

UCSD-SDSU Joint Doctoral Program In Clinical Psychology  
**BEHAVIORAL MEDICINE SEMINAR: INTERVENTION ISSUES**  
Psychology 843  
Spring 2008

Tuesdays: 4:00 – 6:40pm  
6363 Alvarado Court, Conference Room B (upstairs)

Instructor: James F. Sallis, Ph.D.  
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The purpose of the course is to familiarize students with the major theories and models guiding interventions in behavioral medicine, empirically-supported principles of health behavior change, and specific examples of effective interventions. Clinical and community approaches to behavioral treatment and health promotion will be covered throughout the course. Some presentations will focus on clinical applications, but the majority will emphasize behavioral medicine interventions in a research context. Students will gain an appreciation of how to apply research findings to the improvement of clinical and community interventions.

Some classes will be led by guest speakers who are recognized experts in their areas. There are a small number of selected readings for each topic covered in class. Students are expected to read and be prepared to discuss the articles in class. Students are encouraged to contribute actively to classes through questions and comments.

**GRADING:**

Grant Proposal (60 points)

During the 1-year Behavioral Medicine Pro-Seminar sequence, you will complete two major assignments – a review paper and a NIH-type grant proposal. The goal of these assignments is to help you obtain experience with core skills necessary for academic health psychologists. During Spring semester you will write a grant proposal in the NIH format to evaluate a health-related intervention. Grant-writing is a core skill for health psychologists. We believe it is important for all students to have some experience writing a grant proposal, and doing so in class will allow you to obtain systematic feedback prior to a “real” submission. Even if you have already submitted a “real” grant proposal, this assignment will further develop your skills.

The introduction must contain a substantial literature review that justifies your choices of target behavior or condition, population, and intervention approach. Each component of the intervention must be described and justified by theory or empirical studies. The proposal should be a maximum of 30 double-spaced pages (not single-spaced like actual NIH grants), plus references. Proposals should be for no longer than 4 years, and they can be shorter. For present purposes, the intervention section should be more detailed than the measurement and statistical sections.

This experience will be more meaningful if the proposal is likely to have some utility. The grant proposal can be a first draft of the dissertation proposal, but it need not be. The proposal could be related to a project that you might like to pursue after graduation. You could use this writing project to learn about a new topic area, so as to broaden your knowledge. Use the NIH forms (PHS 398) that can be obtained from their website [<http://grants.nih.gov/grants/forms.htm>], but only forms and sections specified below are required.

Proposals should have these sections:

1. Abstract. Write this last; provide a brief summary of the study, specific aims and methods.
2. Budget. This does not have to be detailed, but should include personnel (make rough estimate of how many research assistants will be needed to implement the study), consultants, equipment, materials, office supplies, travel, and other expenses including participant incentives. You can estimate the amounts – it is not necessary to spend substantial time researching costs.
3. Biosketch. Include your biosketch in the format required by NIH. You will find other uses for this document so it will be handy to have.
4. Specific Aims. This section should be one page or less, and should consist of brief, clear statements of aims or hypotheses. It is often useful to define primary, secondary, and possibly tertiary aims. Generally, statistical power should be based on your primary aims, and tertiary aims can be more exploratory.
5. Background and Significance. Review the literature supporting the proposed study. For the present purposes, the review will be longer than is typical in NIH grants (10-15 pages). In addition, you will develop the rationale behind the chosen intervention approaches in detail. At the end it may be useful to identify gaps in the literature your proposed study will fill.
6. Preliminary Studies. This section describes prior research performed by you or your lab that supports the proposed study or demonstrates skills relevant to the proposed research. For the purposes of this assignment, you may omit this section or write something very brief.
7. Design and Methodology (suggested outline)
  1. Study Design and Participants. Clearly define the experimental design. Include plans for sample recruitment and maintenance. 2-3 pages should be sufficient.
  2. Timeline. Include a table or figure with the timeline for the entire study.
  3. Pilot Studies, if any, should be described briefly. These can include quantitative and qualitative studies.
  4. Intervention Methods. Provide your most detail here. Specify the theoretical or conceptual model guiding your intervention, and provide a figure if it would be helpful. Describe all intervention components and provide references to support each component. In addition to the content, describe the scheduling of sessions, materials to be used, and training and supervision of leaders. Formative research or pre-testing of interventions should be described.
  5. Evaluation Methods. Describe and justify your primary outcome measures. Secondary outcomes are optional. I strongly recommend including measures of your hypothesized mediating variables. Briefly summarize reliability and validity of selected measures. Alternatively, you can propose to develop your own measures, which will require a pilot study. Include a brief description of the schedule of measures and the procedures.
  6. Data Management and Analysis. Justify your sample size with a power analysis. If possible, use previous studies to estimate the effect size. Provide a summary of the statistical analyses you will use.
  7. Project Management. Write a paragraph on how the study will be managed. You can include an organizational chart.
  8. Literature Cited.

Interim Assignments: To facilitate your progress toward this major project, you will be asked to turn in two interim assignments during the course of the semester.

1. Complete a one-page topical proposal that describes the research question(s) to be addressed in your grant (due Week 5; 2/19/08; 5 points).
2. Complete a detailed outline of your proposal, including references (due Week 9; 3/18/08; 5 points).

The grant proposal is due **no later than** Tuesday May 6, 2008 at 4 p.m. (50 points). **This is the last day of class.**

Class Presentation (15 points)

A 15 minute formal presentation of the grant proposal is required of each student, with general discussion following. The talk should be prepared as if for a scientific conference or a grant review site visit. Some type of visual aid (i.e., powerpoints, overhead, or handout) is required. All presentations will be on May 6, the last day of class.

Discussion points. (10 points)

To encourage reading of assigned articles and chapters, students are requested to turn in written "discussion points" for each class.

Please formulate a question that arose from the readings or a related question that would be worthwhile for the speaker to address or for the class to discuss. The question should be followed by a brief rationale; why do you want this question addressed, or why do you ask it? In most class periods, there will be opportunities for asking these questions, so having prepared thoughtful questions should facilitate a lively exchange. Other comments on the readings are also invited. These can be used to stimulate discussion during the class.

Each assignment is worth 1 point per week. However, if the item is trivial or shows little thought, or indicates the material has not been read, no point will be awarded. A little arithmetic will inform you that you only have to turn in 10 of these assignments to get the maximum number of points. Therefore, you do not have to turn them in every week, though you are expected to read the assignments each week.

Review of recent intervention study (10 Points)

Students will identify a recent study of a behavioral/psychological intervention that is related to the week's topic and report on that study. The selected study should be published between 2003 and 2008 and be a controlled evaluation of a behavioral/psychological intervention. There are two parts to the assignment.

1. The student makes a 5-minute presentation on the study and provides copies for the instructor(s) and other students. The initial part of the presentation should BRIEFLY AND SELECTIVELY describe the main points of the rationale, methods, and findings. The presentation should end with a summary of the study's strengths and weaknesses, suggestions for improving the study, and ideas for future studies to advance science in this area. (5 points)
2. The student writes a review of the article, as if submitting it to the journal editor prior to publication. The review should contain (a) a 1-paragraph summary of the study and its main findings, (b) evaluation of the importance of the study and how it could contribute to the literature, (c) major strengths of the study, (d) major weaknesses of the study, (e) comments on minor or specific aspects of the paper (e.g., missing references, inconsistencies, errors in tables, poor grammar) citing page and paragraph, and (f) your summary impression of the paper. Reviews should be a maximum of 1.5 pages single-spaced. (5 points)

Each student will choose one paper to review for the semester. Up to 5 points will be awarded for the presentation based on the appropriateness of study selection, clarity and conciseness of the summary, and interpretation of the study in the context of the field. Up to 5 points will be awarded for the written review, based on thoughtfulness of comments, clarity of expression, and organization of the review. The instructor will provide written feedback on the review. Papers will be presented during the class session devoted to the selected topic. Written reviews will be turned in during the same class, and copies should be made for all students.

Health Advocacy Assignment (5 points)

In this course on health interventions we will discuss periodically the need to intervene at a political level to achieve desired health outcomes. This assignment is designed to inform you about the political dimension of health and options for intervening. During the semester you will identify a timely political issue that is relevant to a health topic. Then you will develop and implement an advocacy intervention. Hopefully this experience will inspire and prepare you for many more political interventions.

There are numerous modes of advocacy that would be appropriate for this assignment. The most conventional is a letter or email to a representative or government official. Letters to the editor of a newspaper or magazine would also be appropriate. Attending a meeting of a political discussion group, truly participating in an online discussion over multiple sessions, or participating in a demonstration would be fine. Setting up a meeting with a policy maker would be excellent. For present purposes, making a phone call, attending a lecture, joining an organization, signing a petition, or having discussions with friends will not be considered sufficient.

There are two parts of the assignment.

1. Write a 2-4 page (single-spaced) briefing on the health topic, the related political issue, and the rationale for your intervention. Identify your sources of information and include some that are not scientific publications. In other words, use news stories, briefs from policy or advocacy organizations, or government reports as sources.
2. Either (a) write a 1-3 page (single-spaced) description of your political intervention, including the target person/population and methods, or (b) submit documentation of the intervention itself, such as a letter to the editor or letter to a representative.

You are welcome to discuss your proposal with the instructor and the class. The written assignment must be turned in by Week 13, 4/22/08.

**TOPICS AND SPEAKERS FOR BEHAVIORAL MEDICINE  
SEMINAR ON INTERVENTION ISSUES  
SPRING 2008**

<b>Week</b>	<b>CLASS TOPICS</b>	<b>SPEAKER</b>	<b>DATE</b>
1.	Introduction to course, models of health behavior	J. Sallis	1/22
2.	Clinical vs. public health interventions	J. Sallis	1/29
3.	Physical activity promotion	J. Sallis	2/5
4.	Obesity and eating disorders— treatment and prevention 8950 Villa LaJolla Drive, La Jolla Professional Building, C207	K Boutelle	2/12
5.	Student-directed discussion 5: TURN IN GRANT PROSPECTUS		
6.	Diabetes treatment PACE offices, 8950 Villa LaJolla Drive, Suite B-122	W. Polonsky	2/26
7.	Treating chronic pain	T. Rutledge	3/4
8.	Tobacco cessation and prevention UCSD, BSB Psychiatry conf room 2071	M. Myers J. Sallis	3/11
9.	Treatment of sleep disorders Nutrition interventions VAMC Room 4003	S. Ancoli-Israel J. Sallis	3/18
9.	TURN IN GRANT OUTLINE		
10.	Preventing and treating HIV and AIDS	T. Patterson	3/25
	SPRING BREAK—NO CLASS		4/1
11.	Health interventions in minority communities (Class ends at 6pm)	S. Ayala	4/8
12.	Behavior change in primary care PACE offices, 8950 Villa LaJolla Drive, Suite B-122	K. Patrick K. Calfas	4/15
13.	Improving quality of life in cancer patients Advocacy for health policy change TURN IN HEALTH ADVOCACY ASSIGNMENT	V Malcarne K. Keehan	4/22
14.	Alcohol and other drugs VAMC, Room 2410A (2-North)	S. Brown	4/29
15.	Student presentations		5/6

FINAL PAPERS ARE DUE TUESDAY, MAY 6 at 4:00PM

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PSYCHOLOGY 843, SPRING 2008

**READING LIST BY TOPIC**

**Introduction to course, models of health behavior**

The short monograph, Theory at a Glance is posted by NCI at this website:  
<http://www.cancer.gov/cancerinformation/theory-at-a-glance/page1>

NCI's Research-Tested Intervention Programs (RTIPs). Review this website:  
<http://rtips.cancer.gov/rtips/index.do>

Bartholomew, L.K., Parcel, G.S., & Kok, G. (1998). Intervention mapping: A process for developing theory- and evidence-based health education programs. *Health Education and Behavior*, 25, 545-564.

Brownson, R.C., Royer, C., Ewing, R., & McBride, T.D. (2006). Researchers and policymakers: Travelers in parallel universes. *American Journal of Preventive Medicine*, 30, 164-172.

Coulston, A.M., & Stivers, M. (1993). A poster is worth a thousand words. *Journal of the American Dietetics Association*, 98, 865-866.

Glasgow, R.E., McKay, H.G., Piette, J.D., & Reynolds, K.D. (2001). The RE-AIM framework for evaluating interventions: What can it tell us about approaches to chronic illness management? *Patient Education and Counseling*, 44, 119-127.

Klesges, L.M., Dzwaltowski, D.A., & Christensen, A.J. (2006). Are we creating relevant behavioral medicine research? Show me the evidence! *Annals of Behavioral Medicine*, 31, 3-4.

Kraemer, H.C., Stice, E., Kazdin, A., Offord, D., & Kupfer, D. (2001). How do risk factors work together? Mediators, moderators, and independent, overlapping, and proxy risk factors. *American Journal of Psychiatry*, 158, 848-856.

Ockene, J.K. (2006). Fulfilling our assignment to improve the health of all: Good science just isn't enough. *Annals of Behavioral Medicine*, 31, 14-20.

Van Rooyen, S., Black, N., & Godlee, F. (1999). Development of the review quality instrument (RQI) for assessing peer reviews of manuscripts. *Journal of Clinical Epidemiology*, 52, 625-629.

**Clinical vs Public Health interventions**

Diabetes Prevention Program Research Group. (2002). Reduction in the incidence of Type 2 diabetes with lifestyle intervention or metformin. *New England Journal of Medicine*, 346, 393-403.

Ornish, D., Scherwitz, L.W., Billings, J.H., Gould, L., Merritt, T.A., Sparler, S., Armstrong, W.T., Ports, T.A., Kirkeeide, R.L., Hogeboom, C., & Brand, R.J. (1998). Intensive lifestyle changes for reversal of coronary heart disease. *JAMA*, 280, 2001-2007.

Schooler, C., Farquhar, J.W., Fortmann, S.P., & Flora, J.A. (1997). Synthesis of findings and issues from community prevention trials. *Annals of Epidemiology*, 7(suppl), S54-S68.

### **Physical activity promotion**

Albright, C.L., Pruitt, L., Castro, C., Gonzalez, A., Woo, S., and King, A.C. (2005). Modifying physical activity in a multiethnic sample of low-income women: One-year results from the IMPACT (Increasing Motivation for Physical ACTivity) Project. *Annals of Behavioral Medicine*, 30, 191-200.

Brown, W.J., Mummery, K., Eakin, E., & Schofield, G. (2006). 10,000 Steps Rockhampton: Evaluation of a whole community approach to improving population levels of physical activity. *Journal of Physical Activity and Health*, 3, 1-14.

Kahn E.B., Ramsay L.T., Brownson R.C., Heath, G.W., Howze, E.H., Powell, K.E., Stone, E.J., Rajab, M.W., Corso, P., and the Task Force on Community Preventive Services. (2002). The effectiveness of interventions to increase physical activity: A systematic review. *American Journal of Preventive Medicine*. 22 (Suppl. 4), 73-107. (skim this one)

Robinson, T.N. (1999). Reducing children's television viewing to prevent obesity: A randomized controlled trial. *JAMA*, 282, 1561-1567.

Sallis, J.F., and Kerr, J. (2007). Built environments and physical activity. *President's Council for Physical Fitness and Sports Research Digest*.

Wilcox, S., Dowda, M., Griffin, S.F., Rheaume, C., Ory, M.G., et al. (2006). Results of the first year of Active for Life: Translation of 2 evidence-based physical activity programs for older adults into community settings. *American Journal of Public Health*, 96, 1201-1209.

### **Obesity Prevention and Treatment**

#### Obesity Prevention

Caballero, B., Clay, T., Davis, S.M., Ethelbah, B., Rock, B.H., Lohman, T., et al. for the Pathways Study Research Group. (2003). Pathways: A school-based, randomized controlled trial for the prevention of obesity in American Indian schoolchildren. *American Journal of Clinical Nutrition*, 78, 1030-1038.

Koplan, J.P., Liverman, C.T., & Kraak, V. (Eds.) (2004). Executive Summary from Preventing childhood obesity: health in the balance. Washington, DC: National Academies Press. Read online for free: <http://www.iom.edu/CMS/3788/5867/22596.aspx>

Kubik, M.Y., Story, M., & Rieland, G. (2007). Developing school-based BMI screening and parent notification programs: Findings from focus groups with parents of elementary school students. *Health Education and Behavior*, 34, 622-633.

#### Obesity treatment

Dansinger, M.L., Gleason, J.A., Griffith, J.L., Selker, H.P., & Schaefer, E.J. (2005). Comparison of the Atkins, Ornish, Weight Watchers, and Zone Diets for weight loss and heart disease risk reduction: A randomized trial. *JAMA*, 293, 43-53.

Tate, D.F., Jackovny, E.H., & Wing, R.R. (2003). Effects of Internet behavioral counseling on weight loss in adults at risk for type 2 diabetes: A randomized trial. *Journal of the American Medical Association*, 289, 1833-1836.

Wadden, T.A., Butryn, M.L., & Byrne, K.J. (2004). Efficacy of lifestyle modification for long-term weight control. *Obesity Research*, 12, 151S-162S.

Wilfley, D.E., Stein, R.I., Saelens, B.E., Mockus, D.S., Matt, G.E., et al. (2007). Efficacy of maintenance treatment approaches for childhood overweight; A randomized controlled trial. *JAMA*, 298, 1661-1673.

#### Eating Disorder Treatment

Le Grange, D., Crosby, R.D., Rathouz, P.J., & Leventhal, B.L. (2007). A randomized controlled comparison of family-based treatment and supportive psychotherapy for adolescent bulimia nervosa. *Archives of General Psychiatry*, 64, 1049-1056.

Dare, C., Eisler, I., Russell, G., Treasure, J., & Dodge, L. (2001). Psychological therapies for adults with anorexia nervosa: Randomised controlled trial of out-patient treatments. *British Journal of Psychiatry*, 178, 216-221.

Agras, W.S., Walsh, T., Fairburn, C.G., Wilson, T., & Kraemer, H.C. (2000). A Multicenter comparison of cognitive-behavioral therapy and interpersonal psychotherapy for bulimia nervosa. *Archives of General Psychiatry*. 2000, 57, 459-466.

Neumark-Sztainer D. (2003). Obesity and eating disorder prevention: an integrated approach? *Adolescent Medicine: State of the Art Reviews*, 14, 159-173.

#### Eating Disorder Prevention

Austin, S.B. (2000). Prevention research in eating disorders: Theory and new directions. *Psychological Medicine*, 30, 1249-1262.

Austin, S.B., Field, A.E., Wiecha, J., Peterson, K.E., & Gortmaker, S.L. (2005). The impact of a school-based obesity prevention trial on disordered weight-control behaviors in early adolescent girls. *Archives of Pediatrics and Adolescent Medicine*, 159, 225-230.

Stice, E., Shaw, H., & Marti, C.N. (2007). Eating disorder prevention programs: A meta-analytic review. *Annual Review of Clinical Psychology*, 3, 207-231.

#### **Treatment of Diabetes**

Lustman, P.J., & Clouse, R.E. (2005). Depression in diabetic patients: The relationship between mood and glycemic control. *Journal of Diabetes and Its Complications*, 19, 113-122.

Peyrot, M., & Rubin, R.R. (2007). Behavioral and psychosocial interventions in diabetes: A conceptual review. *Diabetes Care*, 30, 2433-2440.

Skinner, T.C. (2004). Psychological barriers. *European Journal of Endocrinology*, 151, T13-T17.



### **Treating Chronic Pain**

[Dersh, J., Polatin, P.B., & Gatchel, R.J. \(2004\).](#) Chronic pain and psychopathology: research findings and theoretical considerations. *Psychosomatic Medicine*, 64, 773-786.

Hoffman, B.M., Papas, R.K., Chatkoff, D.K., & Kerns, R.D. (2007). Meta-analysis of psychological interventions for chronic low back pain. *Health Psychology*, 26, 1-9.

Lin, E.H.B., Katon, W., Von Korff, M., Tang, L., Williams, J.W., et al. for the IMPACT Investigators. (2003). Effect of improving depression care on pain and functional outcomes among older adults with arthritis: A randomized controlled trial. *JAMA*, 290, 2428-2434.

[Rains, J.C., Penzien, D.B., McCrory, D.C., & Gray, R.N. \(2005\).](#) Behavioral headache treatment: history, review of the empirical literature, and methodological critique. *Headache*, 45 (Suppl 2), S92-S109.

### **Tobacco use cessation and prevention**

#### Prevention:

Skara, S., Sussman, S. (2003). A review of 25 long-term adolescent tobacco and other drug use prevention program evaluations. *Preventive Medicine*, 37, 451-474.

Hutchinson Smoking Prevention Project: Editorial, comments and responses  
Clayton, R.R., Scutchfield, D.F. Wyatt, S.W. (2000). Hutchinson Smoking Prevention Project: a New Gold Standard in Prevention Science Requires New Transdisciplinary Thinking *Journal of the National Cancer Institute*, 92, 1964-1965.

Steve Sussman, William B. Hansen, Brian R. Flay, Gilbert J. Botvin (2001) Re: Hutchinson Smoking Prevention Project: Long-Term Randomized Trial in School-Based Tobacco Use Prevention—Results on Smoking. *Journal of the National Cancer Institute*, Vol. 93, No. 16, 1267.

Peterson AV Jr, Kealey KA, Mann SL, Marek PM, Sarason IG (2001). RESPONSE: Re: Hutchinson Smoking Prevention Project: Long-Term Randomized Trial in School-Based Tobacco Use Prevention—Results on Smoking. *Journal of the National Cancer Institute*, Vol. 93, No. 16, 1269-1270

#### Cessation:

Irvin, J.E., Brandon, T.H. (2000). The increasing recalcitrance of smokers in clinical Trials. *Nicotine & Tobacco Research*, 2, 79–84

Niaura, R., & Abrams, D.B. (2002). Smoking Cessation: Progress, Priorities, and Prospectus. *Journal of Consulting and Clinical Psychology*, 70, 494-509.

Rohrbach, L.A., Howard-Pitney, B., Unger, J.B., Dent, C.W., et al (2002). Independent evaluation of the California Tobacco Control Program: Relationship between Program Exposure and Outcomes, 1996-1998. *American Journal of Public Health*, 92, 975 - 983

Sussman, S., Sun, P., Dent, C.W. (2006). A Meta-Analysis of Teen Cigarette Smoking Cessation. *Health Psychology*, 25 549–557

### **Treatment of sleep disorders**

Edinger, J.D., & Means, M.K. (2005). Chapter 59: Overview of insomnia: Definitions, epidemiology, differential diagnosis, and assessment, pp. 702-713. In M.H. Kryger, T. Rother, W.C. Dement (Eds.), *Principles and practices of sleep medicine*, 4<sup>th</sup> ed. New York: Elsevier Saunders.

Morin, C.M. (2005). Chapter 61: Psychological and behavioral treatments of insomnia, pp. 726-737. In M.H. Kryger, T. Rother, W.C. Dement (Eds.), *Principles and practices of sleep medicine*, 4<sup>th</sup> ed. New York: Elsevier Saunders.

### **Changing dietary behaviors**

Ammerman, A.S., Lindquist, C.H., Lohr, K.N., & Hersey, J. (2002). The efficacy of behavioral interventions to modify dietary fat and fruit and vegetable intake: A review of the evidence. *Preventive Medicine*, 35, 25-41.

Baranowski, T., Baranowski, J., Cullen, K.W., Marsh, T., Islam, N., Zakeri, I., Honess-Morreale, L., & DeMoor, C. (2003). Squire's Quest! Dietary outcome evaluation of a multimedia game. *American Journal of Preventive Medicine*, 24, 52-61.

DeBourdeaudhuij, I., Stevens, V., Vandelanotte, C., & Brug, J. (2007). Evaluation of an interactive computer-tailored nutrition intervention in a real-life setting. *Annals of Behavioral Medicine*, 33, 39-48.

French, S.A., Story, M., Fulkerson, J.A., & Hannan, P. (2004). An environmental intervention to promote lower-fat food choices in secondary schools: Outcomes of the TACOS study. *American Journal of Public Health*, 94, 1507-1512.

Horgen, K.B., & Brownell, K.D. (2002). Comparison of price change and health message interventions in promoting healthy food choices. *Health Psychology*, 2002, 21, 505-512.

### **Changing AIDS-related behaviors**

Patterson, T.L., Shaw, W.S., Semple, S.J. (2003) Reducing the sexual risk behaviors of HIV+ Individuals: Outcome of a Randomized Controlled Trial. *Annals of Behavioral Medicine*, 25, 137-145.

Semaan, S., Kay, L., Strouse, D., Sogolow, E., Mullen, P.D., Neumann, M.S., Flores, S.A., Peersman, G., Johnson, W.D., Lipman, P.D., Eke, A., & DesJarlais, D.C. (2002). A profile of U.S.-based trials of behavioral and social interventions for HIV risk reduction. *Journal of Acquired Immune Deficiency Syndromes*, 30:S30-S50.

### **Health Interventions in Minority Communities**

Elder, J.P., Ayala, G.X., Campbell, N.R., Slymen, D., Lopez-Madurga, E.T., & Engelberg, M. (2005) Interpersonal and print nutrition communication for a Latino population: *Secretos de la Buena Vida*. *Health Psychology*. 24: 49-57.

Kreuter, M., & McClure, S. (2004). The role of culture in health communication. *Annual Review of Public Health*, 25, 439-455.

Resnicow, K., Jackson, A., Braithwaite, R., Dilorio, C., Blisset, D., Rahotep, S., & Periasamy, S. (2002). Healthy Body/Healthy Spirit: a church-based nutrition and physical activity intervention. *Health Education and Research*, 17, 562-73.

BONUS: Hawe, P., Shiell, A., & Riley T. (2004). Complex interventions: how "out of control" can a randomised controlled trial be? *BMJ*, 328, 1561-1563

### **Changing alcohol and drug use behaviors**

Anton, R.F., O'Malley, S.S., Ciraulo, D.A., Cisler, R.A., Couper, D, et al. for the COMBINE study research group. (2006). Combined pharmacotherapies and behavioral interventions for alcohol dependence. The COMBINE Study: A randomized controlled trial. *Journal of the American Medical Association*, 295, 2003-2017.

Gottfredson, D.C., & Wilson, D.B. (2003). Characteristics of effective school-based substance abuse prevention. *Prevention Science*, 4, 27-38.

Miller, W.R., & Welbourne, P.L. (2002). Mesa Grande: A methodological analysis of clinical trials of treatments for alcohol use disorders. *Addiction*, 97, 265-277.

### **Behavioral Medicine in Primary Care**

Lenert, L., Norman, G.J., Mailhot, M., & Patrick, K. (2005). A framework for modeling health behavior protocols and their linkage to behavioral theory. *Journal of Biomedical Informatics*, 28, 270-280.

Patrick, K., Calfas, K.J., Norman, G.J., Zabinski, M.F., Sallis, J.F., Rupp, J., Covin, J., & Cella, J. (2006). Randomized controlled trial of a primary care and home-based intervention for physical activity and nutrition behaviors: PACE+ for adolescents. *Archives of Pediatrics and Adolescent Medicine*, 160, 128-136.

Patrick, K., Intille, S.S., & Zabinski, M.F. (2005). An ecological framework for cancer communication: Implications for Research. *Journal of Medical Internet Research*, 7(3), e2. doi: 10.2196/jmir.7.3.e2

Tsai, C., Lee, G., Raab, F., Norman, G.J., Sohn, T., Griswold, W.G., & Patrick, K. (2006). Useability and feasibility of PmEB: A mobile phone application for monitoring real time caloric balance.

### **Advocacy for health policy change**

A place for healthier living: Improving access to physical activity and healthy foods. Joint Center for Health Policy and PolicyLink: Washington, DC.

Flourney, R., & Treuhaft, S. (2005). Healthy food, healthy communities: Improving access and opportunities through food retailing. PolicyLink: Oakland, CA.

Scribner, R.A., MacKinnon, D.P., & Dwyer, J.H. (1995). The risk of assaultive violence and alcohol availability in Los Angeles County. *American Journal of Public Health*, 85, 335-340.