1982

ACADEMIC PROGRESS AND ACCOMPLISHMENTS

Since my last promotion (July, 1979), I have achieved several of my academic goals. Of primary importance, my list of publications has increased from 4 to 20 articles, evidence of significant progress in the areas of writing and publishing. I have also made major presentations of my work at national conferences and conventions, including the Association for the Advancement of Behavior Therapy, the American Association of Marital and Family Therapists, and the American Psychological Association. In the past 2½ years, my scholarly and research activities have focused on the following areas:

1) Women-oriented issues, especially as they relate to women in medicine. The main thrust of this area of interest has been examining issues specific to women (pregnancy, breastfeeding, sex role stereotyping); first in the counseling setting; and later in the medical setting. The assumption underlying this line of research is that elucidation of issues facing women both as patients and as physicians will have beneficial ramifications in various aspects of the health care delivery system. Research in this area has been partially supported by a grant from the American Medical Women's Association.

2) Integration of social science perspectives and methodology in a medical context. This area of interest has emphasized some of the philosophical issues embedded in such an integration; and has attempted to examine how specific behavioral techniques (such as self-control strategies) might interface with various aspects of the medical model.

3) Family, health and illness (including current research on families of child cancer patients; coping strategies of Spanish-speaking families with an orthopedically-handicapped child, (a project supported by a social and behavioral sciences grant from the March of Dimes);responses of diabetic patients and families to use of the portable infusion pump; and reactions of parents to first illness in their first-born child). The thrust of this area of interest is to examine families' reactions and coping styles in response to various conditions of illness, ranging from mild (newborn) to chronic (orthopedic handicaps) and life-threatening (cancer and diabetes mellitus). I am hopeful that research in this area will be able to identify certain adaptive and dysfuntional coping styles, either illness-specific or existing across illness modalities, which can be used to develop clinical interventions targeted toward families at risk for impaired response patterns.

Also of importance is the fact that my research and writing have become increasingly data-based. Of the four major research projects I am currently engaged in, all employ a quantifiable research methodology.

Of the approximately 30 papers I have either published or submitted, 12 are based on quantifiable data; and I anticipate that my current research will generate primarily data-based papers.

In addition to these pursuits, I have also maintained active administrative and teaching roles in my department. I serve on several departmental committees, including the research committee and the executive committee, responsible for influencing the philosophical and practical direction of the department. As director of the behavioral science teaching program, I work actively with a staff of 2 social workers and 4 volunteer clinical psychologists, to implement clinic teaching in the behavioral sciences. I also spend approximately 8 hours a week in direct clinic teaching, as well as teach a weekly 3 hour seminar to residents on family dynamics and family therapy. Finally, I have attempted to maintain my university obligations through service on university committees, in particular serving on and then chairing (1980-81) the Committee on Allied Health, occasional public speaking through the UCI Speakers' Bureau, and guest lectures in other departments (Social Ecology, Physical Medicine and Rehab, Psychiatry, and Internal Medicine).

Johanna Shapiro, Ph.D.

Personal-Professional Goals

My primary professional goal is to push through a coherent line of research. Specifically, this refers to implementation and completion of four projects, all focusing on coping strategies of families in response to various forms of major and minor illness. I feel I have taken the initial steps toward this objective, but that accomplishment of the objective in its entirety will require a major personal commitment and the support of the department.

Several secondary goals are generated by this primary goal. First, I feel too much of my time is spent in administrative functions in this department and in the university. Currently, in one month, I am expected to attend 4 faculty meetings, one faculty evening get-together, one residents' meeting, 4-5 executive committee meetings, one Allied Health committee meeting, one CCM executive committee meeting, one behavioral science team meeting, one Admissions sub-committee meeting, and variously meetings of the audit committee, the volunteer faculty committee, and the advisory committee on resident distress. I would request a reexamination of these obligations, and guidance from the Chair in setting priorities.

An additional subgoal is a redefinition of the behavioral science program in this department. This relates to my primary goal as stated above in that I envision devoting more and more time to research, and less to clinic attending. I am committed to certain behavioral science functions (for example, teaching the family focus seminar, which requires 4-5 hours/week of my time; organization of Grand Rounds with an emphasis on a family orientation), but feel less happy spending 8-10 hr./wk in a role which involves minimal and/or haphazard teaching, and whose beneficiaries are more often medical students than residents. Again, I would request a reexamination of the nature of commitments which realistically the behavioral science teaching program is able to make at this time.

My summary statement in terms of personal/professional goals is that I need to create a situation which is more focused and less stressed. At present I spend virtually no outside time in non-departmental related activities (ie., private practice, conferences etc.). However, I need to feel less "consumed" by the department, otherwise I am afraid that my potential contributions to the department and to family medicine may be jeopardized.

Departmental Goals

My main goal for the Department would be the encouragement of a more academic, and research-oriented atmosphere, or at least a tolerance and understanding for such behaviors. I would like to see an environment which stimulated creative activities in the areas of resident education and applied clinical research for all faculty members.

Along these lines, I would like to see the faculty members come to some sort of shared sense of purpose regarding the direction of the department. The strength of the faculty is in its diversity; however, my sense is that there needs to be some pulling together as well.

Finally-, I would like to see improved communication between faculty and Chair, and among faculty members themselves. Because we are a large and diversified department, special efforts need to be made to communicate issues facing the department as a whole and issues facing individual faculty members.

ACADEMIC PROGRESS AND ACCOMPLISHMENTS

January, 1978 - January, 1983

1. TEACHING

During my five years of employment by the University of California, I have maintained a consistently heavy teaching, consulting, and supervisory role vis-a-vis residents in the Department of Family Medicine. For the first two years of my involvement with the department, I spent approximately twenty hours per week in teaching and related activities. My current teaching load is approximately 9 hours per week of both basic and advanced seminars. I also spend several hours per week consulting on an individual basis with residents about details of specific patient and family management.

I have made a major contribution to the development and design of the series of seminars currently taught to Family Medicine residents. I have been wholly responsible for developing curriculum for one seminar, a specialized course on families and family therapy. I have been actively involved in the course outline, preparation of reading materials, and definitions of goals and objectives for the other two seminars. The content of these interdisciplinary seminar series (one for beginning and one for more advanced residents) emphasizes, from the behavioral science point of view, interviewing skills, basic counseling techniques, diagnosis and assessment of psychiatric disorders, and an introduction to various aspects of the family in medicine.

On a regular basis, I participate with other departmental faculty in discussions about the content and process of the seminar series. On a weekly basis, I spend time in the development of lecture material and teaching aids. In addition to formal instruction, I provide a service to the department by serving as a resource for informal guidance and crisis counseling for our residents.

II. DEPARTMENTAL AND UNIVERSITY SERVICE

A. Departmental

1. Behavioral Science

As Director of the Behavioral Science Program in Family Medicine, I have a major administrative and organizational role within the department. Over the past 5 years, I have designed, implemented and revised several behavioral science curricula. I have also had a major supervisory role in the behavioral science program, with one social worker and four volunteer psychologists reporting directly to me about their clinic teaching activities. As chair of the Behavioral Sciences Curriculum Committee, I organize faculty input into the behavioral science teaching program. As coordinator of the Behavioral Science Teaching Team, I deal with ongoing problems in implementation and execution of the teaching program.

2. General

As one of the more senior members of the department, I have played an increasingly large administrative role over the past 5 years. I am currently chair of the department's Personnel Action Committee, and chair of the department's Research Committee. In the past I have served as a member of the now-defunct Executive Committee, which had responsibility for considering major directional issues facing the department. I have also served on the department's Resident Selection Committee.

B. University

I served on the Allied Health Committee for 3 years, and chaired that committee for one year. I am also my department's designated liaison person with the Medical Research and Education Society of UCI. Since my arrival at UCI, I have belonged to the UCI Speakers Bureau, and have made several community presentations on the role of family in health and illness. Also since my arrival at UCI, I have served as an interviewer for the CCM Admissions Committee. I have been a presenter at numerous Grand Rounds and courses in several departments, including Social Ecology, PM & R, Internal Medicine, and Community and Environmental Medicine. I have also contributed my time to the university in other diverse ways, including serving on a Department of Pediatrics search committee, participating in a UCI symposium on working mothers, and by being available to evaluate and do brief therapy with medical students referred by CCM.

III. RESEARCH

When I joined the Department of Family Medicine, my theoretical and research efforts fell into two broad areas, specifically 1) women-oriented issues, which further subdivided into the areas of self-control and the psychology of women in medicine 2) integration of social science perspectives and methodology in a medical context. In the area of self-control and the psychology of women, I have published 4 theoretical and 3 research articles. In the area of women in medicine, which has included examination of breastfeeding, pregnancy during residency, and women's groups in a medical setting, I have published one descriptive and 5 data-based articles. In the area of the integration of behavioral sciences and medicine, I have published 4 theoretical/ descriptive papers, and 2 data-based papers.

Three general comments are in order regarding these efforts. First, the broad-ranging nature of my interests when I first became a faculty member of the College of Medicine is attributable, I think, to an inevitable confrontation which occurred for me between psychology and medicine, and the slowly developing realization that I could no longer do research exclusively on the psychology of women while operating from a department of family medicine. I also became aware that research itself in family medicine was negligible, and that no organizing theoretical paradigm existed to define the questions to which research should address itself, or the methodology which should be used. Thus, my early attempts at research and writing were, I believe, an attempt to find an appropriate voice, reflective of my own concerns, and simultaneously relevant to the field of family medicine into which I was struggling to integrate myself.

Secondly, the nature of the research and writing produced during this stage represented, I feel, a somewhat unusual hybrid which did not conform to the conventional interests of either psychological or medical journals. Often, my work was evaluated as being too "psychological" for consumers in the field of medicine; or as not relevant to issues to which mainstream clinical psychology normally addresses iteself. For example, when I first joined the department, neither the journal of Health Psychology or the journal of Behavioral Medicine existed. Thus, I found myself in the position of choosing to submit to journals which had published similar articles to my own in the past. To the best of my knowledge, I have always submitted to refereed, professional journals, except in 2 specific instances when a paper was invited by the editor.

Thirdly, a perusal of the publication dates on some of the writings and research in the areas outlined above suggests a continued activity on my part in these areas. In fact, this is not accurate, as my efforts have focused and narrowed in a direction I shall describe below. However, the process which moves initial ideas through human subjects review, data collection, analysis, write-up, journal submission, revisions, and second revisions to acceptance and publication is an extremely lengthy one. Thus, articles which were first drafted 2 years ago are only now appearing in print.

Over two years ago, I began to tackle the question of the relationship between family and illness, which I consider to be critical to the definition of the field of family medicine, and to the nature of research to be generated in this field. This interest is reflected in 4 articles which were published 1980-1982, and which culminated in a review article recently accepted by Social Science and Medicine.

Subsequently, what I consider to be a focused area of research has emerged. I began by addressing myself to general issues: e.g., the interface of the family and health field; the training of health care professionals to work effectively with the family unit. However, these were questions of theoretical and clinical interest, too broad to be responsive to research methodology. My extensive teaching and clinical experiences in family medicine, all of which examined the relationship of family and illness, focused me on a particular set of questions amenable to applied clinical research: identification of coping processes, either illness-specific or existing across illness modalities, in families of chronically ill and handicapped children; and the development of clinical interventions designed to modify maladaptive coping processes in families at risk for impaired response patterns, in order to produce more positive outcomes for both patients and families.

The research projects which I have designed and implemented in the past two years have attempted to address these questions. The first project, funded for a two-year period by the March of Dimes, examined coping strategies in Spanish-speaking families of orthopedically handicapped children. This study related specific family coping mechanisms to outcome measures for both the identified patient and other family members. Funding has been applied for to implement an intervention phase aimed at training families in coping strategies associated with positive outcome. A study begun at about the same time asked similar questions and employed a similar methodology, but looked at families of child cancer patients. A third study, exploring coping in families of diabetic patients, has also been undertaken, and preliminary articles based on the pilot work for this project have been written up.

The data collection phase for all of these studies has been completed; codebooks have been prepared; and the standardized psychological test batteries and lengthy interview questionnaries have been coded. Data analysis is scheduled for January-June, 1983, during which time I will be on a research sabbatical, and should generate 3-4 data-based papers. While these studies have not yet produced published articles, I have been active in presenting preliminary findings from all three projects at various professional meetings over the last year (American Psychological Association, Clinical Research, Society of Teachers of Family Medicine).

It is important to recognize that these three studies,while studying different populations and different disease entities, all emanate from the same theoretical framework on family coping, and all employ a similar research methodology. I am continuing to move toward greater specificity in planned future research, focusing more narrowly on coping processes in families of handicapped children. Evidence for this comes from my recent grant submitted to the Department of Education addressing this topic, as well as a pilot study scheduled to start in March on coping processes in families of developmentally delayed and atypical children. Abstracts of my three current research projects, as well as the grant proposal, are attached.

In summary, in my own estimation, I believe I have found my research bearings, through a long and complex process which was at least in part dictated by the confused academic nature of the field in which I am establishing my professional identity. An examination of my professional progress since my last evaluation in December, 1981 shows that, despite the fact that for 4 months of this period I was on maternity leave, I have actively pursued the above research interests. A summary of these activities is also attached.

At this point in my career, I have identified an area of theoretical and research investigation which simultaneously holds great personal meaning for me, and which I am convinced will make an important contribution to the field of family medicine, and to the way health care is implemented in this country. I am content to have the committee judge me on my past productivity and my future promise.

NOTE: A word about co-authorship is perhaps necessary. Out of a total of 24 published and 3 submitted journal articles, 18 of these are co-authored. Of these 18, I am first author on 12 articles, and second author on the remaining 6. In publishing, I have tried to follow APA guidelines for authorship, which emphasize that first authorship denotes primary responsibility for design, implementation, analysis and write-up of data-based work, and primary responsibility for theoretical contributions and writing of non-data-based work. However, it is true that in lengthy projects it is often difficult to designate primary responsibility, and I have also adopted the common practice of rotating authorships. On all articles listed on my vita, I have been intimately involved with every phase of the project, from initial inception to final execution.

BEHAVIORAL SCIENCE COORDINATOR: CURRENT & FUTURE RESPONSIBILITIES (PROJECTED)

I. Curriculum Development

A. Draft of curriculum

B. Philosophical premises

C. Content/process goals

D. Behavioral objectives for each course

II. Specific Courses - Residents

A. Wednesday afternoon resident case supervision (4 residents)

B. Evening group on interviewing techniques (4 residents)

C. Weekly "coping" group for 1st year residents (projected)

D. Thursday afternoon course - working with families (projected)

III. Resident Supervision

A. One half-day CCOC coverage

B. One half-day Building 9 coverage

C. Ongoing videotaping of all residents (projected)

IV. Faculty Training: Training physicians in group techniques (with Dr. Ellen McGrath)

V. Faculty/Resident Facilitation

A. Organize faculty retreat - April

B. Organize faculty/resident retreat - July (projected)

VI. Liaison with Mental Health, Psychiatry

A. Organize joint resident/mental health worker with afternoon series (projected)

B. Organize orientation meeting - June

C. Liaison with psychiatry

BEHAVIORAL SCIENCE COORDINATOR, continued

VII. Behavioral Science Noon Conference Series

A. Organize human sexuality conference series

B. Cross-cultural aspects of disease (projected)

C. Pyschosocial aspects of disease (projected)

VIII. Research

A. Assessment and evaluation (behavioral science curriculum)

1. Develop self-assessment questionnaire

2. Develop patient response measure

3. Develop videotape segments (patient/doctor interaction)

4. Videotape all residents interviewing patients

B. Doctor/patient interaction project

1. Review literature; write proposal

2. Develop coding instructions

C. Resident self-image (with Dr. Ellen McGrath), develop behavioral measures

1. Develop interview questionnaire, including stress items

D. Attitudes toward breastfeeding (with Dr. Dennis Mull)

1. Develop interview format with Lucille Lemus

E. Consultation to other faculty

1. Herbert Fendley, M.D. - Match analysis

2. Sally LeBoeuf, M.D. - Audits

IX. Committees

1. Committee on Status of Women (UCI)

2. Behavioral Science Curriculum Committee (Chair)

3. CCOC Committee on Social Work (Chair)

BEHAVIORAL SCIENCE COORDINATOR, continued

X. Writing in Progress

A. A Model for Application of the Behavioral Sciences in Current Health Care Systems: The Family in the Hospital

B. The Clinical Simulation: A Multidisciplinary Training Tool

C. Family Focus: An Experiment in Transitional Health Care

D. Self-Management Strategies for Women

E. Beyond Sex Roles: Toward a Human Liberation

XI. Miscellaneous Projected

1. Women's residents group

2. General course: Women and Health

3. Grand Rounds