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Letter from the Editor

Dear ISBM Members,

I hope most of you are enjoying the academic mid-year break and will be able to flip through this issue of the newsletter at your favourite beach, in the beautiful countryside, or at home with your loved ones! In Switzerland, people increasingly spend these months in the Alps or in other countries with plenty of green and blue spaces, such as Norway, Sweden, or Denmark. While various personal reasons may underlie these choices, they are certainly in line with the accumulating research attesting to the beneficial effects of nature on human health.

Our President, Kerry Sherman, has also followed this path and summarised the most recent developments within our society as she visited Northern Europe. Please go to [page 3](#) to learn more about our upcoming conference in Vienna as well as Kerry's intriguing thoughts on how the Olympics might inspire our behavioural medicine community. As always, I also highly recommend reading Sherri Sheinfeld Gorin's [update](#) on our society's finances. While Kerry's term as President has just begun last year and Sherri will, luckily, be still with us for a while, sadly, we need to say goodbye to the Editor-in-Chief of our beloved journal, the International Journal of Behavioral Medicine (IJBM). Michael Hoyt's [final letter](#) is further proof of his extraordinary service to the IJBM over the last six years and his many achievements in this role (e.g., recruiting new Editorial Board Members, creating new awards, and launching special issues). Luckily, he will continue to contribute to the ISBM in his new role as President-Elect!

This issue will also be the last one I will be responsible for as Newsletter Editor. I cannot overstate how thoroughly I have enjoyed working with all of you in the past four years and how grateful I am for the many inspiring encounters I was gifted with in this role.



One of the greatest privileges was that I was able to interview several luminaries in behavioural medicine. I am particularly happy that, for this last issue, my mentor, Ulrike Ehler, a pioneer in Women's Health, has agreed to talk to me about her career and behavioural medicine more broadly. I highly recommend reading her [advice](#) to young researchers (and their mentors!). Another highlight for me was that I was able to pick the brains of leaders in our field on some of the most pressing global challenges of our time (please refer to [page 15](#) to read up on their latest work on air pollution). I really think that behavioural medicine holds the answers to so many of the complex health-related questions of our time and feel extremely proud to be part of this community. Finally, it is great to see that the Newsletter continues to evolve. In this issue, our President introduces a new feature, in which she will interview our member societies. Her first interview partners are Caitlin Liddelow and Chris Kilby from the Australasian Society of Behavioural Medicine. I was impressed by the innovative ways in which this society cares for its students and early career researchers and urge you to the full interview with Caitlin and Chris [here](#) or check out the video recording [online](#).

It is said that the Swiss have invented home sickness, so I am already looking forward to a scientific "homecoming" at the ICBM 2025 in Vienna after my leave, and to seeing you all again! Until then, stay cool/warm!

Susanne Fischer, PhD
Editor of the ISBM Newsletter





Letter from the President

Dear colleagues and ISBM Member Societies,

I am writing this newsletter on an unseasonably very cold winter's day in Sydney. I hope those of you living in the northern hemisphere are enjoying balmy summer weather. I've recently had the pleasure of spending some vacation time in northern Europe and was humbled by awe inspiring scenery and soaring mountains (the latter of which are largely absent in my home country, Australia). I have included one of my favourite photos from these travels.



Since last writing to you there has been a lot going on behind the scenes in ISBM. Organisation and planning for the 2025 International Congress of Behavioural Medicine is well underway. I would like to introduce to you two key people who are leading the 2025 congress organisation – Prof. Urs Nater, Chair, Local Organising Committee (University of Vienna, a previous ISBM President) and Prof. Dawn Wilson-King, Chair, Scientific Program Committee (University of South Carolina). Both Urs and Dawn have very strong committees of dedicated people working with them to make ICBM 2025 a success. The congress theme 'Advancing Global Health Equity through Science, Education and Advocacy' very much reflects the multiple roles and breadth of research within the ISBM community. Our excellent invited speakers will be addressing different aspects re-



lated to the quest for global health equity. Make sure you keep an eye out for the abstract submission announcements that will be made shortly. Please visit the congress website for the full details (<https://icbm2025.com/>).

I would like to take this opportunity to sincerely thank two special members of our ISBM community. After many years of extraordinary, dedicated service as the Editor-in-Chief of our very own journal, the International Journal of Behavioral Medicine, Michael Hoyt is stepping down. The journal has continued to grow and flourish under Michael's guidance, and I look forward to working with Michael in his role as ISBM President-Elect. We will introduce the new journal Editor-in-Chief shortly. Sadly, we are saying farewell to our Newsletter Editor, Susanne Fischer. During her time in this role, Sue has brought to the newsletter a personal touch, with good humour and dedication. I want to wish Sue all the very best in her next endeavours and look forward to catching up at ICBM2025. I am also very pleased to announce the first of a new initiative, which is a series of interviews I am conducting with our Member Societies. The idea of these interviews is to help our diverse international community get to know each other a bit more. My first interview was conducted with the leadership (Dr Caitlin Liddelow - President and Dr Chris Kilby - Past President) from ASBHM, my home society. I encourage you to watch and listen to this [interview](#) to hear about the activities and aspirations of this society.

Last of all, the Olympic Games have just finished and I very much enjoyed the displays of excellence, courage and camaraderie that comes to the fore during these games. In many respects, I encourage us as researchers to emulate these qualities in our mission to improve the health and wellbeing of our local and global communities.

All the very best

Kerry Sherman, PhD
President of the ISBM





Letter from the Editor in Chief of IJBM

Dear ISBM Members,

It is with a mixture of emotions that I write this final letter as Editor of the International Journal of Behavioral Medicine (IJBM). The past seven years in this role have been a journey of immense personal and professional growth and privilege. I am deeply grateful for the opportunity to have served in this role and to have been part of such a dynamic and dedicated community.

First and foremost, I want to extend my heartfelt thanks to each of you, our esteemed [Associate Editors](#), whose commitment and expertise have been the backbone of IJBM. Your unwavering support and tireless efforts in shaping the journal's content and direction have been invaluable. It has been a privilege to work alongside such talented individuals, and I am immensely proud of what we have accomplished together. Likewise, I thank our [Editorial Board](#) and many reviewers who answer our call time and time again. I thank all of them for their service and collegiality.

I look forward to continuing to serve ISBM in new ways. As President-Elect of ISBM, I am excited to continue advocating for the advancement of behavioral medicine on a broader scale. I look forward to new opportunities to collaborate with you all and to further contribute to our shared mission of promoting health through behavioral medicine research and intervention.

I am delighted to share with you the exciting recent developments at IJBM. Our recent publication of the [special issue](#) on "Social Isolation and Loneliness in Acute and Chronic Illness" marks a significant milestone for our journal and the field at large. This compelling special issue was edited by Drs. Allison Marziliano and Michael Diefenbach and is now available online as Volume 31, Issue 3. It underscores the critical importance of addressing social isolation and loneliness in the realm of behavioral medicine. As highlighted by recent declarations from the US Surgeon General and the World Health Organization, these issues are increasingly recognized as epidemics and significant threats to human health.

The collection of fourteen original papers in this special issue reflects a global perspective, with contributions from researchers across Western and Eastern Europe, Africa, North America, and Australia. These studies explore the intersections of social isolation



and loneliness with chronic illnesses such as cancer, cardiovascular disease, and autoimmune disorders. They emphasize the pivotal role of behavioral medicine in advancing our understanding and developing effective interventions for these complex health challenges. I encourage all members of the ISBM community to delve into this special issue. It not only showcases the latest research findings but also serves as a catalyst for ongoing dialogue and collaboration in tackling social isolation and loneliness from diverse perspectives.

We are also currently in the final stages of preparing our forthcoming special issue titled “Advancing the Science of Behavioral Medicine: Meta-Analyses and Foundational Reviews”, slated for publication in 2024. This special issue, spearheaded by Drs. Chun-Qing Zhang, Ren Liu, and I, holds particular significance as we approach the 30-year anniversary of IJBM. We launched this special call to commemorate this milestone and to highlight groundbreaking research that advances the field of behavioral medicine. The issue will feature a collection of meta-analyses and foundational reviews that critically examine and synthesize existing knowledge across various domains within behavioral medicine. These contributions are poised to provide essential insights, consolidate evidence, and inform future research directions in our field.

And, as always, don't forget to join us on Twitter (X) at @IJBMed

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





Update from the Finance Committee

Dear ISBM Members,

Why do finances matter? Our ISBM mission is to “serve the needs of all health-related disciplines concerned with the integration of psychosocial, behavioral and biomedical sciences.” Healthy finances support this mission.

We continue to work with the EC—especially our treasurer, Beate Ditzen-- the Board, and ICS to continue to monitor and control our financial performance. Since our last update, we are amidst confirming our contractual relationship with ICS, our management organization, for the coming year. In particular, this contract specifies more frequent reporting of our overall financial statement. More frequent reporting will enable us to both effectively review and control our finances, alongside the regular reporting of the Key Performance Indicators (KPI's).

As reported in previous newsletters, with the help of ICS, we have secured incorporation, non-profit status, and a bank account in the US. We have been filing our US taxes as a non-profit organization year-by-year, through our accountants; while we do not owe any taxes, we are required to file yearly through the US Internal Revenue Service. Through our new contract with ICS, we have also increased our ISBM control over the bank funds. These provisions increase the security of our organization's funds in pursuit of our mission.

As Finance Chair, I have been working with the apt Local Organizing Committee for our forthcoming ICBM2025 in Vienna, alongside Kerry Sherman, our current president, and Urs Nater, our former Vienna-based president, and ICS. My primary role on the Committee has been to offer advice on the budgeting for the conference, so that we use our funds most efficiently.

In addition, as I have for several previous ICBM conferences, for ICBM 2025, I am leading a workshop subcommittee to the SPC with members Allison Marzillano, Chris Kilby, and Elizabeth Sarma. Workshops are an important offering of ICBM 2025, increasing the reach of the conference, and adding some financial offsets to our conference costs. More on the call for workshops shortly, and on the exciting forthcoming ISBM 2025 in Kerry Sherman's letter.



Your member society dues are an important source of funds for our ISBM, so we look forward to working with you to strengthen your local societies. Please respond quickly and fully to our ISBM invoice to your Society. The forthcoming Vienna conference is central to our scientific and financial growth, so we look forward to seeing you there!

Sherri Sheinfeld Gorin, PhD, MS, FSBM
Chair of the ISBM Finance Committee



Meet the Australasian Society for Behavioural Medicine

With ISBM being a global organisation, it can sometimes be difficult to get to know the people from all of our member societies. To this end we have a new initiative - the “Meet the Member Society Interviews”. Kerry Sherman, ISBM President, will be interviewing the leadership of several of our ISBM Member Societies. To start, Kerry has interviewed Caitlin Liddelow (President) and Chris Kilby (Past-President) of the Australasian Society for Behavioural Health and Medicine (ASBHM). They talk about the current activities of ASBHM and their vision for the future of the society. Click [here](#) to watch the videorecorded interview.

Dear Caitlin, dear Chris, thank you very much for agreeing to be interviewed for the first part of our new series. So, the first question I would like to ask you is: What is ASBHM?

Caitlin Liddelow: Thank you, Kerry, for interviewing us today! So, ASBHM is the Australasian representative of the ISBM. We represent Australia, New Zealand, and some of the islands in between, such as Fiji or Samoa.

What are the activities of ASBHM with which you are most proud?

Chris Kilby: One of the things I am really proud of is a more recent initiative. Last year, we started up a seed funding initiative, which was a 10,000 AUD grant, that was designed to bring together new research groups within Australia that were in the behavioural medicine space. The aim of this grant was to solve new problems in Australia. We saw many new teams form for the application process. The recipient of the grant was a group looking at lung cancer screening decision making in First Nations people.

And do you have any updates on the project at this stage?

Chris Kilby: They paperwork has now been sorted and the last thing I heard was that they were getting ready to get out to rural Australia to get things started.

Caitlin Liddelow: I am sure we will get an update at one of our upcoming conferences. This is also something that we are really proud of here at ASBHM. We hold an annual conference somewhere in Australasia. This year, we had ASBHM 2024 in Adelaide, South Australia, and next year it will be at the Gold Coast. Every time we hold a conference, we get feedback about what a supportive environment it is. Our conferences sometimes bring together up to 100 individuals from all around Australia and New Zealand. They bring together different disciplines as well as researchers and practitioners.



This is one of our main goals moving forward, to bridge the gap between research and practice.

Fantastic! And you mentioned how you have a lot of students come to the conferences. Are there any specific activities that the students at the conferences?

Chris Kilby: I think ASBHM prides itself on how it supports our students and ECRs, really the next big names in behavioural medicine. One the first night, there is usual a student social event, a dinner and activities. This really helps students who do not know anyone at the conference to find someone to spend the rest of the conference with. They also get opportunities for mentoring, often with our keynote speakers. We have discounted student rates to access the conferences. But even outside the conferences we are still doing work with our student members. We have an initiative called peers connect. This is two students who stand as representatives on our executive committee and provide student perspectives on the discussion matters of ASBHM. They also lead a sub-committee, which usually consists of four to five students and ECRs from across Australia. This gives them those leadership skills in the scientific space, being able to set their own objectives and deliver on them, one of which is regular workshops that are done online, where the students are reaching out to the experts themselves. This is a fantastic networking opportunity, but it also gets ASBHM's name out to these experts.

And if I am correct, both of you have come up through the ranks in ASBHM, which really goes to show what a supportive and incremental programme it is.

Caitlin Liddelow: Absolutely, and again, we get so many kind words and feedback from students saying what a welcoming environment it is.

Great! Well, I have one more question for you. If you think ten years from now, where would you like to see ASBHM, where would you like it to be?

Caitlin Liddelow: One of the main goals that people in academia hope for is to be more involved in advocacy within government. Particularly in Australia, there is not that much consultancy between researchers and government, compared to other countries such as the United Kingdom. This would be something that ASBHM would hope to do. I know it is a very high goal, but this is something that would be mutually beneficial for governments and ASBHM.



Chris Kilby: Personally, something that I would like ASBHM to grow into is a greater collaboration with other behavioural medicine societies within our region, but also beyond. But also going beyond societies, even just looking at other universities or industry partners that ASBHM can begin to work with. Looking at some of the islands in the Australasian area, there are some fantastic places there that we can really create connections with. I would really love to see that expand in the next ten years.

Caitlin Liddelow: Yes, building those collaborations within ASBHM, so we can have cross-cultural, multi-location research. Some ways we have thought of doing this is providing travel scholarships for individuals from these countries to come to an ASBHM conference, hosting online webinars that perhaps are more easily accessible and are of interest to our friends in our neighbouring countries. We have some things we are actively working on to achieve this goal, so stay tuned!

Sounds very exciting! So, is there anything else that either of you wanted to add?

Chris Kilby: I think maybe there is one other goal for ASBHM over the next ten years, which is to try and increase the connections between our researchers and practitioners. At least in Australia, a researcher-practitioner gap exists. ASBHM stands as a fantastic opportunity to try and bridge that gap directly. As we are seeing more and more practitioners attend our conferences, we are seeing those collaborations happening, we are seeing that sharing of information happening. So, that is something I think we should continue to promote within ASBHM over the next ten years.

Thank you both, it has been wonderful hearing about ASBHM and I am looking forward to seeing where ASBHM is in the next ten years!

For more information on ASBHM, click on the logo below



Luminaries in behavioural medicine – Ulrike Ehlert

This series is dedicated to researchers who have made outstanding contributions to the field of behavioural medicine. I am ecstatic that this issue will feature Professor Ulrike Ehlert of the University of Zurich, a distinguished international expert in stress research and Women's Health, who has shaped the field of behavioural medicine since its very origins.

Dear Professor Ehlert, thank you so much for agreeing to be interviewed for the ISBM Newsletter. May I start out with asking what has initially drawn you to the emerging field of behavioural medicine?

Ulrike Ehlert: The reason for me was certainly that I had worked in hospitals and clinics during my studies due to my training as an auxiliary nurse and became very interested in general hospital psychiatry and consultation and liaison work. When I started my PhD at Roman Ferstl's chair in Trier (Germany), a pioneer in psychoneuroimmunology, my interest in biological measures and medicine was suddenly rekindled.



At the end of the 1980s, I proactively acquired research funding to test short-term psychological interventions in general hospitals. Thanks to my medical knowledge, this work was accepted by the medical community and there were even a few "miracle cures". For example, with a patient with diabetes who had a blood-injection injury phobia, we used



cognitive behavioural therapy to enable him to inject himself with insulin. This research project was the beginning of a lifelong dedication to the question of how psychological methods can be used in medical settings. I felt validated in my approach when I received a scholarship to go to the International Congress of Behavioral Medicine (ICBM) in Uppsala (Sweden) in 1990, where I met a small group of enthusiastic people who were highly committed to behavioural medicine.

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

Ulrike Ehlert: As a postdoc, I engaged in consultation-liaison-psychology at a general hospital and started to use endocrine markers for diagnostic purposes in the gynaecology department. I noticed that there were certain female patients who presented to us with unspecific lower abdominal complaints, and who had histories of sexual or physical abuse. I launched a research project on this subject matter, which produced a puzzling result: It turned out that the cortisol levels in these women were far too low, whereas we had expected higher levels due to the high levels of stress they presented with. At around the same time, Rachel Yehuda in New York (USA) published her findings on hypocortisolism in war veterans with post-traumatic stress disorder. This led me to develop a model which described how trauma, cortisol, and pain symptoms interact. According to this model, low cortisol levels disinhibit the release of arachidonic acid, which can foster uterine contractions and pain in the lower abdomen. I still find such mechanistic models important for behavioural medicine today. In addition, women have long been neglected in gynaecology and obstetrics and too little attention has been paid to the special situations they find themselves in.

What would you say, how has the field behavioural medicine in general evolved since the beginning of your career?

Ulrike Ehlert: Behavioural medicine was still a very young discipline when I began my own research in general hospitals at the end of the 1980s. The development that I was able to witness in those years went from very simple to very complex explanatory models. This was a humbling experience, as we now know that genetic and biological factors, trait-like characteristics, and biographical aspects are important to consider when studying health and disease. I think the field of epigenetics, which describes how people biologically adapt to their environment like chameleons, is particularly promising and it is great that there are many research groups now that are very competent in dealing with and using these kinds of measures in behavioural medicine. As more and more data are



being collected, better methods have for dealing with such volumes been developed, such as machine learning. However, breaking down the complexity of these models into specific research questions and experimental setups remains a very challenging scientific situation.

Where do you currently locate the biggest gaps of knowledge in your specific area of interest?

Ulrike Ehlert: Together with really committed PhD students, I have started to look at reproductive transition phases in women, such as the menarche, the premenstrual phase, pregnancy, and the perimenopause. We began to study how the accompanying biological changes affect health and disease. In studying these phenomena, I believe we focused a bit more on the protective mechanisms and resilience that women acquire over the course of their lifespan. To move on with this research, I am convinced that many more studies are needed, which can also demonstrate that behavioural interventions can evoke biological and medical changes. If clearer results were found there, it would really help the field. This brings us back to a pioneer of behavioural medicine research, Lee Burke, who was able to show that biofeedback can relieve muscle tension or headaches.

Given the increasing complexity of the field, what do you consider the “ingredients” of a meaningful career in behavioural medicine?

Ulrike Ehlert: I think first, you need to be really interested in what you are doing. Someone who does not like sports will say "I don't have time for it" when told "why are you not more physically active". Someone who likes sports will always find time to do it. I think it is the same with science. Of course, everyone has to go through the various training stages at the beginning of their career to obtain the necessary degrees. But one can hope that young people already find topics that really fascinate them during this time. Second, you need good mentoring, someone who is more experienced and can take a step back and really support someone who is young and enthusiastic and not use them for their own purposes (established scientists should really not be that desperate). Third, it takes a bit of luck, to be in the right place at the right time.

Thank you so much for taking the time for this interview, and for your interesting and enlightening answers!



University of Zurich, the Head of the Consultation and Liaison Service at the University Hospital Zurich, and the Head of the Outpatient Clinic for Cognitive Behaviour Therapy and Behavioural Medicine at the University of Zurich. She has created the only postgraduate education in Clinical Psychology in German speaking countries within Europe with a specific focus on behavioural medicine. Professor Ehlert is a Editor and Author of over 400 textbooks, book chapters, and original research articles on behavioural medicine and has been an Associate Editor of the Journal of Psychosomatic Research (2012-2021) and an Editorial Board Member of Woman Psychosomatic Gynaecology and Obstetrics (2013-2016). She has served President of the Swiss Society for Health Psychology (2000-2003), as Secretary of the German Society of Behavioral Medicine (1999-2005) and as President of the German Society of Behavioral Medicine (2005-2008).



A behavioural medicine view on... Air pollution

The last issues of this Newsletter have concerned the role of behavioural medicine in the face of the global challenge that is climate change. However, climate change is only one of the nine planetary boundaries that humans have begun to transgress – with significant implications for health. This issue will turn to another global challenge, atmospheric aerosol loading or “air pollution”, and summarise emerging perspectives from our member societies in Europe and in the United States.



Professor Lucio Sibilía
Italian Society of Psychosocial Medicine

“Our Association since the 1990s has been collaborating with ISDE-Italy (Italian Chapter of the Intern. Ass. Of Doctors for the Environment) and as such it has performed a number of studies stemming from joint Projects in the areas of Perception of environmental risks. Some studies have been published in journals in English (see e.g., [here](#)). On the basis of our results of a National survey, air pollution is a major concern in the Italian population, albeit a cluster analysis has evidenced different attitudes and behaviours. At the moment, our Center (CRP) is involved in a Multicentric Study on “Green prescriptions”, and a National online Survey on Doctors’ Attitudes towards environmental problems (AMBIMED Project).”



Professor Susan Everson-Rose and Assistant Professor Kristi White
Academy of Behavioral Medicine Research

“Air pollution is a significant environmental health hazard, a classified carcinogen, and associated with increased risk of morbidity and mortality. Systemic inequities, unfair practices, and discriminatory policies have disproportionately placed exposure to air pollution in communities of color, low-income communities, and historically redlined neighborhoods, which exacerbates longstanding health inequities. A growing group of behavioral medicine community members recognize the importance of using their interdisciplinary expertise to advocate for science-informed policies that protect the health of all communities from the health harms of air pollution. Two recent examples of this collective work are the Lancet Countdown on Health and Climate Change’s 2023 Policy Brief for the United States of America (see [here](#)), which presents four key strategies and recommendations for addressing climate change to promote health and equity in the U.S., and a 2022 paper in *Translational Behavioral Medicine* by Nogueira, White and colleagues (see [here](#)) who cogently argue that the interdisciplinary expertise of behavioral medicine, which integrates psychosocial, behavioral, and biomedical knowledge and scientific methods, is uniquely positioned to address causes of and provide solutions to climate-related health inequities. We urge the field of behavioral medicine to address this global challenge by contributing to research, education, and advocacy for the benefit of collective well-being.”



Dr. Linus Andersson
Swedish Society of Behavioral Medicine

“Researchers from the department of psychology and the department of public health and clinical medicine, Umeå university, are currently investigating how ambient air pollution, regardless of levels, can impact health and risk of dementia. Utilizing a variety of methods ranging from population-based databases to laboratory-based exposures, they further assess how e.g., biological, psychological, and socioeconomic factors may moderate or mediate outcomes. In addition to studying the population at large, the Umeå university researchers are also interested in especially sensitive groups, including those suffering from so-called environmental intolerances such as chemical intolerance, and non-specific building-related illness. Interested in collaborations? Do not hesitate to reach out!”



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