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ALACHUA GENERAL HOSPITAL
FAMILY PRACTICE RESIDENCY PROGRAM
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Department of Community Health
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University of Florida
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October 4, 1989

Michael D. Prislin, M.D.
Department of Family Medicine
California College of Medicine
University of California
Irvine Medical Center
P.O. Box 14091
Orange, California 92613-4091

Dear Dr. Prislin:

This letter is in support of the promotion from Associate Professor to Professor of Dr. Johanna Shapiro. Dr. Shapiro is a recognized authority in the area of Behavioral Medicine in Family Medicine and clearly is worthy of the rank of Professor. She is known for her excellence in the areas of theory development, clinical research, and the development of educational programs for family physicians nationwide.

In the area of research, Dr. Shapiro's major projects have described family functioning and coping strategies related to illness episodes or specific disease processes, such as children with malignancies or developmental delays. She is of a particular brand of researcher who begins with a deep understanding of theoretical issues regarding complex phenomena, proceeds to well designed empirical studies, obtains results that help validate or invalidate important working hypotheses, and provides applications for clinical practice. Not only has Dr. Shapiro been productive in terms of the number of her publications, then, but the quality and relevance of her work is surpassed by few. Given that she is working between specialties, that of health psychology and family practice, this excellence in research is the more remarkable. She is nationally recognized in Family Medicine as a creative and competent researcher in the area of family dynamics and illness. In addition, she is known to be a theoretician of note and has published a substantial number of articles crucial to the theoretical underpinnings of Family Medicine. She is also known for her work in the area of educating medical students and residents and has produced both empirical and theoretical articles in this area.

In terms of academic faculty in clinical departments, it is essential that the clinician-teacher have well developed practice

skills to serve as a role model for students and residents. Among psychologists in Family Medicine, Dr. Shapiro is highly regarded as a superb clinician competent in a breadth of techniques encompassing skills from medical psychology, behavioral psychotherapy, and family therapy. Her ability to teach in the clinical area must be enhanced by her extremely well developed clinical skill base. Dr. Shapiro's teaching style includes highlighting cases from her practice and she is able to articulately portray essential dynamics and treatment approaches that are applicable to the work of family physicians. It is essential for academic teachers to have both an established research program and excellence in clinical teaching and Dr. Shapiro has clearly obtained both of these.

In summary, I would give her my highest recommendation for promotion to Professor. Please contact me if further information would be of assistance to you.

Sincerely,

Shae Graham Kosch, Ph.D.
Director of Behavioral Medicine
Department of Community Health &
Family Medicine, Box J-217, JHMHC
University of Florida
Gainesville, Florida 32610

SGK:cew

October 10, 1989

Michael D. Prislín, M.D.
Chair
Department of Family Medicine
University of California Irvine Medical Center
P.O. Box 14091
Orange, CA 92613-4091

Dear Dr. Prislín:

This is a letter of support for the advancement of Johanna Shapiro, Ph.D. to the rank of Professor. I have known Dr. Shapiro for the past eight years. During this time I have had the opportunity to read her papers, hear her presentations at regional and national meetings, and exchange correspondence and hold discussions on issues relative to our mutual interest in behavioral medicine. My observations suggest that Dr. Shapiro has made seminal contributions that are recognized at a national and international level. I feel Dr. Shapiro merits promotion to the rank of Professor.

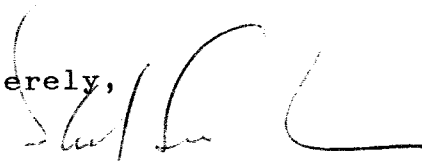
The discipline of family medicine has given emphasis to the clinical and research application of the biopsychosocial model. To advance the psychosocial component of the model, departments of family medicine have chosen colleagues from the field of behavioral sciences. Few behavioral scientists in family medicine have contributed in such a significant manner as Dr. Shapiro. She has demonstrated through her research and writings the interactional nature of stressors and resources in the doctor/patient relationship. Her studies have touched on both sides of the equation -- the stressors and resources of the physician, and those of the patient. Her respected commentaries have influenced many family medicine faculty to more appropriately address both physician and patient anxieties in the clinical encounter.

In addition to her clinical and research contributions, Dr. Shapiro has shown superior levels of involvement in the community, Department of Family Medicine administration, and in the affairs of the School of Medicine, University of California, Irvine.

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Michael D. Prislín, M.D.
October 10, 1989

The quality, extent, and uniqueness of Dr. Shapiro's contributions reinforce my belief that she is qualified for the rank of professor. Dr. Johanna Shapiro has my highest recommendation.

Sincerely,

A handwritten signature in dark ink, appearing to read 'G. Smilkstein', written over a horizontal line.

Gabriel Smilkstein, M.D.

GS/jp

The Bowman Gray

School of Medicine

Department of Psychiatry
and Behavioral Medicine
Section on Medical Psychology

September 29, 1989

Michael D. Prislin, M.D., Chair
Department of Family Medicine
University of California Irvine Medical Center
Orange, CA 92613-4091

Dear Dr. Prislin,

It is my great pleasure to respond to your request for a letter of evaluation for Dr. Johanna Shapiro. I have been associated with Dr. Shapiro since September, 1987 when I commenced a post-doctoral internship in the Department of Family Medicine under her supervision. My purpose in this training was to gain experience in a medical setting and to learn more about how psychologists can be involved in the education of physicians.

I did not know what to expect as I began work in the department, however had I known then what I know now of the quality of the experience I was to have during that year, I would have gone to great lengths to secure a position under Dr. Shapiro's tutelage. My work with her provided stimulation and opportunities far beyond what I could have hoped for. I regard this time as certainly the most enriching educational experience I have gained in my training as a psychologist.

My immediate responsibilities consisted of following Dr. Shapiro in the Family Practice clinic. Gradually the level of responsibility was increased until I was consulting independently under her supervision with residents, medical students, and attending faculty. Eventually I assumed responsibilities in the Behavioral Science rotation, teaching and providing more intensive learning experiences for the residents. We also began some collaborative work on a research project during this time which has resulted in an article being prepared for publication.

Among the most influential aspects of the training I received under Dr. Shapiro was the professional model she provided for me. Her interaction with residents demonstrated her skills in areas which are essential for excellence in teaching: she is an expert in her field which makes her eminently credible to residents; she is extremely sensitive to individual differences between residents, focusing on topics in which the resident feels need for greater familiarity while keeping in mind the requirements of the curriculum, and selecting her comments and feedback on what would be most helpful to a resident at that time; she shows genuine concern for residents in recognizing and addressing personal issues which surface during behavioral science teaching time that may interfere with resident's learning and functioning.

300 South Hawthorne Road, Winston-Salem, North Carolina 27103

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She has also been an intellectual model to me as a researcher/thinker in family medicine. Dr. Shapiro excels in the generation and development of ideas which have been significant in advancing family medicine as a respected and valuable discipline, particularly the meaning of the interaction between doctor and patient and in communicating the value of the perspective of behavioral science to residents. My discussions with her open up an entirely new world to me, that of primary health care with its implications for family mental health. Her familiarity with the literature has been invaluable in pointing me toward resources to expand and develop my understanding of the important issues.

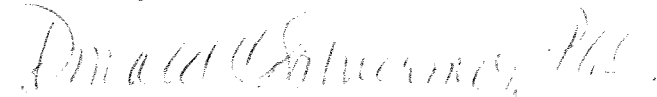
Probably the most important aspect of her modeling, however, was her ability to maintain a balanced perspective on her role as a psychologist working in a department of physicians. I believe that her effectiveness as a teacher and colleague rests on her unique ability to understand the complexities of relating to physicians and integrate herself into their world view without losing her identity as a psychologist. She has not been unduly burdened by the differences in training and status within the department between physicians and non-physician colleagues as evidenced by her long tenure in the department. Her expectations about what she can accomplish are realistic which allows her to function well in this environment. Yet she is forthright in asserting her teaching agenda and has been effective in influencing departmental policies.

Dr. Shapiro has shown a level of personal commitment to my growth as a person and as a professional that is rare among supervisors. She has helped me process significant personal issues which have arisen during my training in a way that provided the freedom to discover the meaning of such issues and move toward a deeper level of understanding of myself and my own role as an educator. It was through Dr. Shapiro's thoughtful, caring, and devoted guidance and her modeling of a successful psychologist and educator in family medicine that I was inspired to consider family medicine as a career. I can state without hesitation that would it not have been for her unflinching support, I would not have had the success I have had in my job search. As of September 1 of this year, I joined the faculty as a behavioral scientist at the Family Practice Residency at Bowman Gray School of Medicine in Winston-Salem, North Carolina.

In summary, Dr. Shapiro exemplifies scholarship, dedication, and caring of the highest caliber and distinction, and I heartily support her consideration for the rank of Professor.

I hope that this information will be helpful in your decision regarding Dr. Shapiro's promotion. If there are any questions you have or other areas you would like me to comment on, please feel free to contact me again.

Sincerely,



Donald C. Schiermer, Ph.D.
Instructor, Family and Community Medicine

DCS:bf

CENTER FOR COGNITIVE THERAPY

Christine Padesky, Ph.D.
Director

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COPY

September 29, 1989

Michael D. Prislin, M.D.
Chair, Department of Family Medicine
UCIMC
PO Box 14091
Orange, CA 92613-4091

Dear Dr. Prislin:

It is my understanding that Johanna Shapiro, Ph.D., is under consideration for advancement to the rank of Professor. You asked me to present my analysis of her work and her assistance to me, and to comment about her teaching ability and University service.

My interactions with Dr. Shapiro were in two major areas while I was as a psychology graduate student at the California School of Professional Psychology in Los Angeles, CA. From March through August 1985, Dr. Shapiro was my clinical supervisor in my psychology pre-doctoral internship at the UCIMC Family Medicine Clinic. Secondly, in 1988, she served as an active member of my dissertation committee. My comments are derived from those interactions.

I had a strong interest in working with a broad spectrum of clientele (i.e., other than seeing clients who were referred specifically due to psychotic episodes or periods of acute distress) and my placement in the Family Medicine Clinic offered me exposure to clients who found their way to psychotherapy through a wide variety of pathways. Dr. Shapiro was instrumental in teaching me ways of understanding the experience of the medical resident and learning to bridge the language and perceptual gaps that frequently interfered with effective communications between the medical and psychological communities. She kept a clear focus on the ultimate purpose of our services (both as physicians and psychologists) -- that of accurately identifying and addressing the needs of our clients. I found her able to understand my theoretical framework of psychopathology and able to interject other viewpoints that opened me up to a greater understanding of the client, the client's problems, and as a result, meaningful ways to intervene.

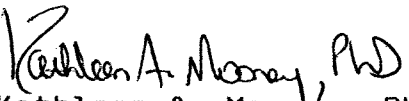
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This training experience was valuable as a result of the direct contact I had with Dr. Shapiro and especially valuable in the many indirect contacts I had as a result of her impact on the medical residents. For example: residents frequently grappled with their frustrations over patients who had no identifiable physical ailments. Because of the impact Dr. Shapiro had on them as a teacher, guide, and role model, numerous opportunities were available for me to follow-up on the work she initiated. This provided an enriched and in-depth training experience for me. Her ability to cope with stubborn residents (both the psychological and medical kind) with humor, professionalism, and a thorough knowledge of her field allowed many of us the freedom to recognize our biases. At the same time, her insistence on the importance of being mindful of and responsible for our actions and inactions with patients required many "students" to painfully examine their "bedside" manner. This I believe is one of the hallmarks of an educator: to show us the breadth of our field, to enable us to think and laugh, and to stretch us to extend our knowledge and abilities -- to be methodically asking questions and systematically searching for answers.

Approximately three years after my Family Medicine training experience, I asked Dr. Shapiro to sit on my dissertation committee. Again, she displayed an ability to process vast amounts of information without wasting time on irrelevant points. She choose her comments and criticisms thoughtfully and in critical and key areas. Dr. Shapiro pointed out the strengths and weaknesses in my proposal with the straightforwardness and clarity that highlighted my experiences with her in family medicine. Her responses allowed me to work within the framework I proposed and at the same time, prodded me to look beyond my perspective and consider broader viewpoints.

It would be speaking out of my area of experience with Dr. Shapiro to comment on her many publications and presentations for I do not know them in great detail. I would like to comment, however, on what I believe is the invaluable contribution she has made and is making to the UCI community. What I feel Dr. Shapiro represents is a valuable blend of academic excellence and thoughtful research with a socially and ecologically relevant approach to the training of medical residents and psychological interns who will impact the quality of many human lives. Through her insistence on understanding the many faces of the human condition, she offers us the ingredients we need to become compassionate scientists and healers. I believe this ongoing contribution is worthy of your highest honors.

Sincerely,


Kathleen A. Mooney, Ph.D.
Associate Director
KAM:nmm

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CENTER FOR COGNITIVE THERAPY

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CHRISTINE A. PADESKY, Ph.D.
Director

KATHLEEN A. MOONEY, Ph.D.
Associate Director

May 25, 1990

Johanna Shapiro, Ph.D.
Professor
Department of Family Medicine
UCIMC
PO Box 14091
Orange, CA 92613-4091

Dear Johanna:

Congratulations! One of your traits that impressed me from our initial meeting and through these last five years of intermittent contacts is your "professional responsibility to the next generation of psychologists" (as you said in your letter to me). I was thrilled to be part of this process of recognition of your many contributions. Thanks for asking me.

Knowing you and working with you certainly has enriched my professional career. Several of the statements I made to Dr. Prislin describe your impact on me: "to show us the breadth of our field, to enable us to think and laugh, and to stretch us to extend our knowledge and abilities -- to be methodically asking questions and systematically searching for answers....Through her insistence on understanding the many faces of the human condition, she offers us the ingredients we need to become compassionate scientists and healers."

I hope you are able to have a relaxing, peaceful summer now that this long, arduous process is over. Congratulations for a well deserved promotion. Hurrah!

Sincerely,



19101 Croyden Terrace
Irvine, CA 92715
September 26, 1989

Michael D. Prislin, M.D.
Chair, Department of Family Medicine
California College of Medicine
University of California Irvine

Dear Dr. Prislin:

This letter is written in response to your letter of September 7, 1989, requesting my evaluation of Johanna Shapiro, Ph.D. who is under consideration for promotion to the rank of Professor. There are two major areas that I feel qualified to address: one is the Psychology post-doctoral internship in Behavioral Science; the other is the medical residents' program in Behavioral Science in Family Medicine.

During the past year, in which I have been Dr. Shapiro's Behavioral Science post-doctoral trainee, I have been privileged to work with someone who bridges the gap between research and clinical application. Reading several of Dr. Shapiro's journal articles in the area of Health Psychology had prompted me to apply for this position with her. She is the heart of the Behavioral Science program in the Department of Family Medicine and provides the post-doctoral intern with a balanced perspective, support and inspiration. She teaches, as many of the great teachers do, by example. Thus, she transcends the function of supervisor to that of role model and, indeed, mentor. In our weekly supervisory meetings, she has provided me not only with definition and direction, in the not always easily delineated field of Behavioral Science within the medical setting, but has generously shared her years of accumulated wisdom in psychology with me as I have proceeded to interact with residents, patients, staff and attending faculty.

Weekly supervision with Dr. Shapiro has enabled me to understand and, in some measure, to try to emulate her incredible communication skills, her ability to resolve conflict, to diffuse complex, potentially damaging situations. I can only hope to learn and acquire these over time, but I know that I have been instructed by an expert.

The training program in Behavioral Science in Family Medicine that Dr. Shapiro has designed for the post-doctoral trainees combines both a stretching zone and a comfort zone: stretching into newer fields; comfort in that she is always available for consult should any major problems arise. She has initiated and structured a multi-faceted program for post -doctoral psychology interns as they interact with family medicine residents. The program involves both learning and teaching modes: counseling clinic (co-therapy with residents); teaching clinic (instructing

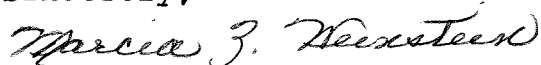
residents in various behavioral science in medicine issues); patient-resident observations; in-patient rounds and psychotherapeutic follow-up with selected patients as they return to clinic, thus providing continuity of psychotherapeutic support.

Dr. Shapiro's attitude toward post doctoral trainee supervision maximizes learning, professional growth and confidence. Neither excessively structured nor laissez faire, she treads a flexible middle path, providing supervision where needed and maintaining her distance where appropriate. Her confidence in her trainees gives them confidence in themselves. The gradual realization that one's skills and sense of job satisfaction have taken a giant leap over time is unquestionably due to her influence and guidance and, most centrally, to her vision of the integral nature of Health Psychology in the medical setting. Dr. Shapiro provides the milieu for one to thrive and develop within an interdisciplinary field.

In my opinion, the Behavioral Science program's greatest benefits are in increasing the sensitivity of physicians- in-training (both residents and medical students) to the psychological problems found in medical practice: learning to perceive hidden psychological messages from patients who come in with somatic symptoms; learning to address psychosocial and familial aspects of patient care; discerning when to refer patients for more extended mental health services; examining the patient's support network; becoming more aware of the kinds of services that are available; learning to recognize the manipulative patient and knowing how to react appropriately; monitoring the physician's own impact on the patient's well-being; developing a style of interacting with patients which takes into account the whole range of influences surrounding the individual. It is to the benefit of the entire department, its residents and medical students to have such a forward-looking program that integrates the medical and "psychological" areas of patient care. Dr. Shapiro has created and sustained such a program.

Sometimes, in a setting which centers on individuals in both physical and emotional pain, a professor's qualities as a human being are ironically overlooked. These attitudes filter down to residents and students by example. Dr. Shapiro represents the highest vision of her profession as well as the highest qualities of a human being. Her influence will remain with many Family Medicine residents years after they have left UCI.

Sincerely,



Marcia Z. Weinstein, Ph.D.
Post-doctoral intern in Clinical Psychology,
Behavioral Science in Family Medicine Program