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Scientific Areas of Integrated Review Groups (IRGs)

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Risk, Prevention and Health Behavior IRG [RPHB]

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Psychosocial Development, Risk, and Prevention Study Section [PDRP]

[\[PDRP Roster\]](#)

The Psychosocial Development, Risk, and Prevention [PDRP] Study Section reviews applications that focus on the identification of risk and protective factors, processes and models and design and testing of intra- and inter-personal preventive interventions related to social development across the life span. Social contexts of interest include family relationships, intimate partner and marital relationships, social networks, peer groups, schools, and workplace settings. Research designs and methods may use quantitative or qualitative approaches. Research on risk and protective factors and preventive interventions may be focused on alcohol, tobacco, and drug abuse; violence, abuse and anti-social behavior; unintended injury; psychopathology; high-risk sexual behavior; unintended pregnancy; academic underachievement; and other negative outcomes and co-morbid conditions.

Specific areas covered by PDRP:

- Interpersonal and contextual processes leading to or protecting from negative developmental outcomes across the life span; studies examining the interaction between social and interpersonal risk factors and individual differences in susceptibility to adverse outcomes; risk-taking and risk-avoiding behaviors.
- Intrapersonal interventions: Social skills, coping skills, emotion regulation strategies and social competency training; academic tutorials;

psychopharmacologic, cognitive-behavioral, and other psychotherapeutic approaches designed to assist at-risk individuals or subsets of the population, including prevention of secondary conditions and disorders.

- Interpersonal interventions: Marital and/or family interventions, management, or resource development; parenting skills training and peer relations; school-based interventions, teacher/student skill development; resistance skills training; social norm development and change; communication skills for the general population [e.g., all children in a school], at-risk individuals [e.g., children of drug-using or abusive parents], and high-risk groups [e.g., those already exhibiting predictive symptoms of disorder or condition], including prevention of secondary conditions and disorders.
- Social development and interpersonal processes: Parent-child, sibling, marital, intimate partner relationships and the processes involved in formation, dissolution, satisfaction, and distress; caregiving relationships; attachment models and the development and maintenance of relationships; friendship, peer relations, and social support; influence of parental and marital interaction on children and other members of the family; intergenerational relationships; social competence, aggression, social withdrawal and isolation.
- Domestic violence; child abuse; neglect; sexual assault; victimization [e.g., fear of bullying]; peer aggression; elder abuse; school and workplace violence; relation to drugs and alcohol, psychopathology, and physical condition.
- Prevention methodology: Studies that examine the issues of structure, content, and delivery associated with successful preventive interventions including: developmental timing, measurement, recruitment and retention, booster, durability of effects, adaptability, intervention fidelity, delivery channels, and mediational processes.

PDRP has the following shared interests within the RPHB IRG:

- **With Social Psychology, Personality and Interpersonal Processes [SPIP]**: Studies focused on personality or social cognitive mechanisms and processes in interpersonal settings that do not reflect a development focus could be assigned to SPIP.
- **With Risk, Prevention and Intervention for Addictions [RPIA]**: Studies of psychosocial risk and interventions that address a wide array of risk behaviors, of which addiction is only one, may be reviewed by PDRP. Applications that address multiple risk behaviors with a primary interest in addictions may be reviewed in RPIA.
- **With Behavioral Medicine Interventions and Outcomes [BMIO]**: Studies of risk and interventions that primarily affect social or psychological development could be assigned to PDRP as could preventive interventions for physical diseases and disorders. Studies focused on adaptive or maladaptive social development and include assessment of social cognitive strategies, individual differences in personality, or motivation could also be assigned to PDRP as could applications using social cognitive strategies as a target of preventive interventions. Studies of risk and interventions for disabling or cognitive impairment, or studies of caregivers of people with disabling or cognitive impairments, could be assigned to BMIO.

PDRP has the following shared interests outside the RPHB IRG:

- **With the Health of the Population [HOP] IRG**: Applications that include basic behavioral research and interventions to change health behavior at the community, institutional or population levels could be referred to the HOP IRG, including epidemiological studies and those that address clinical nursing practice related to the care of persons, that have an emphasis on nursing science, or that emphasize the organization of health service delivery. Applications with a developmental focus that are designed to affect health risk behaviors by changing the knowledge, skills, attitudes, motivation or behavior of individuals or small groups could be assigned to PDRP.
- **With the Biobehavioral and Behavioral Processes [BBBBP] IRG**: The PDRP study section shares an interest in developmental and behavioral disorders with the BBBP IRG. Applications focused on treatment and interventions for existing developmental disorders and disability or on particular disorders in children or adolescents could be assigned to the BBBP IRG. Applications to study or develop preventive interventions targeting interpersonal processes or that focus on understanding risk and protective factors could be assigned to PDRP.

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Social Psychology, Personality and Interpersonal Processes Study Section [SPIP]

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[\[SPIP Roster\]](#)

The Social Psychology, Personality and Interpersonal Processes [SPIP] Study Section reviews applications for research on fundamental psychological and social conditions and processes, including personality, emotions, motivation, social identities, social roles, social cognition, attitudes and attitude change, individual differences, and small group dynamics and their relation to mental and physical health and substance use/abuse. Social, cultural, situational and experiential effects

and interactions are included. Basic studies may include normative or risk processes relevant to health outcomes across the life course [from infancy to old age].

Specific areas covered by SPIP:

- Individual differences in personality [e.g., dominance, introversion, achievement orientation], including their development, change, and their role in life transitions and stressful conditions; social and cultural influences on personality; personality traits as they influence and are influenced by emotional processes and states.
- Motivation and emotion; motivational needs and orientations; self-regulatory and coping strategies and processes; prosocial and antisocial motivation; emotional experiences and their influence on motivation, performance, and their development.
- Self-esteem, self-evaluation, and social identity; self-efficacy and self-control; developmental investigations of these behaviors across the lifespan, including cultural variation in the dynamics of self.
- Social cognition; formation, maintenance, and change of attitudes and culturally based beliefs; the relation of attitudes and behavior; persuasion; stereotypes and prejudice; social schemata and representations; social information processing, social perception and comparison; attributional processes; social-cognitive development.
- The influence of social norms and roles; the effects of social and cultural stereotypes on self-perception; the relationship between role norms and mental and physical health or alcohol or drug abuse; and the reciprocal effects of goals, values and standards.
- Family organization and relationships that do not emphasize intergenerational influences.
- Small group dynamics; joint decision-making; emergence of group roles and leaders; group cohesion, identity, and conformity; intergroup conflict and negotiation.
- Relation of these processes to mental and physical health, disease, and alcohol, tobacco or drug abuse. Motivational, personality, and social-cognitive mechanisms and models when used to understand applied and clinical issues such as: the development or emergence of mental or physical disorder or addictions; framing and communication of health behavior messages in affecting general public, patient, and/or health care provider behavior; symptom perception; help seeking; compliance and adherence; the therapeutic process and treatment response.

SPIP has the following shared interests within the RPHB IRG:

- **With Psychosocial Development, Risk, and Prevention [PDRP]:** Studies that focus on social/cognitive mechanisms and processes in interpersonal settings could be assigned to SPIP. Studies that include assessment of social cognitive strategies, individual differences in personality, or motivation as targets or components of preventive interventions could be assigned to PDRP.
- **With Risk, Prevention and Intervention for Addictions [RPIA]:** Studies with a primary focus on personality or social cognitive mechanisms and processes involved in addictive behaviors within interpersonal settings may be assigned to SPIP. When the primary focus is on addictive behaviors, RPIA may be more appropriate.

SPIP has the following shared interests outside the RPHB IRG:

- **With the Biology of Development and Aging IRG [BDA]:** Applications with a primary focus on physiological or biological processes of aging could be reviewed by the BDA IRG. However, applications with a primary emphasis on behavioral or social antecedents, correlates, or outcomes of aging, e.g., falls, mood disorders, or social support mechanisms, as well as behavioral interventions to cope with the physical and psychological correlates of aging, could be reviewed by SPIP.
- **With the Health of the Population IRG [HOP]:** Applications focused on macro-level influences on personality, motivation, social cognitive processes or risk behavior, including multi-level studies, and studies that use of these influences to change risk behavior could be reviewed by the HOP IRG, as could studies that directly address clinical nursing practice related to the care of persons, that have an emphasis on nursing science, or that emphasize the organization of health service delivery. Applications concerned specifically with personality, motivation, social roles, and social cognitive processes on the individual or small group level could be assigned to SPIP. The HOP IRG reviews

methodological research with broad application to one or more areas in the behavioral and social sciences. Development of measures and indicators of specific social psychological conditions and processes could be reviewed by SPIP.

- **With the Biobehavioral and Behavioral Processes IRG [BBBP]**: Applications focused on basic biopsychological mechanisms and processes of affect, emotions, or stress could be assigned to the BBBP IRG. Studies that include emotion as a form of motivation, that examine affective style in personality, or that focus on general psychological mechanisms of coping could be assigned to SPIP.

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Risk, Prevention and Intervention for Addictions Study Section [RPIA]

[\[RPIA Roster\]](#)

The Risk, Prevention and Intervention for Addictions [RPIA] Study Section reviews applications for research that aims to identify psychosocial and biological antecedents and risk pathways for the onset, development and progression of addictive behaviors across the lifespan as well as research leading to the development and testing of interventions to prevent or reduce onset, progression toward addiction, and continuation of addictive and related problem behaviors. Addictive and potentially addictive behaviors include, but are not limited to, the use or abuse of alcohol, tobacco, other licit and illicit drugs, and gambling. Domains of risk include biological, genetic, psychological, behavioral, cognitive, interpersonal, and environmental factors, at the individual and group levels in humans. Studies may address personality, temperament, genetic vulnerability, affect/motivation, family and social influences, co-occurring risk behaviors, co-morbidity, violence, victimization, social or economic disadvantage, and other factors pertaining to individuals, situations or social environment(s). Both qualitative and quantitative methods may be used.

Specific areas covered by RPIA:

- Studies of the etiology of substance abuse and other potentially addictive behaviors, across the life span.
- Studies of mechanisms and roles of affect, motivation, cognition, attitudes and intentions, personality and temperament, co-morbidity, exposure to addictive substances, family history, biological and genetic factors, social influences, stress, including trauma and victimization, socioeconomic status, neighborhood characteristics, and other factors that moderate or mediate relationships among addiction antecedents and individual outcomes.
- Studies of the acute effects of using substances.
- Studies of substance use onset and progression in individuals at high risk for addiction, including children of substance users and individuals in environments where drug use is prevalent.
- Studies of mechanisms underlying the transition to sustained substance use and frequent engagement in other addictive behaviors.
- Interpersonal and intrapersonal tobacco cessation interventions.
- Prevention of onset and progression toward addiction of tobacco and other licit and illicit substances, underage drinking, alcohol abuse and related problems.
- Studies of etiology, prevention and treatment for problem gambling and other addictive behaviors not involving substances across the life span.

RPIA has the following shared interests within the RPHB IRG:

- **With Psychosocial Development and Risk Prevention [PDRP]**: Studies of psychosocial risk and interventions that address a wide array of risk behaviors, of which addiction is only one, may be reviewed by PDRP. Applications that

address multiple risk behaviors with a primary interest in addictions may be reviewed in RPIA.

- **With Social Psychology, Personality and Interpersonal Processes [SPIP]**: Studies with a primary focus on personality or social cognitive mechanisms and processes involved in addictive behaviors within interpersonal settings may be assigned to SPIP. When the primary focus is on addictive behaviors, RPIA may be more appropriate.
- **With Psychosocial Risk and Disease Prevention [PRDP]**: Studies of smoking cessation to prevent or slow the progression of specific diseases may be assigned to PRDP. When the primary focus is on addictive behaviors, RPIA may be more appropriate.

RPIA has the following shared interests outside the RPHB IRG:

- **With the Health of the Population IRG [HOP]**: Studies of the etiology, epidemiology, and consequences of addictive behaviors, as well as interventions to address them, at the population and community-levels [e.g., neighborhood, public policy] may be reviewed within HOP. Similarly, studies focused primarily on underlying genetic influences, e.g., those dealing with interactions between genetics and environment, endophenotypes, or genetic comorbidity between substance use and psychiatric disorder may be reviewed in HOP. Applications that focus on risk behavior and adaptive or maladaptive interpersonal processes, personality, motivation, or social cognitive processes, without major emphasis on macro-level influences, may be reviewed in RPIA. These may include studies with a genetic component within the context of a broader examination of the behavioral etiology of addictions. Studies of individual-level interventions may be reviewed within RPIA.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG**: Studies of basic biobehavioral mechanisms of substance abuse may be reviewed within BBBP. These include basic biobehavioral mechanisms of conditioning, emotion and stress in humans and animals. When the biobehavioral mechanisms primarily concern addictive behaviors, RPIA may be more appropriate. Examples are underlying risk, initiation, progression and relapse of substance use and abuse primarily in humans. Studies that examine behavioral effects of prenatal exposure to addictive substances may be reviewed within BBBP. Studies focusing primarily on the development of substance use disorders in children of substance abusers could be reviewed in RPIA.
- **With the AIDS and AIDS Related Research [AARR] IRG**: **Studies of HIV risk behaviors and interventions to modify those behaviors may be reviewed within AARR. Studies that focus primarily on risk for substance use and abuse and include HIV risk behaviors within the context of multiple high risk behaviors may be reviewed by RPIA. Studies that focus on HIV risk behaviors within substance abusing populations may be reviewed within AARR. Studies that describe or seek to modify HIV risk behaviors within the context of substance abuse prevention or treatment could be reviewed within RPIA.**
- **With the Integrative, Functional, and Cognitive Neuroscience [IFCN] IRG**: **Studies of the neural mechanisms underlying behavior related to the use of addictive substances may be reviewed within IFCN. Basic neuroscience approaches to motivation, emotion, and stress, primarily in animal models, may be reviewed in IFCN. When the focus is on psychosocial issues related to addictions in humans, RPIA could be more appropriate.**

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Psychosocial Risk and Disease Prevention Study Section [PRDP]

[\[PRDP Roster\]](#)

The Psychosocial Risk and Disease Prevention [PRDP] Study Section reviews research applications for development and testing of behavioral and biobehavioral interventions to prevent or reduce risk factors for physical conditions, diseases and disorders. Biobehavioral aspects of affect, stress, symptom perception, social support, individual differences, and other psychosocial traits or states related to pathology of somatic organs or systems are included, as well as applications studying interactions between behavioral, social, psychological, and physiological factors and conditions for which individuals receive

health care. Research may involve use of animal models of specific disorders, although the principal focus is on human subjects research. Behavioral intervention and risk factor reduction studies may involve components consisting of pharmacological treatments or interventions using devices. Clinical studies may be designed specifically to investigate the relationships between basic psychosocial or biobehavioral variables and biological bases of disease.

Specific areas covered by PRDP:

- Behavioral and biobehavioral intervention and risk factor modification studies regarding behavioral or biological risk factors or health behaviors and their influence on behavior or biological outcomes. The interactions of interventions with biological, psychological, or social variables to modify behavioral or preclinical outcomes are included. Intervention targets may include behaviors [e.g., eating behavior, intervention regimen, adherence or lifestyle change], behavioral risk factors [e.g., diet, physical activity, or smoking] or biological outcomes [e.g., obesity, wound healing, atherosclerotic lesion regression, immune function or remission].
- Management of somatic illness and patient education in which psychological or social adjustments are the predominant variables under study in relation to factors such as distress, emotional well-being, coping, cognitive appraisal, adherence, patient education, self-care, self-efficacy or self-management; research in which the outcomes studied are changes in quality of life, psychosocial adjustment, or social and cultural factors.
- Behavioral interventions as primary or adjunct treatments designed to prevent or slow the progression of co-morbid or secondary disease and disorder.
- Treatment of distress or psychological reactions related to diagnosis or genetic testing for physical disorders or conditions.
- Relationship of biobehavioral responses to changes in neuroendocrine, metabolic, or immune system function associated with somatic diseases or conditions in humans.
- Interactions between psychological processes and disease management, such as the effects of depression, anxiety, symptom perception, social, cultural and other factors on adherence or compliance to medical or behavioral interventions, or on medical decision making.
- Study of psychological and social aspects of screening for somatic diseases. Screening to identify, prevent or treat physical or psychological symptoms for patients at risk for physical diseases or disorders including risk factor screening, genetic testing, screening for treatment side effects, blood donation and psychological distress caused by the screening process.
- Biobehavioral responses to stressors studied in the context of interventions to prevent physical diseases, such as changes in mood, eating behavior, medical adherence, cardiovascular reactivity, neuroendocrine function, or sleep.
- Intervention methodology; studies that examine the issues of structure, content, and delivery associated with successful interventions including: developmental timing, measurement, recruitment and retention, booster or maintenance interventions, durability of effects, adaptability, intervention fidelity, delivery channels, and mediational processes.

PRDP has the following shared interests within the RPHB IRG:

- **With Psychosocial Development, Risk and Prevention [PDRP]**: Studies of risk factors and interventions that primarily affect social development could be assigned to PDRP. Studies of risk and interventions for physical diseases and disorders could be assigned to PRDP.
- **With Risk, Prevention and Intervention for Addictions [RPIA]**: Studies of smoking cessation to prevent or slow the progression of specific diseases may be assigned to PRDP. When the primary focus is on addictive behaviors, RPIA may be more appropriate.
- **With Behavioral Medicine Interventions and Outcome [BMIO]**: Studies of behavioral and social risk factors or interventions intended to prevent somatic and cognitive diseases or disorders could be assigned to PRDP. Studies of the treatment, management and rehabilitation of disabling physical or cognitive impairment could be assigned to BMIO.

PRDP has the following shared interests outside the RPHB IRG:

- **With the Health of the Population [HOP] IRG**: Studies that examine the interaction of biobehavioral and socio-environmental factors with regard to the etiology, course, prevalence, or consequences of health disorders and diseases could be assigned to the HOP IRG. Studies of interventions operating primarily through institutional, community, or policy change could also be assigned to the HOP IRG, as could studies that directly address clinical nursing practice related to the care of persons, that have an emphasis on nursing science, or that emphasize the organization of health service delivery. Applications focused on interventions to prevent physical or cognitive diseases by changing the knowledge, skills, and motivation of individuals, studies closely related to intervention development, and studies of individual and situational factors that influence persons to seek health care could be assigned to PRDP.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG**: Studies focused on basic biopsychological mechanisms such as affect, emotions, physiology, pharmacologic action on behavior, and stress could be assigned to the BBBP IRG, while studies that emphasize the effects of social contexts on biopsychological mechanisms or their role in risk reduction and disease prevention could be assigned to PRDP.

- **With the Oncological Sciences [ONC] IRG:** Studies related to non-behavioral cancer therapeutics and prevention could be assigned to the ONC IRG. Studies of individual or small group behavioral risk factors could be assigned to PRDP.
- **With the Cardiovascular Sciences [CVS] IRG:** Applications focused on the development, physiology, and pathophysiology of the heart and circulatory systems could be assigned to the CVS IRG. Applications concerned with behavioral approaches to the prevention of cardiovascular diseases, including psychological and lifestyle approaches, could be assigned to PRDP.
- **With the Endocrinology, Metabolism, Nutrition, and Reproductive Sciences [EMNR] IRG:** Applications concerned with adaptation and response at the hormonal or cellular level, those that focus on genetics, molecular biology, cellular or organ physiology and integrative biology, and applications that use methodologies focused on regulation at the cellular and molecular level may be assigned to the EMNR IRG. Applications focused on human behavioral aspects of maternal nutrition as a risk factor or intervention for pregnancy outcomes, those concerned with modification of individual behaviors, attitudes, psychosocial supports and resources as they affect prevention or treatment of obesity or diabetes could be assigned to PRDP.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** Applications focused on musculoskeletal, oral, or skin diseases, or their functional consequences, could be assigned to the MOSS IRG. Applications involving behavioral approaches to the prevention of musculoskeletal, oral, or skin diseases, including their psychological components, could be assigned to PRDP.
- **With the Digestive Sciences [DIG] IRG:** Applications focused on physiologic or biologic processes of gastrointestinal disorders could be referred to the DIG IRG. Applications with primary emphasis on psychological, behavioral or social risk factors as well as clinical trials of behavioral medicine and lifestyle-based gastrointestinal prevention strategies and therapies could be referred to PRDP.
- **With the Respiratory Sciences [RES] IRG:** Studies related to non-behavioral respiratory disease therapeutics and prevention could be assigned to the RES IRG. Studies of individual or small group behavioral risk factors and behavioral interventions intended to reduce the risk of respiratory disease could be assigned to PRDP.

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Behavioral Medicine Interventions and Outcomes Study Section [BMIO]

[\[BMIO Roster\]](#)

The Behavioral Medicine Interventions and Outcomes [BMIO] Study Section reviews behavioral and biobehavioral approaches to treatment, management and rehabilitation related to physical or cognitive impairment; study of sequelae of diseases or disorders; and biobehavioral aspects of affect, stress, pain, symptom perception, social support, individual differences, and other psychosocial traits or states associated with or generated as a response to pathology. Included are applications focused on interactions between experiential, behavioral, social, psychological, and physiological factors and conditions for cognitive and neurological impairments as well as studies examining disability due to cognitive or physical impairments and effects on daily living and social support. Rehabilitation research includes studies of conditions associated with disability, including diseases, disorders or injuries that are associated with potentially chronic impairments [excluding time-limited reversible conditions]. Behavioral, pharmacological and device intervention studies are included if they are designed specifically to investigate relationships between basic psychosocial or biobehavioral variables and biological bases of disease. Research applications may involve use of animal models of specific disorders.

Specific areas covered by BMIO:

- Cognitive, psychological, social, and cultural factors affecting the experience and interpretation of pain or physical symptoms and their relationship to diagnosis, expression, or treatment of somatic diseases or conditions
- Psychological, behavioral or biological responses to interventions designed to reduce stress, distress or pain, or the study of reparative processes involved in somatic diseases or conditions
- Biobehavioral responses to neuroendocrine or immune factors. Any aspects of behavioral interactions with neuroendocrine or immune system function associated with somatic diseases or conditions
- Interactions between symptoms and health behavior change and management. Effects of pain, symptom perception, depression, anxiety, social, cultural and other factors on decision-making and compliance
- Screening and biobehavioral interventions for physical symptoms and chronic or acute pain conditions when study of mechanisms [e.g., mechanism of pathogenesis or response to treatment] is involved; includes genetic testing
- Management of chronic diseases and patient education in which psychological or social adjustments to physical disease are the predominant

variables under study in relation to factors such as distress, emotional well-being, coping, cognitive appraisal, adherence, patient education, self-care, or self-management; projects in which the outcomes studied are changes in quality of life, psychosocial adjustment, or social and cultural factors; includes genetic counseling

- Behavioral interventions as primary or adjunctive treatments; studies of behavioral interventions designed to remedy or slow the progression of disease and disorder [e.g., behavior therapy for insomnia, cognitive intervention for early dementia]
- Rehabilitation of conditions associated with disability including cognitive, physical, communicative and social role functioning

BMIO has the following shared interests within the RPHB IRG:

- **With Psychosocial Risk and Disease Prevention [PRDP]**: Studies of consequences of interventions that primarily affect social development and studies of behavioral and social risk factors associated with somatic and cognitive diseases or disorders could be assigned to PRDP. Studies of behavioral and social factors associated with the treatment, management and rehabilitation of disabling physical or cognitive conditions could be assigned to BMIO.

BMIO has the following shared interests outside the RPHB IRG:

- **With the Health of the Population [HOP] IRG**: Studies that examine the interaction of biobehavioral and socio-environmental factors with regard to the etiology, course, prevalence, or consequences of health disorders and diseases could be assigned to the HOP IRG. Studies of interventions operating primarily through institutional, community, or policy change could also be assigned to the HOP IRG, as could studies that directly address clinical nursing practice related to the care of persons, that have an emphasis on nursing science, or that emphasize the organization of health service delivery. Applications focused on interventions to manage or recover from physical or cognitive diseases by changing the knowledge, skills, and motivation of individuals, studies closely related to development of disease management strategies, and studies of individual and situational factors that influence persons to seek rehabilitative health care could be assigned to BMIO.
- **With the Biobehavioral and Behavioral Processes [BBBP] IRG**: Applications focused on treatment and interventions for existing psychological disorders and disability could be assigned to the BBBP IRG. Applications focused on treatment and interventions for existing physical conditions, including pain and symptom perception and issues of compliance, could be assigned to BMIO.
- **With the Oncological Sciences [ONC] IRG**: Applications related to non-behavioral cancer treatment could be assigned to the ONC IRG. Applications concerned with behavioral treatments of, or rehabilitation from, cancers, including their psychological components, could be assigned to BMIO.
- **With the Hematology [HEME] IRG**: Applications focused on hematological diseases, including their behavioral consequences, could be assigned to the HEME IRG. Health education or training directed to the health care provider, not the patient, could also be assigned to the HEME IRG. Applications concerned with behavioral treatments of, or rehabilitation from, hematological diseases, including their psychological components, could be referred to BMIO.
- **With the Cardiovascular Sciences [CVS] IRG**: Applications focused on the development, physiology, and pathophysiology of the heart and circulatory systems could be assigned to the CVS IRG. Applications concerned with behavioral treatments of, or rehabilitation from, cardiovascular diseases, including psychological approaches, could be assigned to the BMIO.
- **With the Endocrinology, Metabolism, Nutrition, and Reproductive Sciences [EMNR] IRG**: Applications concerned with adaptation and response at the hormonal or cellular level, those that focus on genetics, molecular biology, cellular or organ physiology and integrative biology, and applications that use methodologies focused on regulation at the cellular and molecular level could be assigned to the EMNR IRG. Applications focused on modification of individual behaviors, attitudes, psychosocial supports and resources as they affect treatment of, or rehabilitation from, obesity, diabetes, and insulin secretion and action could be assigned to BMIO.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG**: Applications focused on musculoskeletal, oral, or skin diseases, or their functional consequences, could be assigned to the MOSS IRG. Applications concerned with behavioral treatments of, or rehabilitation from, musculoskeletal, oral, or skin diseases, including their psychological components, could be assigned to BMIO.
- **With the Digestive Sciences [DIG] IRG**: Applications focused on physiological or biological processes of gastrointestinal disorders could be referred to the DIG IRG. Applications concerned with behavioral treatments of, or rehabilitation from, gastrointestinal disorders could be referred to BMIO.
- **With the Respiratory Sciences [RES] IRG**: Applications that address non-behavioral approaches to respiratory diseases could be assigned to the RES IRG. Applications concerned with behavioral treatments of, or rehabilitation from, respiratory diseases, including their psychological components, could be assigned to BMIO.

Risk, Prevention and Health Behavior Small Business Activities [SBIR/STTR] Special Emphasis Panels [RPHB Small Business SEPs]

[\[SBIR/STTR Rosters\]](#)

SBIR/STTR applications reviewed by the RPHB IRG cover a wide range of social, behavioral, and technological interventions designed to reduce the risk of illness and disease, improve their treatment and management, and mitigate harmful consequences of illness/disease symptoms and treatments. The RPHB Small Business SEPs are comprised of the following panels: RPHB (10): SBIR/STTR Disease, Health Related Behavior and Education; RPHB (11): SBIR/STTR Addiction Related Prevention and Education; and RPHB (12): SBIR/STTR Metabolic, Childhood Behavior and Education.

Specific areas covered in the RPHB Small Business SEPs:

- Prevention [schools/worksites]; smoking, drug/alcohol abuse, violence, injury prevention [physical]
- Smoking cessation; behavioral treatments, electronic devices to assist with scheduled gradual reduction techniques
- Patient education/physician education: physical activity, nutrition, weight management [behavioral treatments, electronic devices to record calorie intake], complementary and alternative medicine, skin cancer prevention, risk factors for cardiovascular heart disease, women's health [menopause, breast cancer, ovarian cancer]
- Caregiving issues: patients with Alzheimer's or Parkinson's diseases, stroke victims, the elderly and physically disabled, mobility trackers for patients in nursing homes or assisted living situations
- Management of chronic illnesses, including treatment decision-making and psychosocial influences on and consequences of chronic illnesses such as asthma, cancer, diabetes, cardiovascular disease, and arthritis
- Physician-patient communication
- Pain management
- Medication compliance [electronic devices]

The RPHB Small Business SEPs have the following shared interests outside the RPHB IRG:

- **With the Biobehavioral and Behavioral Processes [BBBP] IRG:** Small Business applications focused on basic biopsychological mechanisms and processes such as affect, emotions, or stress could be assigned to the BBBP IRG. Applications that involve interventions at the individual or small group levels could be assigned to RPHB.
- **With the Health of the Population [HOP] IRG:** Small Business applications focused at the community or institutional level could be assigned to the HOP IRG. Applications that involve interventions at the individual or small group levels could be assigned to RPHB.
- **With the Oncological Sciences [ONC] IRG:** Small Business applications related to non-behavioral cancer prevention or therapeutics could be assigned to the ONC IRG. Studies of individual or small group behavioral risk factors, behavioral interventions intended to reduce the risk of cancer, and behavioral cancer management could be assigned to RPHB.
- **With the Cardiovascular Sciences [CVS] IRG:** Small business applications focused on the development, physiology, or pathophysiology of the heart and circulatory systems could be assigned to the CVS IRG as could applications involving health education or training directed to the health care provider, not the patient. Small business applications involving behavior modification, including health education or training, directed toward the prevention and treatment of cardiovascular diseases, including psychological aspects, could be assigned to RPHB.
- **With the Endocrinology, Metabolism, Nutrition, and Reproduction [EMNR] IRG:** Shared interest exists regarding the metabolic regulation of obesity, diabetes, consumption of food and nutrients for different populations. Small business applications concerned with metabolic changes associated with food consumption, nutrients, and dietary changes may be assigned to the EMNR IRG. Applications focused on modification of individual behaviors, attitudes, educational methods and program strategies, psychological support and resources as they affect prevention or treatment of obesity, diabetes, and insulin secretion and action could be assigned to RPHB.
- **With the Musculoskeletal, Oral and Skin Sciences [MOSS] IRG:** Small Business applications focused on musculoskeletal oral, or skin diseases, or their functional consequences, could be assigned to the MOSS IRG. Applications concerned with behavioral interventions to treat or manage musculoskeletal, oral, or skeletal skin disorders or arthritis and rheumatic diseases, including their psychological components, could be assigned to RPHB.

- **With the Respiratory Sciences [RES] IRG:** Small Business applications focused on respiratory diseases, disorders, or functional consequences of behaviors related to the respiratory system could be assigned to the RES IRG. Health education or training directed to the respiratory system health care provider, not the patient, could also be assigned to the RES IRG. Applications involving behavioral interventions, including health education or training, intended to prevent or treat respiratory diseases, including psychological aspects, could be assigned to RPHB.
- **With the Renal and Urological Sciences [RUS] IRG:** Small Business applications focused on diseases or disorders of the renal and urological system could be assigned to the RUS IRG. Health education or training directed to the health care provider, not the patient, could also be assigned to the RUS IRG. Applications involving behavioral interventions, including health education or training, intended to prevent or treat renal and urological diseases, including psychological aspects, could be assigned to RPHB.

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Psychosocial and Developmental Processes, Personality, and Behavior Fellowship Study Section [F11]

Psychosocial and Developmental Processes, Personality, and Behavior

[Risk, Prevention and Health Behavior (RPHB) Integrated Review Group]

[[F11 Roster](#)]

The F11 study section reviews fellowship applications in the areas of social, developmental, and personality psychology as well as the areas of medical sociology and anthropology. Study populations may include children, adolescents, and adults at any stage of the life course. Emphasis may be placed on individual differences, interpersonal processes, life course transitions, or contextual effects. Also included is research aimed to identify psychosocial and biological antecedents and risk pathways for the onset, development and progression of addictive behaviors across the lifespan. Examples of specific topics covered are listed below:

- Aggressive behavior and violence
- Attitudes and behavior
- Emotion regulation
- Individual differences in personality
- Marital and family interventions
- Psychological stress and coping behavior
- Self and social identity
- Social support and illness management
- Etiology, prevention, and treatment of drug abuse
- Development of substance use disorders in children of substance abusers.

Shared Interests

With F12A (Cognition, Language and Perception): Fellowship applications that emphasize biobehavioral and behavioral (including central, autonomic, neuroendocrine, and genetic) bases of cognitive, perceptual or communicative processes may be assigned to F12A. Fellowship applications that emphasize individual differences, interpersonal processes, life course transitions, or contextual effects related to social, developmental, and personality psychology may be assigned to F11.

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With F12B (Psychopathology, Developmental Disabilities, Stress and Aging): Fellowship applications that emphasize the biobehavioral and behavioral (including central, autonomic, neuroendocrine, and genetic) bases of social, psychological or emotional conditions and disorders in diagnosed populations may be assigned to F12B. Fellowship applications that emphasize individual differences, interpersonal processes, life course transitions, or contextual effects related to the manifestation, prevention, treatment or management of physical and mental diseases and disorders may be assigned to F11.

With F16 (Health and Health Related Behavior of Individuals and Populations):

Fellowship applications that emphasize the demographic, community, or epidemiological contexts of social, psychological or cultural conditions and processes may be assigned to F16. These may also include behavioral medicine approaches on the individual level. Applications that emphasize

the individual or interpersonal bases of social, psychological or cultural conditions and processes may be assigned to F11.

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