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## original article

# Health at every size: an end to the war on obesity?

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When the World Health Organization labeled obesity a global epidemic, the “War on Obesity” truly became a world war (Robison & Miller, 2006). In fact, the term “globesity” (e.g., Deitel, 2002) has arisen to describe the transnational nature of this alleged threat to human health. Accordingly, an article in *The Lancet* (Gortmaker et al., 2011) calls for United Nations intervention to combat obesity. As a result, preoccupation with dieting and weight loss has become a worldwide phenomenon even in countries that have traditionally embraced larger physiques (e.g., Isono, Watkins, & Lee, 2009). Despite the resources devoted to this war—a billion dollar weight loss industry—most individuals fail to achieve lasting weight loss and many suffer casualties in their continuing efforts to do so.

Fortunately, the new millennium began to see a shift in attitudes toward weight and health, at least among researchers if not yet the lay public. In 1999, the *Journal of Social Issues* released a special volume entitled, *Dying to Be Thin in the Name of Health: Shifting the Paradigm*, in which scholars spanning the behavioral and biomedical sciences critiqued the literature on weight loss interventions to that point. Apart from documenting their limited effectiveness, articles highlighted a range of harmful physical and psychosocial side-effects including eating disorder pathology and cardiovascular complications. In response to these concerns, the editors (Cogan & Ernsberger, 1999) proposed a paradigm shift to what Ernsberger and Koletsky (1999, p. 221) termed a

“Wellness Approach to Obesity.” Such a shift would decentralize weight as an intervention target. Instead, it would promote health behavior change, assessing effects on metabolic variables such as blood pressure and psychosocial variables such as body image. This same year, Robison (1999) expounded on the need for a changed approach to weight and health. His alternative paradigm included the tenets that individual variations in body shape and size are natural and that thin bodies are not intrinsically healthy and aesthetically appealing nor are fat bodies intrinsically unhealthy or unappealing. Considering the damaging effects of weight-loss attempts, the essence of his approach includes body self-acceptance, eating in response to hunger rather than externally imposed regimens, and engaging in physical activity for pleasure-based versus calorie-burning purposes. The goal was to empower individuals to lead healthy, fulfilling lives caring for the bodies they presently have, regardless of size.

These initial challenges to the traditional approach to weight have evolved into what is known today as the Health at Every Size (HAES) movement. Burgard (2009) explains that HAES is a weight-neutral approach that promotes holistic health. As in earlier versions of this paradigm, body self-acceptance is central; however, HAES additionally stresses acceptance of others’ bodies and, concomitantly, an end to the bias associated with negative judgments of others’ physiques. Indeed, as the “War on Obesity” has escalated, so has weight-based bias and discrimination (Andreyeva, Puhl, &

Brownell, 2008). Furthermore, weight bias is particularly evident among health care professionals, compromising the wellbeing of their patients (Puhl & Heuer, 2009). Thus, HAES is a trans-disciplinary approach to enhancing overall wellness through health behavior change coupled with respect for individuals of all sizes. While weight loss may occur, weight is not considered a mediator in this process (Bacon & Aphramor, 2011).

The validity of HAES is supported by research over the past decade that reveals the continued ineffectiveness of dieting interventions targeting weight loss along with the potential for harm associated with these strategies (Mann, Tomiyama, Lew, Samuels & Chapman, 2007). Rather than dieting, Mann and colleagues (Tomiyama & Mann, 2008, p. 203) recommend facilitation of physical activity, stating that “exercise confers direct health benefits even if it does not lead to weight loss.” As such, they recommend a shift away from weight as an outcome variable in health promotion research. These conclusions have been echoed by other investigators in recent years. For instance, Blair and LaMonte (2006) agree that weight loss has been overemphasized as a clinical target. They challenge the notion that the modest, initial weight loss achieved in some studies accounted for improvements in health variables such as blood pressure and lipid levels. Instead, they contend that improved nutrition and physical activity habits themselves were responsible for improved health rather than the weight loss per se. As such, they advise a focus on lifestyle behaviors for everyone regardless of size, measuring the effects of these behaviors on health variables “rather than their effect on the scale” (p. 71). Campos, Saguy, Ernsberger, Oliver, and Gaesser (2006) concur that improved lifestyle behaviors produce health benefits apart from any weight loss and that a continued focus on weight is both ineffective and

counterproductive. The recent release of meta-analytic results (Flegal, Kitt, Orpana, & Graubard, 2013) underscore the fallacy of using weight as a proxy for health in that “Grade 1 Obesity” was not associated with higher mortality than “normal” weight. Even more striking, “overweight” was significantly associated with lower mortality relative to “normal” weight.

Direct support for HAES as a clinically useful alternative to weight-centered interventions can be found in Bacon and Aphramor’s (2011) review of randomized controlled trials of treatments based on these principles. While still few in number, these studies demonstrated that HAES protocols can produce significant improvements in metabolic, behavioral, and psychosocial variables—without adverse changes. In fact, body image measures tend to show improvement via HAES methods whereas body image distress and disordered eating are often outcomes of weight-loss interventions. Consequently, professional organizations addressing eating disorders have begun to advocate a HAES approach (Bacon & Aphramor, 2011). As scientific support for the efficacy of HAES interventions continues to grow, so have curricula that educate health care students and professionals in the dissemination of these methods. Watkins and Concepcion (in press) describe college courses in various behavioral and health science disciplines that now incorporate HAES principles, with some classes centered entirely on HAES. They also describe methods to re-educate practitioners who were not exposed to this philosophy during their training. When these pedagogical programs received empirical evaluation, both students and practitioners evidenced decreased weight bias after exposure to HAES ideals.

Although the HAES movement first arose in the U.S., awareness of this paradigm is evident

in other countries, including some European nations (Miller & Robison, 2006). Despite its location in the U.S., the Association for Size Diversity and Health (ASDH) (<https://www.sizediversityandhealth.org/Index.asp>) describes itself as an international professional organization committed to HAES principles. ASDH's mission "is to promote education, research, and the provision of services which enhance health and well-being, and which are free from weight-based assumptions and weight discrimination." The organization's website is a repository of information on HAES research and practice. The HAES Community website (<http://www.haescommunity.org/>) includes a registry of individuals of various professional backgrounds who identify with this approach that can be searched by country. The greatest concentration of registrants in Europe appears to be located in the U.K. In fact, the U.K. has its own organization, HAES UK (<http://www.healthateverysize.org.uk/index.html>) which "supports the Health at Every Size (HAES) approach as an effective, ethical and evidence-based approach to healthcare policy, practice and research." Additionally, "HAES UK is committed to challenging weight-based discrimination which is considered to be disrespectful and harmful to individual and community well-being." This organization was founded in 2009 by Lucy Aphramor, an NHS dietitian and honorary research fellow at Coventry University, and fat activist, Sharon Curtis. As in the U.S., Aphramor and Gingras (2011) describe widespread weight bias in U.K. medical settings. Thus, they recommend HAES as not only a more effective, but more ethical alternative to health care than current weight-based practices. However, they lament that in the U.K., "there is extremely limited awareness of the existence, let alone significance, of HAES" (p. 202).

Similarly, psychologist and HAES advocate, Sigrun Daniélsdóttir (2006) recounts Iceland's "War on Obesity" exemplified by instances of institutional weight bias and public health messages largely adhering to the traditional paradigm. She relates that this country lacks an awareness of HAES let alone a unified HAES presence, with practitioners continuing to operate in accordance with weight-based mores. Nevertheless, Daniélsdóttir ended her assessment of Iceland's state of affairs on an optimistic note, speculating that "we are bound to witness some exciting developments in the times ahead" (p. 214). Six years later, these words seem prophetic as Iceland is poised to be the first country to afford legal protection against weight discrimination. A proposal to include a ban on weight-based discrimination in the nation's constitution has received praise from the Academy for Eating Disorders, an international organization committed to research, education, treatment and prevention ([http://www.aedweb.org/AM/Template.cfm?Section=Resources\\_for\\_the\\_Press&Template=/CM/ContentDisplay.cfm&ContentID=3287](http://www.aedweb.org/AM/Template.cfm?Section=Resources_for_the_Press&Template=/CM/ContentDisplay.cfm&ContentID=3287)).

In Germany, weight bias has risen over the past decade with the government participating in the "War on Obesity" through various policies and rhetoric (Von Liebenstein, 2012). Due to its collectivist culture, fat hatred may be more fervent in Germany than in the U.S. Von Liebenstein asserts that, in Germany, fat people are perceived as parasites who take up more than their fair share of resources. As such, their compatriots see them as endangering not only the national economy but the social state and their fellow citizens as well. In response to weight-based discrimination and the perpetuation of weight-based prescriptions for health, Von Liebenstein participated in forming a fat acceptance organization known as Gesellschaft gegen Gewichtsdiskriminierung (<http://www.gewichtsdiskriminierung.de/>). This

group is comprised of fat people who have faced maltreatment firsthand as well as “normal” weight members who understand the social injustice of privileging people on the basis of body weight, shape, and size. Its primary aim is to foment societal change, largely through informational campaigns. These include educational programs regarding the perils and pitfalls of weight-based approaches to health. As such, Gesellschaft gegen Gewichtsdiskriminierung is a staunch proponent of HAES.

While the HAES perspective may still lack the visibility in Europe that it has in the U.S., this circumstance is rapidly changing. In May 2013, the German size acceptance organization, Dicke e. V. (<http://www.dicker-verein.de/english-version/>) will be sponsoring a European Workshop on Health At Every Size. Dicke e. V. was founded in 2008 and last year sponsored its first conference, a European Workshop on Body and Peace. Participants at this workshop created a size liberation manifesto, available on the HAES UK website. Contributors to this document included individuals from Austria, Denmark, Finland, Germany, Poland, Spain, Sweden, and the U.K. Such is an indication that HAES is steadily gaining a presence across Europe, perhaps spelling an eventual end to the “War on Obesity” on this continent. ■

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reply

# Response to Peters, Abraham, and Crutzen (2012) from the EHPS Journal Editors

Peters, Abraham, and Crutzen's (2012) article is a very eloquent, thoughtful, and timely summary of the current trends toward greater disclosure in reporting of scientific data and materials in scholarly peer-reviewed publications. As researchers who have conducted the types of research referred to by Peters et al. including quantitative syntheses of various literatures and behaviour-change interventions, and as editors of the EHPS journals *Health Psychology Review* and *Psychology and Health*, we commend their call for disclosure and agree with many of the recommendations and guidelines they have proposed. In many respects, we feel that we are not far off having the capacity to meet those guidelines. For example, the EHPS journals already make many of the items relevant to full disclosure including questionnaires, intervention protocols, supplementary tables, analyses, and flow diagrams available as online supplemental materials available to all readers of the articles. The repository is permanent and freely accessible and is a facility made available by the publisher at no additional expense (Peters et al. rightly point out that the costs of the data storage for these materials is negligible), even though the content of the articles itself is only available to journal subscribers. The advent of this facility reflects a gradual 'sea change' in publishing for the disclosure of these materials, and really reflects the relatively recent advances in online publishing in which all journal content is available online and the capacity for storage has become less of a problem. In other words, the publishers of the EHPS journals are making these materials available now because they can

and many of the barriers to full disclosure have been removed. However, we acknowledge that more can be done in terms of improving the extent of the disclosure of data and materials from the research published in our journals and it is something we need to remedy in the future.

Our current model for disclosure and reporting is a voluntary one. Any requirement for the use of the online repository has been largely motivated by journal space concerns, rather than directly servicing the need for full disclosure. We do have relatively strict guidelines for the reporting of data and intervention protocols and content in the journal itself (e.g., adherence to MARS guidelines in the reporting of meta-analysis and PRISMA and CONSORT guidelines in the reporting of systematic reviews and interventions in *Health Psychology Review* and *Psychology and Health*) and our team of Associate Editors are aware of these standards and have a brief to adhere to them, particularly if they have not been flagged sufficiently by reviewers. However, this does not extend to disclosure of data and we currently have no official policy on the disclosure of data sets and files used by authors. General publishing guidelines suggest that the data should be made available to interested readers on request for a reasonable period after publication (usually 5 years), but, as Peters et al. have pointed out, this is not something that

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can be enforced by the journals and we recognise there is considerable variability in the extent and willingness of authors to share their data through this arrangement. This is particularly relevant to Health Psychology Review as researchers reporting systematic reviews and meta-analyses frequently report attrition in studies eligible for inclusion in their analyses attributable to data being unavailable from the researchers. We have therefore resolved to update our policy on disclosure in this regard and aim to do so in the next year. This policy will involve the editors and advisory board of the publication as well as the publisher, who will likely have some familiarity and experience with these issues. We will face some challenges. The current publishing model, and one we expect to have for the foreseeable future, is not open access but through subscription only. So that will place constraints on the availability of some aspects of the article, by definition, but it will not affect the availability of online materials. From the perspective of the author, we see little impediment to increasing our requirements for the reporting of intervention protocols and manuals, to some extent there is

considerable precedent for that both within the EHPS journals and elsewhere, and is something that authors are coming to expect. There may, however, be problems with authors not wanting to make their data sets available, as this is currently only common practice in a few open access journals and not the current norm. Peters et al. have covered many of the reasons surrounding this potential reluctance and potential solutions. It may be that making these data available will be something that is dependent on some sort of embargo prior to publication or for a time afterwards or through disclosure and confidentiality agreements. In conclusion, we commend the call and solutions to full disclosure of research materials and data in scientific research in health psychology and see this as an opportunity to make our current policies more extensive and comprehensive to maximise the quality of the research published in the EHPS journals. ■

**Martin Hagger, Mark Conner, and Daryl O'Connor** on behalf of *Health Psychology Review* and *Psychology & Health*

**ARPH conference 2013**

# The conference of the Association for Researchers in Psychology and Health 2013

After a hectic and busy end of the year 2012, a festive holiday season and a welcome Christmas vacation, the New Year got off to a very good start with the annual conference of the Association for Researchers in Psychology and Health (ARPH). This conference took place at the University of Twente, Enschede, located in the eastern part of The Netherlands on January 31st and February 1st 2013. The ARPH is a non-profit organization and collaboration between several Dutch and Belgian research institutes, which was founded in April 2011. The association aims at promoting and encouraging the scientific study of psychological approaches to both health and illness. By organising annual conferences and supporting and co-financing symposia organised by ARPH members, excellent opportunities are created for researchers to exchange knowledge, experiences, research ideas and expertise, in order to arrive at new insights and bring about the progress of this field.

With a total of 152 registered participants, this year's meeting substantially surpassed its predecessor (the first edition) in size, indicating the increasing reputation and popularity of the association. Furthermore, the content of the conference was impressive with a total of three keynote lectures, approximately 80 oral presentations and 25 poster presentations.

The keynote lectures reflected both the national and international character of the association with distinguished speakers from The Netherlands, Italy and the United States of America. At the beginning of the conference, Prof. Reinout Wiers (University of Amsterdam,

Amsterdam, The Netherlands) **Francine Schneider** was first to keep the audience captivated when providing his new and interesting perspectives on interventions focussed on implicit cognitions, substance use and health. Later that day, Prof. Fabrizio Benedetti (University of Turin Medical School and National Institute of Neuroscience, Turin, Italy) aired his impressive knowledge and expertise related to the placebo response. Finally, Prof. Kirk Warren Brown (Virginia Commonwealth University, Richmond, VA, USA) closed the conference with his lecture on mindful responses to stress, in which he combined evidence from both psychology and neuroscience.

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The extensive number of oral presentations was divided among four main parallel sessions. Content of these sessions was either matched by theme, or consisted of symposia. The oral sessions were complemented with an extensive poster session. Together, this resulted in high quality sessions, covering a rich and varied area of topics like Internet-delivered interventions and eHealth, chronic illness and chronic pain, health behaviour and health behaviour change, patients and their social environment, positive aspects of health and child, adolescent and sexual health. The high quality of the presentations and posters was again visible during the closing ceremony, where the judges had a hard time assigning the awards for best presentation and poster. Bjorn Prins (Ghent University, Ghent, Belgium) received an award for his talk on how mindfulness reduces the

impact of catastrophic thinking on pain perception. Danielle Bartels (Academic Hospital St. Radboud, Nijmegen, The Netherlands) received an award for her poster on the role of expectations in placebo effects on itch.

Ironically, conferences also provide great opportunities to completely forget about research. Therefore, like every good conference, this conference provided excellent opportunities for networking and socializing. Networking slowly started during the coffee breaks and extended during lunch and dinner, whereas socializing increased during drinks and finally culminated at the surprise event, during which all researchers were transformed into excellent (and competitive) jugglers. To close this evening, all participants were invited to the

Faculty Club, where the party continued under the experienced guidance of the DJ; indicating once more that all (health) psychologists are amazing dancers!

In closing, I would like to thank the board of the ARPH and the organizing committee for realizing this year's conference. To put it briefly, it was a very well organized and intimate meeting, that touched upon relevant and interesting topics, incited new research ideas and offered good opportunities for networking and socializing. I'm already looking forward to third meeting, which will be organized by the University of Groningen (Groningen, The Netherlands). More details on this conference will be offered on the website in the near future: <http://www.arph.nl/>. ■

## visiting scholar grant

# Exploring processes of Acceptance & Commitment Therapy (ACT) in chronic pain

## ACT and chronic pain

Pain acceptance, defined as a readiness to have pain and other negative experiences, is increasingly recognized as an important component in the treatment of chronic pain. Acceptance is a central component of Acceptance & Commitment Therapy (ACT) (Hayes, Strosahl, & Wilson, 2011), a form of cognitive behavioural therapy. In ACT, acceptance is targeted to enable the pursuit of valued life activities. Values can be seen as an intrinsic motivating framework for leading a meaningful life. From the perspective of ACT, the shift in focus from pain avoidance towards valued life activities generates psychological flexibility (Hayes, Luoma, Bond, Masuda, & Lillis, 2006). Psychological flexibility is the primary aim of ACT, defined as the ability to act effectively in accordance with personal values in the presence of chronic pain. A growing body of research indicates ACT to be effective for a range of psychopathology and other problems, such as depression and anxiety (e.g. Fledderus, Bohlmeijer, Pieterse, & Schreurs, 2012; Forman, Herbert, Moitra, Yeomans, & Geller, 2007) and chronic pain (Veehof, Oskam, Schreurs, & Bohlmeijer, 2011).

## N-of-1 design and research questions

Although different studies have shown that ACT is effective for chronic pain, not much is known about the functioning of ACT-processes within individuals over time. We therefore used an N-of-1 design to explore the temporal characteristics and relationships between acceptance, values and important chronic pain outcomes (interference of pain in daily life and

emotional well-being). The N-of-1 design (also 'single case design' or 'single subject design') is used in many areas of psychology. In this design, one participant is continuously assessed (often daily) on one or more variables over time. In general, the design is applied in clinical and health psychology to assess the effectiveness and patterns and processes of change in (cognitive) behavioral interventions. N-of-1 designs are used also as a low-cost method in early modeling and pilot phases of intervention testing. Repeated observations and attempts to generalize findings through replication distinguish SCED from traditional case-studies (Hadert & Quinn, 2008; Tate, McDonald, & Perdices, 2008). In our study, daily measurements were performed on PDA (mobile phone) by four chronic pain patients enrolled in an eight-week in-patient multidisciplinary treatment program. Data was gathered for 13–16 weeks, participants filled out 18 questions at the end of each day. In addition to our research questions on the temporal characteristics and relationship between important ACT-related processes and variables, we were also curious if these relationships would be unique for different individuals.

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## Work plan and activities in previous and future visits

Prior to my collaboration with Derek and Marie Johnston I had already set up the research questions, design and data collection of this study, together with my supervisor Prof. Karlein Schreurs at the department of Psychology,

Health and Technology at the University of Twente (The Netherlands). As the N-of-1 design is not widely applied in psychology and not much guidelines for working with the design are available, I had been struggling with my study during the first months of 2011. Luckily, some of my colleagues called my attention to the 3-day Synergy workshop entitled 'N-of-1 designs in health psychology', by Derek and Marie Johnston and Diane Dixon. Following their workshop in Crete in September 2011 helped me tremendously in further preparing my design and research questions. As I also found that analyzing N-of-1 data is a difficult puzzle, I asked Marie and Derek at the Crete workshop if they could possibly help me with analyzing the results. They offered me the opportunity to visit them in Scotland and collaborate on both analyses and writing a paper on the data. The work plan we set up was designed to ensure prolonged collaboration. Therefore, I visited Aberdeen for one week at the end of June 2012 to start exploring the data and make the first steps in analyzing data. In February and March 2013, I will visit Aberdeen again for five weeks. We then will finish data analysis and write a paper based on the outcomes.

### **(Preliminary) outcomes**

During my first one-week visit, I mainly worked with Derek Johnston on the actual data analysis. Together with both Marie and Derek I discussed the ACT-model and the (dis)advantages of the N-of-1 design compared to other study designs. They also arranged a meeting with colleagues from the Aberdeen Health Group who were working with the N-of-1 design or had interest in doing so. Although this meeting turned out to be a small four-member meeting due to the start of the holiday season, I learned a lot! It was very nice to be able to talk with other researchers about the caveats of the N-of-1 and to learn from their experiences in designing, analyzing and writing

a subsequent paper on this kind of data. The meeting was followed by a good and generous lunch in the city centre of Aberdeen. Looking back, I am very happy about both the scientific and personal outcomes of this visit.

Based on the outcomes of our first steps on data-analysis, I presented a poster at the EHPS Prague Conference in August 2012. Outcomes of first analyses in one participant (using the open source McKnight program for time series analysis) seemed to indicate that both processes acceptance and values-based living are related to different chronic pain outcomes. Over time, acceptance was related to pain interference in daily life, but not to emotional well-being. In turn, values-based living was related to emotional well-being, but not to pain interference in daily life. These outcomes seem to indicate that over time, different ACT-processes are an equally important part of the framework of ACT as they relate to (or even influence) different outcomes. More analyses during my five-week visit hopefully will answer questions about (dis)similarity of these patterns and processes over time in the other participants in our study. I also hope to find out if both ACT-processes can forecast chronic pain outcomes, and what time lags then possibly are involved. As for now, I would like to thank both Marie and Derek for their time, energy, generosity and friendliness! Our collaboration in February hopefully will deliver a good paper and a good learning experience. ■

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## visiting scholar grant

# A collaborative study on interventions for smoking cessation in cardiac patients

**Nadine Berndt**  
Open University of the  
Netherlands

*Nadine Berndt is a PhD Fellow at the Department of Psychology at the Open University of the Netherlands. She studies the (cost-)effectiveness of two intensive counseling methods for smoking cessation in patients with coronary heart disease. During her visit at the University of California San Francisco (UCSF) she worked with Professor Wendy Max at the Institute for Health and Aging to establish a health economic model to estimate the long-term cost-effectiveness of the interventions under investigation. During her stay she also had the chance to meet Erika Froelicher, professor Emeritus, at the School of Nursing to particularly work with her on the effectiveness study. Nadine Berndt was a visiting scholar at UCSF in the period from the 27th of February to the 30th of March 2012.*



UCSF is a leading university dedicated to promoting health worldwide through advanced biomedical research, graduate-level education in the life sciences and health professions, and excellence in patient care. It is dedicated exclusively to health sciences. One of the Institutes of UCSF is the Institute for Health & Aging which has made major contributions to the fields of health policy, aging, disability, health promotion, and the economics of tobacco control.

## Collaboration with Professor Wendy Max at the Institute for Health & Aging

My dissertation research started in 2009 and examines within the cardiac outpatient setting

two intensive smoking cessation interventions; i.e. telephone counseling and face-to-face counseling both combined with nicotine replacement therapy. The effectiveness study specifically compares health and smoking cessation outcomes, while the cost-effectiveness study compares the health outcomes with costs of the interventions, and assesses their budgetary impact. As regards the economic evaluation, my visit to the Institute for Health & Aging at UCSF was particularly oriented towards a collaboration to develop a Health Economic Model.



My primary supervisor at UCSF was Professor Wendy Max. Wendy is Professor-in-Residence of Health Economics and Co-Director of the Institute for Health & Aging at the Department of Social and Behavioral Sciences. Her work includes a study of the cost of smoking in California, the development of a US model of smoking costs, and its application to the public sector. To date, Wendy has developed various models of the economic impact of the health

effects and costs of tobacco use. Due to her expertise, I contacted Wendy in April 2011. I told her that I was interested in her research on health economics, with particular emphasis on the economic impact of smoking and health expenditures. I also mentioned that I was potentially interested in visiting her at UCSF as a visiting scholar to learn from her on how to develop and execute cost-effectiveness analyses and health economic models for smoking cessation interventions. Wendy responded very fast and informed me that she would be interested in hosting me as a visiting scholar. Shortly after, a cordial official invitation letter appeared in my Email inbox and we started arranging all the formalities for me going abroad. As such, I excitedly submitted an application for the CREATE Visiting Scholar Grant. I was very delighted when I heard that I was awarded the grant!

When I arrived in San Francisco in February 2012, I first had an introduction session at the International Students and Scholars Office to get information about the campus facilities, student life, recreation, transportation and activities for international students at UCSF. The second day of my visit at UCSF I met Wendy for lunch. She welcomed me very warmly and introduced me to the faculty staff, my personal office space including computer equipment, and the library facilities. She also helped me arranging my short-term ID card to have access to all relevant UCSF buildings. Although Wendy was very busy since her own teaching course was running during my visiting period, she did everything possible so that this visit would be of high benefit for my project and my education. She introduced me to many other faculty members who possessed expertise relevant to my research, resulting in numerous very interesting and cooperative meetings with great people (such as Professor Stanton Glantz whose work leads the field of Tobacco Control). I believe it was my

fourth day at UCSF when we went to the main campus (Parnassus) to attend a talk about the US Framework Convention on Tobacco Control at the Center for Tobacco Research and Education.



Professor Wendy Max & Nadine Berndt at the UCSF Laurel Heights Campus

Wendy and I decided to meet once up to twice per week to share our common research interests, and to discuss about my project for which we aimed to develop a health economic model. Wendy was hardworking, but always enthusiastic and humorous, and I admire her for being so smart! Towards the end of my visit, we had a first concept of the Markov Tree Model, which we are going to run in a specific software for building and testing health economic models. The model (as simplified below) will allow us to extrapolate decreases in smoking (resulting from the smoking cessation interventions) to long-term health gains. This will then give us estimates of the total effects on healthcare costs.

We are currently writing a joint scientific article on the cost-effectiveness of the two intensive smoking cessation interventions in cardiac patients that are evaluated in my project and are planning to write another paper on the outcomes of the health economic model.

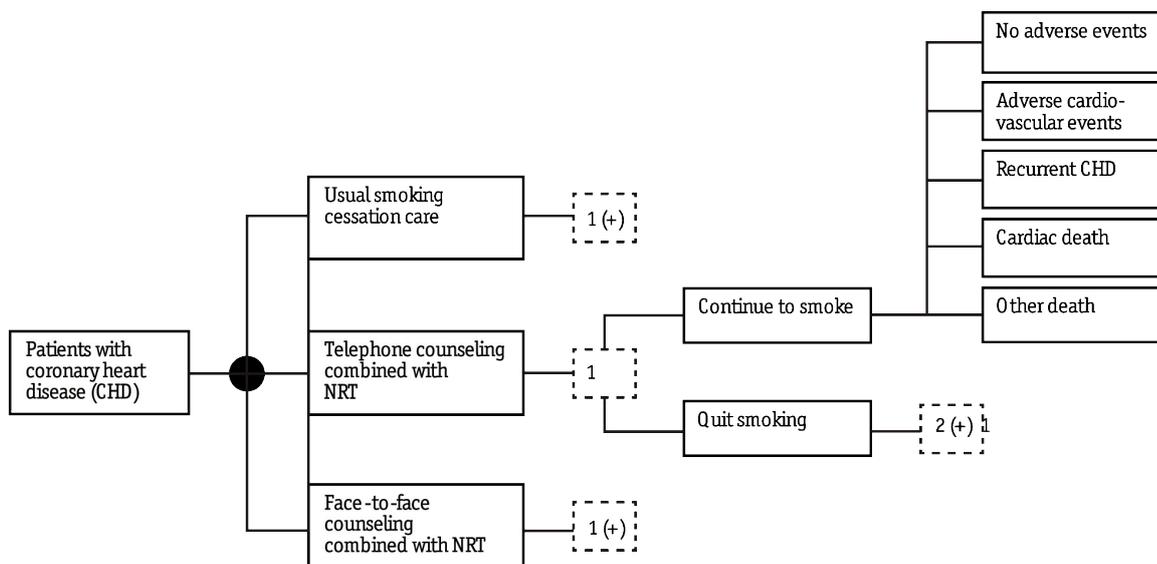


Figure 1. Hospitalized patients with CHD receive (1) usual care, (2) telephone counseling with nicotine replacement therapy (NRT) or (3) face-to-face counseling with NRT in the three months after discharge. Patients experience health events whose likelihoods depend on their smoking status. 1 and 2 represent probability nodes and the plus sign (+) signifies clones of these nodes.

### Collaboration with Professor Erika Froelicher at the UCSF School of Nursing

The research program of professor Erika Froelicher, professor Emeritus, focuses on the prevention through nursing interventions to reduce cardiovascular disease risk factors such as smoking cessation and depression. She also has a strong interest in physiological, psychosocial, and economic issues relevant to expertise in methods, design, and epidemiology. In the past, Erika tested the short- and long-term efficacy of a nurse-managed smoking cessation and relapse prevention program for women smokers, hospitalized for cardiovascular disease (WINS study). Since this intervention is very similar to my dissertation research on smoking cessation treatment delivered by nurses to cardiac patients, I also collaborated with Erika during my visit at UCSF.

Although Erika has officially started her retirement, she is still very active by mentoring graduate students, teaching courses and traveling all around the world. During our first meeting at the School of Nursing, we discussed the need of smoking cessation interventions for

cardiac patients and the methodology of the interventions in my PhD study. We had a great first conversation and figured out that our research interests are strongly linked. Since Erika has been involved in the development of the US Guideline Treatment Tobacco Use and Dependence, received numerous awards and honors from the American Heart Association, and has contributed to many papers in high-impact journals, her input was invaluable. The next time we met at her home where we spread around her dining table to work on the short-term effectiveness paper of the interventions under investigation in my study. Her expertise provided clarity in terms of appropriate methodology and analysis for the paper. She also provided me with useful literature she has published about the WINS study which additionally helped me to advance my paper. Anyone who has ever met Erika knows that she is a great teacher, encouraging and brilliant. Erika and I met once a week for the month March to talk through my project, and since my return to the Netherlands, our conversations continue over Skype and Email. She really helped me to find new energy and motivation

towards the end of my dissertation.



Professor Erika Froelicher & Nadine Berndt at the UCSF School of Nursing

### Outcomes of the visit and the future

My visit to UCSF was supported by a visiting scholar grant from CREATE. Without the grant support it would not have been possible to go abroad. My stay allowed me to study the latest theoretical and empirical perspectives of health economics and tobacco research in the US, to present my own research at the Institute for Health & Aging and other relevant Institutes at UCSF, and to network, establish and strengthen international cooperation in academic research

for the future. The weekly seminars and discussion groups I additionally attended were very helpful for meeting the people actually standing behind the methodology and tools linked to smoking cessation research. To sum up, my visit to Professor Wendy Max and Professor Erika Froelicher was an amazing opportunity and a fabulous experience. Unfortunately, my time as a visiting scholar at UCSF was short—but long enough to find two fantastic mentors who inspired, engaged and motivated me for my upcoming career. Everything I learned I will definitely use for my future research, and my visit was just the start of a fruitful collaboration. Being awarded with the CREATE Visiting Scholar Grant made a valuable impact on my development as a young researcher!

A special place in this report should be given to my supervisors at the Open University of the Netherlands, Dr. Catherine Bolman and Professor Lilian Lechner, for supporting my visit to UCSF. I would also, once again, like to express my gratitude to Professor Wendy Max and Professor Erika Froelicher. ■

tandem grant

# Health Psychology and Implementation Science in tandem: developing questionnaires to assess theoretical domains and multiple goal pursuit

**Johanna M. Huijg**

*Leiden University, the Netherlands*

**Justin Presseau**

*Newcastle University, UK*

Much research and funding is invested into developing, piloting and evaluating complex interventions, including theory-based health behaviour change interventions. However, the transfer of effective interventions into widespread application is relatively less frequently a focus of health psychological research. The translational gap of moving research evidence into practice is a limiting factor to the impact that effective interventions can ultimately make on public health (Glasgow, Klesges, Dziewaltowski, Bull, & Estabrooks, 2004; Grol & Grimshaw, 2003). Research in implementation science focuses on understanding how best to bridge this gap by studying the uptake of research findings into routine care (Foy, Eccles, & Grimshaw, 2001), such as healthcare professionals' delivery of interventions demonstrated to be effective. Implementation science is a growing area of research to which health psychology is providing an impactful contribution.

The uptake of evidence-based interventions into routine care often requires changes in healthcare professionals' behaviours (Bartholomew, Parcel, Kok, Gottlieb, & Fernández, 2012; Cane, O'Connor, & Michie, 2012; Fleuren, Wiefferink, & Paulussen, 2004; Greenhalgh, Robert, Macfarlane, Bate, & Kyriakidou, 2004). Therefore, the same theoretical processes described in our contemporary theories of behaviour change can be applied to healthcare professionals'

implementation behaviours, and effective implementation may be therefore informed and guided by behaviour change theory (Eccles, Grimshaw, Walker, Johnston, & Pitts, 2005). For instance, a popular technique for promoting behaviour change in health professionals is the provision of information via dissemination of clinical practice guidelines. Contemporary theory and evidence in health psychology suggests that targeting knowledge is often necessary yet insufficient to change their behaviour. Thus, it is perhaps not surprising that uptake of recommendations in clinical practice guidelines are typically suboptimal. Just as interventions targeting health behaviours, effective program adoption and implementation may also be helpfully informed by theory-based intervention development and evaluation.

Health psychology is well positioned to inform efforts in implementation science and bridge the gap between research and practice. At the EHPS conference in Prague in 2012, Professor Charles Abraham highlighted implementation as a key challenge for our discipline to make a larger impact. Much effort is focused on developing theory, methods, procedures and evaluating interventions, and rightly so; these are the foundations upon which all health behaviour change interventions are developed and evaluated (Craig et al., 2008). Applying health psychological science to informing the implementation of effective interventions holds potential not only for increasing the reach and impact of our research, but also in further developing and refining our theories and methods of behaviour change in

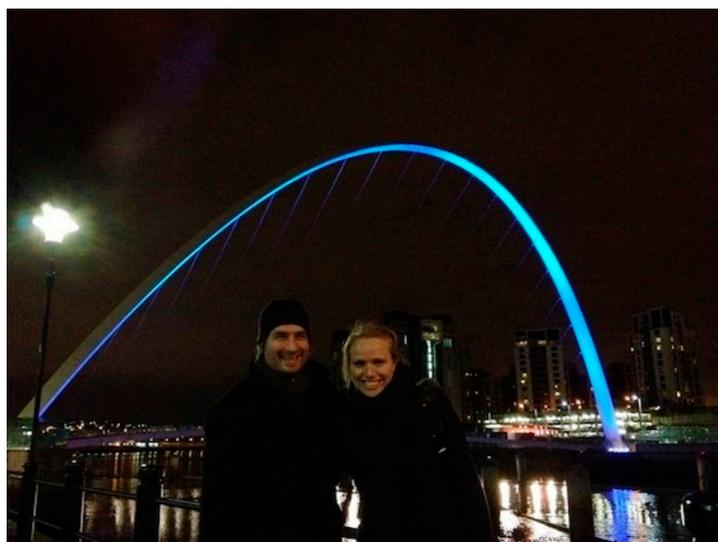
novel contexts, leading to scientific progress.

### The Tandem Grant

The EHPS awarded us with a Tandem Grant to build collaboration between Leiden and Newcastle in health psychology-based approaches to implementation science. This recognition further emphasises the increased acknowledgement of the role that health psychology can play in this growing area of research.

Both of our research had the objective to better understand which factors may influence healthcare professional behaviours in implementing interventions, to develop theory and understand the provision of high quality care in routine practice. In particular, Josanne's research focused on the implementation of physical activity (PA) interventions by primary care professionals and the associated impacts of professionals' characteristics, the intervention itself, its strategy for implementation, as well as the wider organisational and socio-political context (Huijg et al., 2011a, b). Part of Justin's work concerned developing theory to understand how primary care professionals manage multiple behaviours when implementing guideline-recommended behaviours in the provision of care to people with type 2 diabetes. Results from our previous studies (Huijg et al., 2011a; Huijg et al 2011b; Presseau, Sniehotta, Francis, & Campbell, 2009) provided insight into the factors influencing the implementation of PA interventions and guideline-recommended behaviours in primary care, respectively. Both our projects were at a stage requiring the development and content validation of theory-based questionnaires to assess factors associated with health professional behaviour. Therefore, the aim of this tandem research was to develop and validate two questionnaires that could be generalised across a range of health professional behaviours and contexts: a questionnaire

assessing theory-based constructs related to primary healthcare professionals' implementation behaviour based on the Theoretical Domains Framework (TDF; Cane, O'Connor, & Michie, 2012; see also <http://www.implementationscience.com/series/TDF>), and a questionnaire assessing perceptions about multiple goal pursuit (i.e., goal conflict, goal facilitation, goal priority, and self-efficacy for managing multiple goals; Presseau, Tait, Johnston, Francis, & Sniehotta, in press). The EHPS Tandem Grant provided a timely opportunity to work together to develop each questionnaire and test their content validity.



### Towards a TDF-based screening tool for possible barriers and facilitators to implementation

Josanne's early work focused on the adoption, implementation and continuation of PA interventions in primary care, informed by implementation theory (Fleuren, Wiefferink, & Paulussen, 2004; Greenhalgh et al., 2004; Grol, Wensing, & Eccles, 2005), to study factors influencing this complex process. As qualitative findings emerged, the potential role of behaviour change theory in implementation science became clear and fostered an interest in

specifically focusing on primary care professionals' implementation behaviours (Huijg et al., 2011a, b). The first step in that process involved developing a theory-based questionnaire on the quality of the delivery (i.e., implementation) of PA interventions by primary care professionals, informed directly from her qualitative work. For this purpose, Josanne was able to benefit from Justin's experience in theory and questionnaire development methods. The aim was to develop a questionnaire for use to screen for the theoretical factors that may be relevant to understanding the use of PA interventions in Dutch primary care. We identified the TDF (Cane, O'Connor, & Michie, 2012) as the theoretical basis for developing and validating the content of the questionnaire. In addition, the development of Josanne's questionnaire was informed by results from her previous qualitative studies.

### **Towards an index of Multiple Goal Pursuit**

Justin's interest in the role of goal facilitation and goal conflict in multiple-goal pursuit (Pesseau et al., in press) has led part of his research to focus on the implementation of high quality, guideline recommended diabetes care. After all, primary care professionals are tasked with performing and prioritising multiple behaviours when providing care, offering an ideal context in which to test and develop theory in relation to multiple goal pursuit. Existing approaches to assessing multiple goal pursuit (cf. Pesseau, Sniehotta, Francis, & Little, 2008) can sometimes be time consuming to complete; a limiting factor in conducting multiple behaviour research with health professionals. There was a need to develop a parsimonious questionnaire to assess how competing and facilitating priorities are perceived to impact on the performance of a given behaviour. With the aim of conducting an online study to assess the discriminant content

validity of a newly developed scale, Justin was able to benefit from Josanne's expertise in implementation research, in the use of web-based methods for developing questionnaires and her experience with consensus methods. After our first week of collaboration, discussions resulted in an extensive set of items that could be used as a basis for the questionnaire.

### **Tandem Grant meetings**

In addition to lengthy discussions about the role of health psychology in implementation science, our Tandem Grant meetings involved the interactive and iterative development of two questionnaires. Once the items were identified, we conducted two discriminant content validation (DCV; Dixon, Pollard, & Johnston, 2007; Dixon, Johnston, McQueen, & Court-Brown, 2008) exercises with behaviour theory experts in Leiden and Newcastle. As no multi-item TDF-based questionnaire had yet been published at the time, we undertook the task of reviewing the literature for measures (standardised where available) of constructs from each domain and conducted a DCV to assess whether items from each domain could be identified and discriminated between domains by a group of experts. For the constructs of interest for Justin's questionnaire (i.e., goal facilitation, goal conflict, goal priority, and self-efficacy for managing multiple goals), we identified existing measurement tools, and developed new items where appropriate. A DCV was conducted to examine if multiple behaviour related items could be identified and discriminated from related behavioural constructs (e.g., intention, self-efficacy) by a group of experts. Both questionnaires have been developed to be generalizable to any health professional behaviour and context and thus we anticipate that they will be of interest to anyone interested in quantitative tests of constructs from the TDF and multiple behaviour constructs. Currently, we are writing up these results for

publication.

Overall, the Tandem Grant was a tremendously successful opportunity to achieve the scientific goals we set for ourselves. In addition, finding a kindred spirit in health psychological approaches to implementation science fostered much discussion and ideas of future collaborative opportunities. Thanks to the Tandem Grant, we were both able to benefit from each other's networks in Newcastle and Leiden. In addition with a few additional years' experience in academia, Justin was able to gain experience in, and was able to provide, peer mentorship to Josanne as she entered the final stages of her PhD. Furthermore, the Tandem Grant provided further opportunity to build each others' international collaborative network at an early stage in our careers. The Tandem Grant of course extended beyond our work. Meeting up with each other allowed us to experience each other's cultural (and dietary) idiosyncracies, from the salted liquorice and stroopwafels of the Netherlands to a traditional Canadian thanksgiving dinner (in the UK!).

### Next steps

We are both happy to see implementation science continue to make strides within the Society and are keen to connect with others interested in developing ideas and research using health psychology-based theories and methods to progressing the science of moving research into widespread use. We look forward to the next Synergy workshop on 'Methods for changing Environmental Conditions for Health: influencing organisations, stakeholders and key actors', facilitated by Prof Gerjo Kok and Prof Rob Ruiter. ■

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## INVITATION TO JOIN THE CREATE EC

CREATE invites early career researchers from all countries to apply for open positions on the CREATE Executive Committee (EC). CREATE is a subdivision of the European Health Psychology Society (EHPS), that promotes education and collaboration for early career researchers working in the field of health psychology (Collaborative REsearch and Training in the EHPS).

EC responsibilities include running an annual CREATE workshop, keeping online resources up-to-date and promoting networking between early career researchers (& having a lot of fun).

You are invited to apply for the following positions: Chair, Secretary, Treasurer, Application Master, and Grant Master:

<i>EC Positions</i>	<i>Specific tasks include</i>
1. Chair	-chairing meetings and workshop -supervising all activities of EC -representing CREATE in EHPS board meetings
2. Secretary	-keeping track of CREATE EC activities -keeping minutes of CREATE EC meeting -organizing task list for CREATE & social program of workshop
3. Treasurer	-directing and recording financial transactions of CREATE -keeping accounts of the finances of CREATE -producing financial reports
4. Application Master	-administering the application process for workshops and "Meet-the-Expert-Sessions" - communicating with applicants/participants - local organizing of the "Meet-the-Expert-Sessions"
5. Grant Master	- administering the application process for all EHPS grants - communicating with applicants

*Angela Rodrigues* (Chair) is willing to continue serving as Chair of the Executive Committee and is eligible to be re-elected.

*Dominika Kwasnicka* (Grant Master) is willing to continue serving as Grant Master of the Executive Committee and is eligible to be re-elected.

*Lena Fleig* (Secretary) is not seeking re-election.

*Gudrun Sproesser* (Treasurer) is not seeking re-election.

*Pamela Rackow* (Application Master) is not seeking re-election.

*Phil Jefferies* (Webmaster) remains on the Executive Committee as Webmaster.

Elected candidates will take over positions after the 2013 workshop in Bordeaux and will serve for a period of two years, with the option of reelection for a further two-year period.

If you still are a PhD student and would like to actively engage in organizing the workshops please send your **application** until **March 22<sup>nd</sup>** to Phil Jefferies (philip.jefferies@dcu.ie). Applications should include the information on

- the position you are interested in,
- one CREATE member seconding your nomination (name and email)
- your working institution and funding institution
- a motivational statement describing why you are interested in working in the CREATE EC (max. 100 words)

Applications from all EHPS countries are welcome!

If there are more applications than vacancies, an online voting amongst all members of the CREATE database will be held from March 23<sup>rd</sup> – 30<sup>th</sup>.

If you have any questions, please contact us:

[http://www.ehps.net/index.php?option=com\\_content&view=article&id=179&Itemid=270](http://www.ehps.net/index.php?option=com_content&view=article&id=179&Itemid=270)

We look forward to your application! The CREATE EC 2013

meet the expert

# "Meet the Expert" 2013 at the 27th Annual Conference of the European Health Psychology Society in Bordeaux (France)

We are excited to announce this year's "Meet the Expert" sessions at the Health Psychology Conference in Bordeaux. These pre-conference sessions provide a great opportunity to promote research facilitation and interaction. We are hoping to approach especially young researchers and early career scientists to grab this unique chance to discuss and get advice on their research ideas from experts in the field in a friendly and relaxed environment.

This year's group of experts are established research leaders with numerous scientific publications and an outstanding record as academic teachers in health psychology. The following four experts have kindly agreed to facilitate this event: Profs., Mark Conner (UK), Lutz Jäncke (Switzerland), Stan Maes (Netherlands), and Crystal Park (USA). Their specific areas of interest are the following:

## **Professor Mark Conner - University of Leeds, UK**

- attitude-behaviour relationship and psychological models of the determinants of health behaviours
- social psychology of food
- cognitive versus affective influences on behaviour, mere measurement effects, and attitudinal ambivalence

## **Professor Lutz Jäncke - University of Zurich, Switzerland**

- motor and cognitive integration
- functional neuroanatomy
- spatial presence

## **Professor Stan Maes - Leiden University, Netherlands**

- self-regulation and lifestyle modification in rehabilitation settings
- quality of life
- health behaviour change

## **Professor Crystal Park - University of Connecticut, USA**

- stress, coping and adaptation
- stress-related growth and meaning-making
- religiosity and spirituality

The above key scientists are willing to pass on their knowledge and experience and will try to

- assist young researchers plan a research project.
- provide young scientists with information and resources relevant to the needs of their current research work. Participants may be provided with useful materials and tools, as well as advice concerning the overcoming of specific obstacles they may be facing.
- provide young researchers with ideas about collaborations and networking opportunities.
- provide guidance for publishing in scientific journals.

The consultation sessions will be 30-minutes long and either one-on-one or in small groups. They take place in the afternoon of the first conference day, Tuesday, 16th July, 2013 at Conference venue in Bordeaux, France. Participants are asked to send in some information about themselves and their study

and prepare some questions in advance. This would help the experts prepare for and make best use of the sessions.

**Registration deadline: 31st May 2013**

**For more information contact:**

Angela Rodrigues

**a.rodrigues@newcastle.ac.uk**

Pamela Rackow

**pamela.rackow@psychologie.uzh.ch**

We invite applicants from a wide range of countries and research backgrounds. Priority will be given to EHPS members and student members. We will inform you of the outcome by 14th June 2013.

*On behalf of the EHPS Executive Committee,*  
**Angela Rodrigues** and **Pamela Rackow**, MTE  
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CREATE - Collaborative REsearch And Training in the EHPS - is a subdivision of the European Health Psychology Society (EHPS), promoting education and collaboration for early career researchers working in the field of health psychology. The workshop will take place immediately prior to the 27<sup>th</sup> conference of the EHPS in Bordeaux, France.

# President's message



**Falko Sniehotta**

*EHPS president*

*Dear Colleagues,*

I would like to take the opportunity of my first president's message in the *European Health Psychologist* to introduce the new Executive Committee and update you on our work.

With great pleasure and a considerable sense of duty, I took over the presidency after the successful annual conference in Prague. The EHPS is a matter of the heart for me. I have been actively involved in the society in a range of roles including CREATE organiser (2001-2005), founding co-editor and editor of the *European Health Psychologist* (2004-2007) and member of the editorial board of *Psychology and Health* and associate editor of *Health Psychology Review*. I have not missed an EHPS conference since 2001 and I met many of my collaborators, friends, and indeed my wife at EHPS conferences. During my time as President, I will focus on strengthening the scientific profile of the EHPS, its journals and conferences worldwide, further invest in training and development for early career researchers and support capacity building in Europe. Our society is growing in terms of membership and the range of activities the EHPS supports. The new EC will work with you—the members—to discuss how we can optimise the functioning and scope of the society to be able to continue previous success and keep the highest standards of transparency and shared decision making.

I am fortunate to be supported by an outstanding elected EC with a healthy mix of continuity and new members. **Paul Norman** has been a great role model for me at many levels in particular in terms of the approachable and suave manner with which he conducted EC affairs. During his presidency, the society flourished and some of the key objectives I put forward in my nomination for election, were already achieved. All reduced-fee and student members of the EHPS now have full access to both of our journals. We have now regular meetings between the presidents (past; present & elect) and the journal editors to discuss how we can best support the journal editors in making our journals the best in the world. Paul has renegotiated the contract for the journals with the publisher, Taylor & Francis, giving us a much better deal and improved the communication between the society and the publisher to optimise the management and promotion of EHPS journals. These developments put us in a strong position to make further progress to enhance the impact and international reputation of our journals even further.

With a record figure of 585 members in 2012, the EHPS has never had more members. Our conferences grow in terms of delegates, budgets and speakers and never before has the EHPS supported more activities. The EC is working on proposals to make sure that the infrastructure is fit to manage these increasingly complex operations in the future. Our Secretary, **Karen Morgan** has been incredibly influential in the process of managing the administration of EHPS

and in rethinking how we can reform procedures and structures to make sure we can cope with 1000 members and a further growth of activities in the future. **Cécile Bazillier-Bruneau** is our new Treasurer, looking after our accounts and financial affairs. **Efrat Neter** is our National Delegates' Officer. We are currently piloting a model in which this role is combined with the Membership Officer role to optimise administration of membership affairs. Efrat has been leading the EC's initiative to develop guidance for a European Masters degree programme in Health Psychology and is involved in an initiative to seek external funding to take this work to the next level. This would allow the EHPS to provide procedures and materials for countries developing their Health Psychology Masters courses in the future. **Amelie Wiedemann** leads the EC's communication activities and supports the planning of an administrative reform based on her experience as past treasurer/membership officer. **Gerry Molloy** chairs the EHPS publication subcommittee and manages the EHPS grants and education activities. I welcome **Robbert Sanderman** as the new President-Elect. He is a long-standing member of the EHPS and with the experience of a leading scientist and prolific supervisor of PhD students, he will be able to inspire this EC and lead the EHPS in the future. To further enhance the exchange of views and knowledge within the EC, the Chairs of the subdivisions CREATE (**Angela Rodrigues**) and SYNERGY (**Felix Naughton**) now attend all EC meetings. It is also worth noting, that the majority of the elected EC are past members of CREATE, showing how effective our early career strategy has been.

The EC met in January in Newcastle to map out the work for the next 2 years. These winter meetings have become an established event to allow us to discuss face-to-face issues brought to us by the members and the tasks and issues associated with the core business.



The executive committee 2012-2014 in Newcastle: From the left: Falko Sniehotta, Amelie Wiedemann, Efrat Neter, Robbert Sanderman, Karen Morgan, Cécile Bazillier-Bruneau, Angela Rodrigues, Paul Norman and Felix Naughton. Missing: Gerry Molloy.

## Membership & Finances

We had 586 members as of end of December 2012, comprising 373 full members, 73 with reduced fee, 114 student members, and 22 reduced student members. Numbers are 10% greater than the same time in 2011. For an annual full fee of 75 Euro, members become part of the strongest and largest European society of health psychologists, get reduced conference fees and receive free online access to 12 issues of *Psychology and Health*, 2 issues (3 in 2013) of *Health Psychology Review* each with an impact factor over 2. This provides outstanding value for money.

The financial situation of the EHPS remains strong although we invest considerably in initiatives such as early career and networking grants. However, the workload of a range of EHPS positions including treasurer/membership officer, secretary and chair of the scientific committee for our annual conferences has become excessive. We will work out proposals for the members on how best to run and maintain a

society with soon almost a thousand members, an annual conference, two peer reviewed journals and a range of groupings, affiliations and initiatives.

### Journals

The standing of our journals is one of the key indicators for our success as a scientific society. I would like to thank the editors of our journals, Mark Conner and Daryl O'Connor, joint editors in chief of *Psychology & Health* and Martin Hagger, editor in chief of *Health Psychology Review* for their outstanding work. Both journals have now an impact factor over 2, fast turnaround time for peer review and are flagship journals publishing exciting, innovative, and rigorous science with impact on research and practice. *Health Psychology Review* will publish an additional third supplemental issue in 2013. *Psychology & Health* recently issued calls for special issues in "Risk of bias in randomized controlled trials of health behaviour change interventions: Evidence, practices and challenges" (guest editor: Marijn de Bruin) and "Health Psychology and Healthy Ageing" (guest editors: Kevin McKee and Benjamin Schüz), emphasising the role of the journal as an outlet for methodological as well as applied health psychological science.

Over the next year, the EC will initiate a range of initiatives to increase membership (and thereby journal access) in and beyond Europe to promote our science and our journals.

### EHPS conferences

We are looking forward to seeing you in Bordeaux for our 27th conference of the European Health Psychology Society. The conference president Bruno Quintard and the chair of the scientific committee Holger Schmid together with the organising committee and the scientific committee have been working to prepare another successful conference of the highest scientific and organisational standards. Keynote addresses by Mark Conner (provisional title: "Health cognitions, affect and health behaviours"), Lutz Jaencke (provisional title "Brain, cognition, self-regulation and health behaviour"), Stan Maes (provisional title: "From quality of (work) life to quality of care, a theory based empirical perspective") and Crystal Park (provisional title: "religiosity and health") together with the traditionally strong academic programme, will make this conference an event not to be missed. ■

*Best wishes for 2013, on behalf of the Executive Committee.*

### Falko Sniehotta

President of the European Health Psychology Society

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## EHPS Executive Committee (2012-14)

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