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RE: SBSM Fellow Application.

9/13/21

Dear SBSM leadership,

I am very enthusiastically writing this letter to formally apply to become a fellow of SBSM. As one of the original SBSM founders, it would be a great honor to be recognized as a Fellow.

I have passionately committed to the field for the past 20 years, because I firmly believe that both the science and practice of BSM improves people lives. We decided to form SBSM because our field needed to be able to advocate and champion for itself; this could not be fully accomplished within the American Academy of Sleep Medicine.

I am thankful that I could play a role in shaping the field and so happy to see SBSM thriving after all these years. Among some of my accomplishments to the field are that I was the program director for the Ponte Vedra Florida conference, during which we consolidated the critical mass of BSM leaders, created the agenda and the mandate to formally establish the SBSM as Non Profit National organization. I was instrumental in raising money and persuaded the Department of Psychiatry at Johns Hopkins to underwrite the potential loss from this conference. Along with Christina McCrae, Michael Perlis, and Daniel Taylor, we met weekly for at least 6 months to plan this pivotal conference. At the time, The American Academy was very aggressive and threatened to actively thwart our efforts and at times even our careers, but we persevered. We spend many months in the early years negotiating with the AASM.

I have served as SBSM’s president twice with multiple terms on the SBSM BOD. After serving as the Society’s 3rd president, many in our leadership were understandably burned out from the work required in establishing a new organization, we were not certain we would survive. I agreed to serve a second term to move us forward.

Working closely with Dr. McCrae, I was also instrumental in obtaining formal recognition from the American Psychological Association’s Council of Specialties of Psychology to recognize Sleep Psychology as a discipline. This application required a tremendous amount of work and planning and we were successful!

With respect to scientific contributions to the field, I first authored a comparative meta-analysis comparing 1 CBT-I with benzodiazepine hypnotics, finding that the short-term effects were similar, if not better for CBT-I. This became a seminal paper, one of the most highly cited in the field. It paved the way for several head-to-head randomized controlled trials, which reached the same conclusion. This work, in small part, eventually lead to the American College of Physicians recommending CBT-I as a first line treatment for chronic insomnia.

Amoung my other scientific accomplishments has been to demonstrate that sleep loss causes hyperalgesia, impairs pain inhibitory capacity and is a causal risk factor for the transition from acute to chronic pain. I have also conducted several randomized controlled trials of CBT-I demonstrating efficacy in chronic pain and the potential for CBT-I to improved chronic pain outcomes. I have authored several important papers related to the sleep-pain relationship and Co-Chaired the NIH task force on sleep and pain, which lead to the development of a formal funding program announcement, which I hope shapes the field with decades of discoveries to come.

I also founded the Johns Hopkins University Behavioral Sleep Medicine Program, which now has 4 doctoral providers and serves as an accredited fellowship training program. I am perhaps most proud of my former trainees, including Emerson Wickwire, Renata Okonkwo, Virginia Runko (formerly Coryell), Jessiy Salwen, and Jessica Richards. All of these trainees have gone on to become BSM professionals.

Sincerely,



Michael T. Smith, Jr., Ph.D., CBSM, DBSM

Professor of Psychiatry and Neurology,

Director, Behavioral Medicine Division

1. Smith MT, Perlis ML, Park A, et al. Comparative Meta-Analysis of Pharmacotherapy and Behavior Therapy for Persistent Insomnia. *American Journal of Psychiatry* 2002; **159**(1): 5--11.