dr. Rebecca Wyse
INSPIRE interim Chair,
Webinar Organiser, HBIC
Award Coordinator

Rebecca is a Research
Fellow at the University
of Newcastle, Australia



Dr. Heidi Bergmeier
INSPIRE Secretary and
Webinar Organiser

Heidi is a postdoc at the
Monash University, Aus-
tralia

Tommy Calner
INSPIRE Member

Tommy is the physio-
therapy program di-
rector at Luleå Univer-
sity of Technology,
Sweden



Anja Feneberg
INSPIRE Webinar Or-
ganiser

Anja is a PhD student
at the University of Vi-
enna, Austria

Dr. Susanne Fischer
INSPIRE Webmaster

Susanne is a Senior Re-
search Associate at the
University of Zurich,
Switzerland





Meet INSPIRE



Dr. Rina Sobel Fox
HBIC Award Coordinator

Rina is a Research Assistant Professor at the Northwestern University Feinberg School of Medicine in Chicago

Assoc. Prof. Phoenix Mo
INSPIRE Member

Phoenix is an Associate Professor at the Chinese University of Hong Kong



Dr. Sophia Strommer
ICBM 2021 Workshop
Facilitator

Sophia is Lecturer at the University of Southampton

Daniella Watson
ICBM 2021 Workshop
Facilitator

Daniella is a PhD Student at the University of Southampton



Please check out the ISBM website for general INSPIRE News:

<https://www.isbm.info/isbm-committees/inspire/>

And please stay tuned for our upcoming INSPIRE activities at the virtual ICBM 2021:

www.icbm-congress.com





Luminaries in behavioural medicine – Christina Lee

This series is dedicated to researchers who have made outstanding contributions to the field of behavioural medicine. I am thrilled that the second interviewee of this series is Emeritus Professor Christina Lee of the University of Queensland, Australia, an internationally renowned expert and pioneer in research on Women's Health.

Dear Professor Lee, I am very happy and honoured that you agreed to be interviewed for the ISBM Newsletter. May I start out with asking what fascinates you about behavioural medicine until this day?

Christina Lee: It is the combination of the theoretical and the practical that I like most about behavioural medicine. There is the opportunity to do good science while at the same time helping to improve people's lives. My six years as Editor in Chief of the International Journal of Behavioural Medicine also made me realise what a broad and multidisciplinary field it is, and how many different ways there are to be a behavioural medicine researcher.



Among the many seminal contributions to the field that you have made to this day, which ones do you personally regard as most important?

Christina Lee: As one of the multidisciplinary team that set up and continues to run the Australian Longitudinal Study on Women's Health (ALSWH), I have been able to contribute to women's health policy and make a difference to women's access to appropriate



health and social services throughout Australia. At the same time, the rich linked databases generated by this project have enabled me, with colleagues and students, to contribute substantially to research in public health psychology. I have been a CI on this project since it began in 1995, contributing a psychological perspective to a team that includes epidemiologists, statisticians, physicians, exercise physiologists, sociologists, health promotion researchers, nutritionists and many others. I also worked for six years as the ALSWH's full-time coordinator, learning a great deal about project management, budgeting, reporting, and people management on quite a large scale. My own research from this project has generally focused on women's mental health across the life course, and on who copes well with the transitions and challenges of adult life.

**“The Australian Longitudinal
Study on Women's Health has
been a wonderful project to
combine research and policy”**

ALSWH is funded by the Australian Government and involves over 60,000 women in four age-based cohorts. Three cohorts have been followed longitudinally since 1996, the fourth is our “new” cohort of contemporary young women, to enable us to keep up to date with women's health and social needs in rapidly changing times. The project takes a broad social view of health, and we combine self-report survey data with government administrative datasets (health service use, cancer registries, prescriptions, etc). This has been a wonderful project, combining research and policy and providing opportunities to travel widely and study broadly. Its longevity means that I am now seeing our original PhD students and postdocs develop into senior researchers in their own right.

*How has the field behavioural medicine evolved since the beginning of your career?
What are the most important developments you have observed?*

Christina Lee: Behavioural medicine did not exist when I was an undergraduate psychology student in the late 1970s. The idea that behaviours such as exercise and diet influence health and longevity was a new one, and we were very excited by the Multiple Risk Factor Intervention Trial (MRFIT) study in the US and the North Karelia Project in Finland, which were showing that changing behaviour could change lives. I attended the first-ever ICBM, in Uppsala in 1990, and was fascinated to meet people from other countries who also wanted to change patterns of exercise, diet, and smoking. For me, the big scientific changes have been in the adoption of epidemiological methods and large-scale research; the extension of behavioural medicine well beyond those initial “lifestyle behaviours”; and the growing acknowledgement of social, cultural and systemic factors in individual behavioural choices.



Where do you currently locate the greatest gaps of knowledge in the field? Are there any specific obstacles you would like to see overcome in the near future?

Christina Lee: I think there is still not enough emphasis on the broader factors that influence individual health. Research often ignores the strongest predictors of health and behaviour. Individually, these include gender, age, ethnicity, religion, financial resources, education, employment. Socially, family structure and responsibilities, social capital, and community resources. At a broader level, the health care system, social security system, educational opportunities, political stability; and at the broadest global level, factors such as war, racism, inequity, climate change, and of course pandemics. There are also the socially and culturally constructed meanings of particular behaviours and lifestyles. Without integrating these into our understanding of individual choice, we will struggle to understand why some people choose to smoke or use drugs, don't follow medical advice, or fail to make the most of their lives. Of course not every research project needs to include all these as measured variables, but I would like to see a stronger awareness of them as contextual factors in all research.

**“Behavioural medicine today
is still very much a discipline
of high-income countries”**

An extension of this point is that behavioural medicine today is still very much a discipline of high-income countries. Colleagues in ISBM are taking positive action to encourage, and co-develop, research and implementation in low and middle-income countries, but of course our own small society is limited in what we can do as part of a huge and complex endeavour to reduce global inequity.

What do you consider the “ingredients” of a meaningful career in behavioural medicine? What has been most important for you personally?

Christina Lee: Everyone has their own passions, and the first rule is to follow those passions. For me, multidisciplinary collaborations have enabled me to expand my understanding of behavioural medicine while at the same time better appreciating the unique contributions, and limitations, of psychology. I would encourage early career academics to embrace opportunities for cross-disciplinary collaboration. Working on very large collaborative projects, initially learning from senior researchers and later in one's career learning from your own PhD students and postdocs, provides wonderful opportunities to understand the world more broadly. There is a balance between trying new things and becoming over-committed to too many projects, which everyone has to work out for themselves. But taking on a range of projects and roles is a good way for an early career person to find where they want to be. I have also benefited greatly from expanding



my skills beyond the classic research methods of psychology, and would encourage others to take a flexible approach to method and analysis. By learning complex multivariate statistics, while at the same time gaining experience with critical and qualitative research, I have come to understand better how different approaches to the same question can generate different but complementary outcomes, and together enhance our understanding and our ability to make a difference.

“The best piece of advice I can give is: We are all smart. Distinguish yourself by being kind”

Finally, always bear in mind that people are important. The best piece of advice I can give is to quote an unknown but very wise academic: “We are all smart. Distinguish yourself by being kind.”

Dear Professor Lee, thank you so much for taking the time for this interview, and for your enlightening and inspiring answers!

Christina Lee, PhD, is Emeritus Professor in Health Psychology at the University of Queensland, Australia. She was a CI and national coordinator of the Australian Longitudinal Study on Women’s Health (ALSWH), one of the largest and most successful ongoing epidemiological studies in women’s health worldwide. Professor Lee has served in numerous roles for the ISBM, including roles as Chair and Co-Chair of the 5th, 6th and 7th International Congress of Behavioral Medicine in Copenhagen, Brisbane, and Helsinki. She has been the Editor-in-Chief of the International Journal of Behavioral Medicine for six years (2012-2017).



A behavioural medicine view on... Artificial Intelligence

This section is dedicated to issues of global importance on which ISBM Member Societies from around the world are asked to comment. This time, our Member Societies were asked about how Artificial Intelligence (AI) is influencing behavioural medicine in their countries, and what they consider the most important promises and pitfalls. Here are their most intriguing answers:



Associate Professor Kirstin Aschbacher
Member of the Academy of Behavioral Medicine Research

“As AI integrates better with behavioral science, a promise is the shift from “goals” to “habits.” This means that AI algorithms will detect the consistency of behaviors by time, location, and in response to specific triggers – all of which is very doable. On the behavioral science side, it means we need to understand when and how to surface data to the user, in order to help reinforce, replace, or extinguish a habit. Moreover, behavioral scientists have a role in elucidating and validating the “threshold” at which an algorithmic signature of a habit, as detected by wearable data, is associated with better health outcomes. However, we need to consider AI as a toolbox, not a magic wand. Even if we do not aspire to program AI algorithms, we still need to learn what each AI tool does well, and when to apply it. A major pitfall I see are proposals that end with: “...And then we will apply machine learning.” It is true that AI can test many complex predictors in one model at scale without p-hacking; nonetheless, the Data Scientist must still have an informed vision of how to engineer the predictor variables (“features”) from the data, what model to employ, and what meaningful or actionable conclusions they will be able to draw from the output a model offers. Explaining and deploying AI models becomes harder the more complex the model is, so Occam’s razor still applies.”



Professor Monica Baskin
President of the Society of Behavioral Medicine



“AI represents a major paradigm shift for both clinical practice and research. The ability to integrate massive amounts of health data holds the promise of individually-tailored treatments espoused by proponents of precision medicine. At the same time, machine learning and AI may maximize the efficiency of adaptive behavioral interventions by reducing the time-limiting factor of extensively reviewing the literature to understand the context that influences a person’s behavior by using contextual data from passive sensors worn by individuals and other available environmental data. However, the promises of this technology must be appropriately scrutinized for potential privacy limitations and the introduction of racial/ethnic and other biases that may exacerbate health inequities.”



Associate Professor Anne H. Berman
Past President of the Swedish Society of Behavioral Medicine
President-Elect of ISBM

“AI offers huge potential to behavioral medicine researchers and practitioners. Sensors, virtual reality, ecological momentary assessment (EMA), and Just in Time Adaptive Interventions (JITAI) are part of the future promise for individuals needing support for managing chronic illness, day-to-day stress-related issues, mental health problems and addictive behaviors. Let us not be blinded by AI, however, to the idiosyncratic needs of the individual and each person’s drive for meaning-making in everyday life. Behavioral medicine, as a field encompassing multiple disciplines and perspectives, can offer a nurturing context for linking the big-data AI perspective to the micro-moment individual level. Together, we can meet the challenges of today and tomorrow!”



Assistant Professor Edmond Girasek

Member of the Hungarian Society of Behavioural Sciences and Medicine



“Behavioural Sciences have a fundamental role in the application of AI in the medicine. The application of AI is not only a technological issue, but raises a lot of ethical, legal, and sociological issues. It significantly influences the decision making in medicine, so its effects have to be understood by medical professionals and patients. The most important benefits of AI are the support of the medical and healthcare team. AI can save time which can then be spent for patients and healing and it can increase diagnostic accuracy. However, AI does not replace doctors, with whom the ultimate responsibility for medical decisions remains. The risks related to the elaboration, approval and application of AI procedures certainly warrant broad professional discussion.”



Professor Colin Greaves

President of the UK Society for Behavioural Medicine
Member of the Local Organisation Committee of the virtual ICBM 2021

“AI is an emerging topic in behavioural medicine research and is set to have wide-ranging impacts across a number of aspects of our discipline from measurement and data interpretation through to intervention. These include the use of AI/machine learning algorithms to identify patterns of health behaviours from wearable technologies; using AI natural language processing to process, filter or summarise research data, such as in the Human Behaviour-Change Project (<https://bit.ly/37G9xWG>), or to process raw speech data, enhancement of digital health interventions, using AI ‘chatbots’ or smart guidance algorithms to deliver or facilitate online interventions. Delivery of “in the moment” interventions – such as using wearable-recordings or mobile phone activity data to deliver interventions (or research measures) at the time when key behaviours or events occur.”

**Professor Shigeru Inoue**

President of the Japanese Society of Behavioral Medicine



“In Japan, some researchers have begun to conduct research using AI. In particular, there has been significant progress in the field of diagnostic imaging, and applications to clinical medicine are expected. The members of the Japanese Society of Behavioral Medicine are highly interested in AI. Providing information on how it can be applied to our research and providing training for its use will contribute to the development of research of our members.”

Professor Sakari Suominen

President of the Finnish Section of Behavioral Medicine of the Society for Social Medicine in Finland

“My personal view is that the impact of AI on clinical practice is a double-edged sword. On the one hand, it provides a new tool for the patient for real empowerment but can also in a negative way jeopardize the professional expertise of the clinician by providing authority to data that cannot necessarily yet be accurately and evidence-based interpreted. From a research perspective, it is important that research also deals with the sociological processes by which access to digital media, among them AI, is distributed. By now there is a risk that research will mostly deal with the process of digitization, i.e. with the technical solutions in itself and how they are and/or can be used and applied and by this the important consequences to the society might be neglected. In a worst case scenario access to AI can also become a new divider between various groups in the society and by that a means for social marginalization.”



Announcements

Conferences

**WASAD****World Association for
Stress Related and
Anxiety Disorders**

The 3rd International Congress of the World Association for Stress Related and Anxiety Disorders will take place in Vienna, Austria. Please check out the conference website for further up-to-date information:

<https://www.wasad2021.org/>

Job positions

**Cancer
Outcomes
Research &
Education****MASSACHUSETTS
GENERAL HOSPITAL****CANCER CENTER**

Postdoctoral Fellowship in Psychiatric Oncology & Behavioral Sciences, Psychiatry, Massachusetts General Hospital/ Harvard Medical School

The Center for Psychiatric Oncology & Behavioral Sciences in the Department of Psychiatry of Massachusetts General Hospital (MGH) / Harvard Medical School is seeking a **Clinical Psychology Postdoctoral Research Fellow** for two years. The postdoctoral fellow will also be a member of the Cancer Outcomes Research & Education (CORE) Program in the MGH Cancer Center. The fellow will be eligible for two years of salary (competitive) support through one MGH-funded and one NIH-funded grant. They will have an academic appointment at Harvard Medical School and should have completed the requirements for their Ph.D. This position has the potential to lead to a faculty position depending on the candidate's ability to develop their own clinical research and collaborate with existing federal or foundation-funded projects. Ideal applicants are those who plan to transition to an academic position after the fellowship period. Supervised hours for licensure are assured, as is a wealth of opportunities for research collaboration. A successful candidate will have a strong demonstrated interest and experience in



clinical intervention research in psychosocial oncology and cancer outcomes, and those with experience working with people with different types of cancer, their family and/or friend caregivers, cancer survivors, or those at end-of-life are encouraged to apply.

Primary Responsibilities and Opportunities:

- Devote 80- 85% of effort to psychosocial oncology/cancer outcomes research and 15-20% to clinical work and supervision in the psychiatric oncology service
- Support several NIH- and foundation funded trials in patients with cancer and their family and friend caregivers by managing study coordination, supervising study staff, and delivering study protocols
- Assist with data analyses, manuscript writing (first and co-authored publication opportunities available), scientific presentations, and grant preparation
- Attend multidisciplinary research and clinical meetings including faculty from oncology, psychiatry, palliative care, social work, and nursing to discuss innovative research and clinical care
- Receive extensive mentorship in career development and on a submission of a future NIH or foundation grant

Position Requirements:

- Applicants must hold a PhD in clinical psychology (preferred) or related clinical qualification from an APA-accredited doctoral program and have completed an APA-accredited internship program
- Prior experience working on clinical research studies
- Training in quantitative and/or qualitative methods and data analysis
- Background in evidence-based treatments such as CBT and ACT

The *U.S. News & World Report* consistently ranks Mass General Psychiatry in the top among U.S hospitals, and MGH Cancer Center as one of the top cancer centers in the country. The Center for Psychiatric Oncology & Behavioral Sciences is a premier clinical and research program staffed by clinical psychologists, psychiatrists and social workers who provide comprehensive clinical services and conduct innovative research to meet the psychosocial needs of patients with cancer and their families. Massachusetts General Hospital is an Equal Opportunity Employer, and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Contact: Interested applicants should send a cover letter and CV to Jamie Jacobs, PhD at jjacobs@mg.harvard.edu.



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