

Joost Dekker¹, Ruud Beunderman², Ad Kaptein³, Judith Prins⁴, Robbert Sanderma⁵
and Paul van Wilgen⁶

- 1 *Department of Psychiatry and Department of Rehabilitation Medicine, VU University Medical Center, Amsterdam, the Netherlands, j.dekker@vumc.nl*
- 2 *Department of Medical Psychology, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands*
- 3 *Department of Medical Psychology, Leiden University Medical Center, Leiden, the Netherlands*
- 4 *Department of Medical Psychology, Radboud University Medical Center, Nijmegen, the Netherlands*
- 5 *Department of Health Sciences, Health Psychology Section, University of Groningen, University Medical Center, Groningen, the Netherlands; and Department of Psychology, Health and Technology, University of Twente, the Netherlands*
- 6 *Transcare, Pain management center, Groningen, The Netherlands; Department of Physiotherapy and Rehabilitation Sciences, Faculty of Physical Education & Physiotherapy, Vrije Universiteit Brussel, Brussels, Belgium & Pain in Motion Research group.*

Introduction

The Netherlands Behavioral Medicine Federation (NBMF) celebrates its 25th anniversary in 2014. As one of the founding members of the ISBM, we would like to take this opportunity to introduce the NBMF to those colleagues visiting the Netherlands from all over the globe for the 13th International Congress of Behavioral Medicine. We will briefly describe the current status, history and major achievements of the NBMF, and its relationship with ISBM.

Current status

The NBMF is a federation that brings together over 500 members from a range of professional organizations, including both researchers and clinicians active in the area of behavioral medicine. Our members are drawn from a wide range of professional and scientific disciplines: rehabilitation medicine, physical therapy, medical psychology, general practice, occupational medicine, psychiatry, nursing science, health psychology and clinical neuropsychology. The NBMF Board reflects this membership and includes psychologists and physicians as board members.

The main goals of the NBMF are to share scientific findings, to improve research methodologies, and to promote knowledge of behavioral mechanisms and interventions in patients with somatic diseases. The NBMF is committed to bridging the gap between researchers in the social and behavioral sciences on the one hand and clinicians involved in the medical treatment and care of patients on the other.

Annual NBMF events include a multidisciplinary national conference and a medical psychology research meeting. The national conference provides an opportunity for colleagues, including a keynote speaker, six PhD students and a scientist-practitioner, to present new findings. The medical psychology research meeting is centered on a specific theme and is more oriented towards research. Fundamental, translational and applied research is welcomed at both meetings. The NBMF is convinced that the best research is realized at the cutting edge of disciplines, and that a joint effort by behavioral sciences and medicine results in innovative multidisciplinary and interdisciplinary research.

In the Netherlands, general practice, hospital and public health medicine is - to a certain extent - based on the principles of the biopsychosocial model. Consequently, these institutions offer fertile breeding grounds for research in behavioral medicine. Courses on behavioral medicine are also a central part of the training of physicians and nurses in all medical schools. The postdoctoral training of clinical psychologists includes courses on the evidence-based diagnosis (assessment) and treatment (management) of psychological problems following somatic illnesses. In multidisciplinary institutions such as university medical hospitals and rehabilitation clinics, the interaction between patient care, research and educational activities strongly contributes to high-level behavioral medicine research and practice.

History

The roots of behavioral medicine in the Netherlands are difficult to identify with any certainty. It is, however, clear that the books, conferences and journal articles on behavioral medicine by North American authors prepared the ground for behavioral medicine in the Netherlands. As was the case in several other countries, behavioral medicine in the Netherlands evolved from behavior therapy. In the late seventies, workshops on behavioral medicine were organized under the auspices of the Association for Behavior Therapy (Vereniging voor Gedragstherapie) and represented the first steps towards applying learning theory to persons with non-psychological health problems (of course this distinction is an enormity). Even then, the health conditions addressed bordered on 'clinical psychology' and included enuresis nocturna, cardiac phobia, hyperventilation, but also asthma and cardiac rehabilitation (Beunderman et al., 1983; Garssen et al., 1985). Nevertheless, the time was ripe for the application of behavioral theories, methods and interventions to persons with somatic disorders.

During a meeting of the Association for Behavior Therapy in the fall of 1980, a number of attendees decided to organize a Section Behavioral Medicine (Section BM). The purpose of Section BM was to promote the use of behavioral principles and techniques among a wider audience in medicine, specifically physicians and psychologists. The official founding meeting of Section BM took place in January 1981. It was agreed that, in addition to discussing research findings, efforts would be made to disseminate the principles of behavioral medicine among physicians and psychologists. In the years that followed, a number of articles were published in Dutch journals (Garssen and Beunderman, 1982; Garssen et al., 1985) and several courses and conferences were organized (see below).

In the mid-1980s, Dutch researchers met colleagues at conferences organized by the Academy of Behavioral Medicine Research and by the Society of Behavioral Medicine in the USA. Members of these organizations proposed that an international behavioral medicine organization should be established. This proposal resulted in the International Coordination Conference that was convened in London, UK, in April 1987. This conference then led to the establishment of the international organization and determined to work towards convening a congress and launching a journal within a few years. During the second meeting in Leiden, in September 1987, a Steering Committee was formed to establish the International Society of Behavioral Medicine (ISBM).

Due to the international contacts of Section BM it became clear that a broader basis was needed for behavioral medicine in the Netherlands, and that other organizations working in health care and mental health care needed to be involved. The solution was found by establishing a federation of organizations. On February 24th, 1989, representatives of 28 organizations (university departments and other groups) met for the founding meeting of the Netherlands Behavioral Medicine Federation (NBMF). The initial step of convening a federation of organizations turned out to be a good choice; only some years later did the NBMF revise its structure to become an organization with individual members (Beunderman, 2006).

A major impetus was provided in 2004 when the entire membership of the section Psychologists in General Hospitals of the Netherlands Institute of Psychologists joined the NBMF. As the name suggests, the members of this section are medical psychologists involved in clinical care in general hospitals. This 'coalition' was negotiated by the chairs of the NBMF and section Psychologists in General Hospitals, together with members of their respective Boards, with the coalition subsequently approved by the members. The outcome of the negotiations was proudly announced in the Netherlands Journal of Behavioral Medicine (Sanderman and Soons, 2004). The idea behind this coalition was that while the NBMF focuses on the dissemination of scientific knowledge rather than on professional advocacy, the section Psychologists in General Hospitals sees professional advocacy as an important goal. The NBMF is therefore an ideal platform for knowledge exchange and dissemination, in that members share their scientific knowledge on behavioral medicine with clinicians, while clinicians share their clinical knowledge and experience with scientists. This results in better dissemination and implementation of scientific knowledge, while research benefits from clinical input. The coalition has increased the attendance by clinicians at the annual multidisciplinary conference organized by NBMF; a defining characteristic of this annual conference is the exchange of knowledge between scientists and clinicians.

Health psychology did not encounter behavioral medicine in the Netherlands until the early nineties. Behavioral medicine traditionally dominated departments of Clinical Psychology in social sciences circles and in medical schools (mainly in departments of general practice (or family medicine), social medicine, medical psychology, occupational medicine, and psychiatry). Interestingly, 'health psychology' developed rather independently from behavioral medicine. While 'never the twain shall meet' would be overstating it (leading members of the NBMF are also prominently involved in health psychology), behavioral medicine and health psychology remain very distinct in the Netherlands.

Courses, congresses and meetings

The first Boerhaave (= post-doctoral) course on “Behavioral Medicine – psychological treatment in physical complaints” was organized in 1985; see the left part of Figure 1. The keynote lecture was delivered by Dennis Turk, on the subject of chronic pain, and some ten workshops on various diseases (e.g., diabetes, cancer, cardiovascular disorders, etc.) were led by members of Section BM. Although the audience mainly consisted of psychologists, a surprisingly large attendance by MDs, particularly family doctors, was noted, with some 250 participants in total attending the first course. The course was subsequently repeated in 1989 and 2001.



Figure 1. Covers of Post Graduate Behavioral Medicine Courses

The first 5-year postdoctoral training course for registered clinical psychologists was launched in the Netherlands in 1990. Although mental health care dominated the program, behavioral medicine courses were mandatory from the very beginning and the main issues covered were cardiovascular disorders, diabetes, medically unexplained symptoms and chronic pain. Psychological assessment and cognitive behavior therapy were included as an element of skills training. All clinical psychologists now receive an introduction to behavioral medicine.

In the 1990's, the NBMF successfully organized several large, national conferences. The conferences were on 'Pain, quality of life and chronic illness', 'Compliance, patient education and chronic illness', 'Chronic illness, relations and sexuality', 'Fatigue: a chronic issue?', and 'Diabetes and behavior'. These conferences attracted large audiences consisting of psychologists, medical doctors, and allied health professions (nurses, physical therapists) and received financial support from the Dutch government and NGOs in the field of chronic diseases.

The tradition of the annual conference on behavioral medicine also originates in the 1990s. This annual conference currently offers a platform to young researchers (who recently obtained a PhD) to present their work to both scientists and clinicians. Additional presentations by a high-profile keynote speaker and a scientist-practitioner also contribute to the success of these annual meetings.

The annual medical psychology research meeting is organized as a response to the need for scientific exchange among researchers in the field of medical psychology. This research meeting attracts a core group of researchers in behavioral medicine and is centered on a specific theme, either scientific or methodological.

Books

In the early 1970s, the Journal of Behavioral Medicine widened our horizons in this country through reviews of books by illustrious figures in the field of behavioral medicine such as Doyle Gentry, Andy Baum, and others. In an age before the Internet and before downloadable pdf's of book chapters, attending behavioral medicine conferences in North America felt as exciting, to some, as a first romantic encounter.



Figure 2. Books on Behavioral Medicine in Dutch 1986 – 1992

It was therefore not rocket science to develop a book based on the 1985 Boerhaave course on Behavioral Medicine (see above). Behavioral medicine assessment and management of the major chronic physical illnesses were discussed in this 1986 book (see left hand book cover, Figure 2). Four years later, the book was published in an English version and included additional authors from the UK (see middle Figure 2). Both editions were a success. The 1992 book [‘Medical psychology in the hospital’, right hand cover in Figure 2] was rather less successful. Even today the idea still seems brilliant: MDs and psychologists writing as teams on chapters discussing a medical disease, with outlines of the behavioral medicine issues in assessment, medical management and behavioral medicine-based approaches. An update of the 1986 ‘Behavioral Medicine’ was published in 2000 (see left hand book cover, Figure 3) to considerable success. A 2006 edition also sold well but the 2012 edition recorded reduced sales for unclear reasons.



Figure 3. Books on Behavioral Medicine in Dutch, 2000 - 2012

Sensitizing medical students to behavioral medicine represents an important strategic objective of any behavioral medicine organization. In the Netherlands we have been fortunate in that medical schools have adopted the textbook 'Medical Psychology' (Figure 4). The book covers the major theoretical and empirical topics in Behavioral Medicine and many NBMF members contributed to the consecutive editions of this book.



Figure 4. Books of the textbook 'Medical Psychology'

New methods to publish and disseminate behavioral medicine material will evolve (behavioral medicine apps, behavioral medicine e-books and readers, online educational material for teaching behavioral medicine to various categories of audience). Watching these developments, in this country and elsewhere, will be exciting, and although behavioral medicine publications may change in structure and content, they will be around for some time to come.

Netherlands Journal of Behavioral Medicine

Since its foundation the NBMF has published the Netherlands Journal of Behavioral Medicine (see Figure 5; formerly: Information Bulletin NBMF). The journal is published twice a year and sent to all members of the Federation, including members of the section Psychologists in General Hospitals.



Figure 5. Masthead of the Netherlands Journal of Behavioral Medicine

The Netherlands Journal of Behavioral Medicine is a broadly interdisciplinary journal that informs its readers on recent developments in the field of behavioral medicine. It includes papers from all disciplines engaged in behavioral medicine relating to assessment, prevention, treatment and rehabilitation. Furthermore, the journal reviews books about behavioral medicine, carries the latest news about conferences, and includes information on the NBMF.

The editorial board invites authors of recent PhD dissertations to submit a paper summarizing their dissertation, selecting the most important or most interesting findings. By publishing summaries, the journal aims to facilitate the transfer of knowledge from science to clinical care. The journal also publishes articles related to illnesses, e.g. 'coping with chronic diseases', 'pain management', 'cancer care', 'work-related diseases', in addition to papers reflecting on the work of health care professionals such as 'multi-disciplinary care', 'motivational interviewing' or 'E-health'. All recent issues are downloadable from the NBMF website (www.nbmf.nl).

Relationship with the ISBM

The ISBM and the NBMF have always enjoyed very close contacts, to the benefit of both organizations. Following the International Coordination Conference in London and the meeting in Leiden (both in 1987, see above), meetings were subsequently organized in Zürich, Marburg, Uppsala and Hamburg. The Dutch representatives contributed to the discussion of the definition of behavioral medicine at these meetings. The Steering Committee chose the location of the 1st International Congress of Behavioral Medicine (ICBM) - Uppsala - and decided to found the International Journal of Behavioral Medicine (IJBM). ISBM was founded in 1990 in Uppsala, with the NBMF as one of the founding members. The 2nd ICBM was organized in Hamburg in 1992. For the Dutch representatives it was a great honor that Amsterdam was chosen as the venue of the 3rd ICBM in 1994.

More recently, members of the NBMF have served as (associate) editor of the International Journal of Behavioral Medicine and on the Board of the International Society of Behavioral Medicine, as chair of the Education and Training Committee, Strategic Planning Committee, Nominations Committee, and as President.

The NBMF is now proud to co-host the 13th International Conference of Behavioral Medicine, together with the local organizers at the University Medical Center Groningen, and in close collaboration with the Scientific Program Committee. We plan to provide a platform for a very high-profile international meeting on behavioral medicine and we expect this meeting to provide a further boost to behavioral medicine in the Netherlands.

Conclusion

Over the past 25 years the NBMF has been a very active and very productive society. Output can be measured in the numerous congresses, courses, meetings, books, its journal, and above all, in the very strong field of behavioral medicine in the Netherlands. Structural stability improved considerably when the members of section Psychologists in General Hospitals of the Netherlands Institute of Psychologists collectively joined the NBMF. We believe that more work in this area is needed and that links to other professional societies are worth exploring. Similarly, the link to government, health agencies and funding bodies could be strengthened. The international scientific community has contributed significantly to the development and success of behavioral medicine in the Netherlands – and in turn, Dutch scientists and practitioners have made major contributions to behavioral medicine internationally. This collaboration is to the benefit of both the ISBM and the NBMF, and we are firmly committed to continuing this fruitful collaboration in the future.

References

- Arnold, I.A., Beunderman, R., van Exter, F.M.M., Hornsveld, H.K., Kaptein, A.A., & Smets, E.M.A. (Red.). (2001). Toepassen van de psychologie in de geneeskunde: behavioural medicine. Leiden: Boerhaave Commissie.
- Beunderman R. (2006). Omzien in verwondering. De beginjaren van de Behavioral Medicine. Nederlands Tijdschrift voor Behavioral Medicine, 17, 16-19.
- Beunderman, R., Garssen, B., Donker, F.J.S., Kaptein, A.A. & Messer, A.P. (1983). Behavioral Medicine. Medisch Contact, 38, 813-817.
- Breteler, M., Beunderman, R., Garssen, B. & Kaptein, A.A. (1989) (red.). Behavioral Medicine. Leiden: Boerhaave Commissie.
- Garssen, B. en Beunderman, R. (1982). Themanummer Behavioral Medicine. Gedragstherapie, 15/2.
- Garssen, B., Kaptein, A.A. & Beunderman, R. (1985). De behandeling van lichamelijke klachten met gedragstherapeutische methoden. Nederlands Tijdschrift voor Geneeskunde, 129, 1030-1034.
- Kaptein, A.A. (1985). (Ed.), Behavioral medicine: Psychologische behandelingsmethoden bij lichamelijke klachten. Leiden: Boerhaave Cahier.
- Kaptein, A.A., Van der Ploeg, H.M., Garssen, B., Schreurs, J.P.M. & Beunderman, R. (1986). (Eds.), Behavioral Medicine: Psychologische behandeling van lichamelijke aandoeningen. Alphen aan den Rijn: Samsom Stafleu, De Nederlandse Bibliotheek der Geneeskunde. Deel 189.
- Kaptein, A.A., Van der Ploeg, H.M., Garssen, B., Schreurs, P.J.G. & Beunderman, R. (1990). (Eds.), Behavioural Medicine, psychological treatment of somatic disorders. Chichester: John Wiley & Sons.
- Kaptein, A.A., Garssen, B., Rümke, Ph. & Sluiter, H.J. (1992). (Eds.), Medische Psychologie in het ziekenhuis. Houten/Zaventem: Bohn Stafleu Van Loghum.
- Kaptein, A.A., Appels, A.P.W.M. & Orth-Gomér, K. (2000). (Eds.), Psychology in Medicine. Houten: Bohn Stafleu van Loghum.
- Kaptein, A.A., Garssen, B., Dekker, J., van Marwijk, H.W.J., Schreurs, P.J.G. & Beunderman, R. (Eds.), (2000). Psychologie en Geneeskunde - Behavioural Medicine. Houten: Bohn Stafleu van Loghum.
- Kaptein, A.A., Erdman, R.A.M., Prins, J.B., & van de Wiel, H.B.M. (Red.) (2006). Medische Psychologie. Houten: Bohn Stafleu van Loghum.
- Kaptein, A.A., Beunderman, R., Dekker, J., & Vingerhoets, A.J.J.M. (Red.) (2006). Psychologie en Geneeskunde – Behavioural Medicine. Houten: Bohn Stafleu van Loghum.
- Kaptein, A.A., Prins, J.B., Collette, E.H., & Hulsman, R.L. (red.) (2010). Medische Psychologie, 2e ed. Houten: Bohn Stafleu van Loghum.
- Kaptein, A.A., Dekker, J., Smets, E.M.A., & Vingerhoets, A.J.J.M. (red.) (2012). Psychologie en Geneeskunde – Behavioural Medicine, 4e ed. Houten: Bohn Stafleu van Loghum.
- Sanderman R. en Soons P. (2004) PAZ toetgetreden. Nederlands Tijdschrift voor Behavioral Medicine, 15,2, 1-2.