

September 11, 1989

SUMMARY OF RESEARCH AND PROFESSIONAL ACTIVITIES  
Johanna Shapiro, Ph.D.

RESEARCH AND CREATIVE ACTIVITY

Impact on Field of Research

There are two major areas in which I have made scholarly contributions: 1) Parental coping with chronic childhood illness 2) the interface of behavioral sciences with family medicine, especially as it impacts the doctor-patient relationship.

1. Parental coping

Twelve years ago, when I first joined the department, family medicine was just beginning to attempt to clarify its relationship to the psychological discipline of family therapy; and was also just beginning to contemplate a transition from purely clinical activities to developing a substantive research component. My research in the area of family coping became a part of a burgeoning effort within family medicine to encourage research with a specifically family focus. As a psychologist with background in family therapy, I was uniquely positioned to bring insights from this perspective to the world of clinical medicine, and vice-versa. Thus, both my theoretical work and data-based, empirical investigations have contributed to the literature by emphasizing a truly family-oriented approach in family medicine research.

My second contribution in this area lies in having helped to introduce a cross-cultural perspective in investigating family functioning from a family medicine perspective. Much of my research and clinical work has been done with Hispanic families, until recently a somewhat neglected study population. With the changing demographics of American society, this dimension has assumed increasing importance in primary care medicine.

Finally, I have examined and contributed to the coping literature not from a social psychological perspective, as has been most prevalent, but from an applied clinical reference point. This has been particularly significant in creating a bridge between a clinical science such as family medicine and the more abstract, theoretical propositions of social psychology. Thus, I have been able to address questions in the field of coping of particular relevance to physicians and nurses.

As evidence of these contributions, I would cite the reprinting of two major articles on coping in nursing textbooks; regular requests for use of my articles on coping in undergraduate and nursing courses; and requests for copies of my articles on coping both

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within the U.S., as well as from countries in Eastern and Western Europe and Latin America. Other evidence includes being hired as a research consultant on this topic by both the University of Texas School of Nursing, and a March of Dimes grant held by a professor at the UC Riverside School of Education. This latter project resulted in a training video to be used with resident physicians and medical students. For the past 6 years, I have also served as a clinical consultant to the Irvine Children's Educational Center, a nonprofit organization which works with developmentally delayed children and their families. Finally, my selection as a specialized reviewer on this topic by several professional journals, as well as invitations to review books in the area of coping, attest to recognition of some degree of expertise.

## II. Interface of Behavioral Science and Family Medicine

A second area of major expertise is the integration of behavioral science theory and techniques with the specialty of family medicine. Here too my role has been primarily one of helping to define a nascent sub-field within family medicine. My theoretical writing has articulated some of the major issues confronting the interface of these two disciplines, and my research has addressed several of these issues. For example, I was one of the original people to examine the role of the behavioral scientist in academic medicine. Subsequent work has focused on how the knowledge, attitudes, and perspective of social science can best be transmitted to physicians-in-training.

As evidence of contributions in this area I can point to being chosen as the keynote speaker at the Behavioral Sciences Forum of the 1988 Society for Teachers of Family Medicine Annual Convention; and an invited speaker at the 1988 and 1989 STFM Family in Family Medicine Conference. Because of my behavioral science expertise, I have also served as program reviewer for the annual STFM Conference on the Family. I am regularly contacted by behavioral scientists from other family medicine programs seeking guidance about their work in family medicine. One researcher at the University of Wisconsin is currently studying the applications of parallel process theory to the teaching of family medicine residents; this is a concept which I was instrumental in introducing to academic family medicine and am also researching.

## Discussion of Articles at Present Rank

Overall, I have published 40 articles in peer-reviewed journals, and of these, 13 have been published or have had accepted for publication at the associate professor step III level (1987-1989). The primary thrust of these articles has been in the field of family coping (see CV, #s 29, 32, 33,34; and accepted #3), and in

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the interface of behavioral science and family medicine (#s 30, 31, 35; accepted #s 1,2,4,5). In the first area, I have produced 1 theoretical article, one clinical article, and 3 data-based articles. I have attempted both to overview the area of parental coping interacts with the doctor-patient relationship (#33), and to examine in an empirical fashion specific aspects of coping: a) relationship of parental communication to depression (#29); b) impact of support group participation on maternal depression and stress (#34); c) relationship of parental depression and prejudice to child adjustment (accepted #3).

In terms of behavioral science and family medicine, my published articles at this level include 5 theoretical works, 1 clinical and 1 empirical. In the theoretical writings I have attempted to raise significant challenges to both family medicine and behavioral science including: 1) the changing role of the behavioral scientist in family medicine (#31); 2) the directions for interdisciplinary research in family medicine (accepted, #4); 3) a systems analysis of family medicine (accepted #5); 4) the application of the analytic concept of parallel process as a method of resident training (accepted #2). The clinical article examines the issue of emotion in the doctor-patient relationship (#35), and the empirical investigation explores resident psychosocial performance in clinical interactions (accepted #1).

#### Professional Presentations

I have made a total of 33 presentations to professional organizations at the local, regional, and national level. At my current rank, I have a total of 12 presentations at professional meetings in family medicine. These presentations have represented both areas of academic interest discussed above. Presentations have been both of an applied clinical and research nature, and have been consistently well-received.

#### Relationship of Scholarly Work to Field/Creativity, Significance

My work in family coping is related to work by Ransome, Doherty, and McCubbin because it a) examines family coping within the context of health and illness b) takes an applied clinical research perspective. Its primary creativity and originality may be found in a) its cross-cultural dimension b) the examination of physical rather than mental disability c) the inclusion of the physician perspective. At the broadest level, the intent of this research is to provide physicians with practical information about how to help families cope with disabling and lifethreatening illness.

My writing in the area of behavioral science extends the work of

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major theoreticians such as Doherty, Glenn, and McWhinney, and attempts to address questions which lie at the core of family medicine as a field. This endeavor is significant in that it contributes to a clearer definition not only of the relationship of behavioral science to family medicine, but of the field of family medicine itself. It is my hope that by bridging the gap between the social sciences and clinical medicine, and by studying how psychosocial perspectives and techniques can best be integrated into clinical practice, the quality of medical care can be significantly improved.

#### Work in Progress

Work in progress continues to focus on the two areas described above. My colleague (Michael Winkelman, Ph.D., Arizona State University) and I have just completed an investigation looking at the effects of parental coping on psychosocial adjustment in physically disabled Mexican children. Future work in this area will include particular attention to attribution of meaning as a variable to be more closely defined; and factors which lead to a positive doctor-patient relationship in such situations. Whereas previously work has focused on a pediatric populations, future research will examine issues in family coping with a geriatric population as well.

In the area of behavioral science, I will continue to help refine the role of behavioral science in family medicine on both a theoretical and a data-based level. Work in progress includes interviews with family physicians and behavioral scientists addressing this issue (Yves Talbot, M.D., Mt. Sinai Hospital, Toronto); a survey of residency graduates in family medicine to identify areas of strength and weakness in behavioral science training; an assessment of resident psychosocial skills in clinical situations (Don Schiermer, Ph.D., Bowman-Gray School of Medicine). I am also conducting an exploratory study attempting to operationalize from an empirical perspective parallel process concepts relevant to resident supervision.

#### FUNDING

American Academy of Women Physicians Research on psychosocial implications of pregnancy in women residents	1979-1981	\$ 2,000
March of Dimes Research on Mexican families with physically disabled children	1981-1982 1983-1984	\$ 6,000 \$ 8,000
AHEC Research on behavioral science training of residents	1985-1986 1987-1988	\$12,000 \$14,000

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#### MEXUS

Research on Mexican families with physically disabled children	1985-1986	\$ 6,000
March of Dimes Consultant		
Preparation of training videotape on multihandicapped children/families	1985-1987	\$ 5,000

#### MRES

Research on utility of parallel process model for resident supervision	1989-1990	\$ 2,000
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#### EXTRAMURAL REFEREES

Howard Stein, Ph.D. (full professor, medical anthropologist, Department of Family Medicine, University of Oklahoma)  
Yves Talbot, M.D. (Chair, Department of Family Medicine, Mt. Sinai Hospital, Toronto)  
Gabriel Smilkstein, M.D. (William Ray Moore Professor, Department of Family Medicine, University of Louisville)  
William Rodney, M.D. (Chair, Department of Family Medicine, University of Tennessee)  
Donald Bloch, M.D. (Editor, Family Systems Medicine; full professor, Department of  
Michael Crouch, M.D. (associate professor, Department of Family Medicine, University of Louisiana)  
John Frey, M.D. (Editor, Family Medicine; full professor, Department of Family Medicine, University of North Carolina)  
Shae Kosch, Ph.D. (associate professor, Department of Family Medicine, University of Florida)  
Don Ransome, Ph.D. (full professor, Department of Family Medicine, University of California, San Francisco)  
Dona Harris, Ph.D. (full professor, Department of Family Medicine, University of Utah)

#### TEACHING

##### Courses Taught

I teach two 2-hour seminars weekly during the course of the year. The first is a course on Family Dynamics, and includes introduction to basic concepts in family structure and dynamics, life-cycle development, overview of major family therapies, examination of relevant approaches to working with families for family physicians, and consideration of issues facing families responding to major health crises. The second course is on the Doctor-Patient Relationship, and examines such issues as the difficult patient, resident stress, and both psychoanalytic and systemic conceptualizations of the dynamics between doctor and patient.

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### Clinic Precepting

In addition, I am involved in approximately 8 hr./week of behavioral science clinic precepting during the course of the year. This tutorial-type teaching emphasizes transmission of psychosocial interviewing skills to the resident, and guidance in psychosocial management of common patient problems such as depression, anxiety, and stress.

Total teaching load for the past 12 years has been approximately double that of most line-appointment faculty.

### UNIVERSITY SERVICE

#### Contributions to Department

I am vice-chair for academic affairs of my department, chair of the Committee on Academic Development, and a member of the personnel action committee, which reviews faculty appointments and promotions. As such, I play a leading role in the academic development of the department. As director of the department's behavioral science program, I supervise one half-time psychologist and one half-time social worker, as well as one post-doctoral and one pre-doctoral psychology trainee. In this capacity, I have responsibility for design, implementation, and evaluation of the training program in behavioral sciences.

I am also involved in the residency program through my service on the Resident Review Committee, and the Resident Applicant Committee. I also spend approximately 2 hours per week serving as an informal advisor to residents.

#### Contributions to the College of Medicine

I have served the College of Medicine in several ways. I have served on various committees, including the Allied Health Committee (1979-1981), Promotions and Honors (1984-1987), and most recently the Hospital Bioethics Committee (1988-current). As part of my duties on this latter committee, I am chair of the Ethics Subcommittee on Education, and was responsible for organizing a major UC Hospitals Bioethics Conference, held at UCI in January, 1989. I have been a regular interviewer of medical student applicants, a member of 3 faculty search committees, a small group leader for the Ethics Undergraduate course (1988-1989), and a participant in the 1989 OSCE exam.

#### Contributions to the Campus

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I have served on the Representative Assembly, 1985-86, and 1988-89; and was also a member of the Academic Grievance Panel (1985-1987). I am an active member of the Women Faculty Association.

#### Contributions to the Community

I have served as a volunteer respite worker for families with developmentally delayed children. Through the UCI Speaker's Bureau, I have made several community presentations on the topic of family coping. I currently volunteer time to write a monthly column for the Temple Beth El newsletter.

#### PROFESSIONAL COMPETENCE

I am both a licensed marriage/family therapist and licensed psychologist in the state of California. I belong to numerous professional organizations, including the Society of Teachers of Family Medicine and the American Psychological Association. I have been elected Diplomate of the International Academy of Behavioral Medicine, and a Clinical Member of the American Association of Marriage and Family Therapists. I am a regular reviewer for six professional publications. I have been a regular consultant for the Irvine Children's Educational Center since 1982. For the past 3 years, I have also served as supporting faculty for the Psychology Division of the UCI Department of Psychiatry and Behavioral Sciences. In that capacity I have been involved in the Division's accreditation process for an APA-approved psychology internship program, and have supervised both pre and post-doctoral students in conjunction with this program.