conference reflections

Reflections from the 2007 European Health Psychology Society conference

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This year's conference in Maastricht was my first EHPS conference. The scientific programme had a lot to choose from, and so as a relatively new researcher, I attended the conference wanting to learn.

A key interest of mine concerns interventions that change cognitive antecedents of behaviour and their impact on subsequent behaviour. The symposium, 'Behaviour Change Interventions: design, content and effectiveness'[1], chaired by Charles Abraham and Nanne de Vries, gave a good overview of the approach. Meta-analyses presented by Delores Albarracin[4,5] and Paschal Sheeran[9] suggested that successful manipulation of attitudes, normative beliefs and self efficacy have resulted in changes in intention and behaviour. However, Charles Abraham suggested that while these findings were interesting, they may be difficult due to inadequate reporting of trial protocols[2]. He presented a taxonomy of behaviour change techniques which could be applied to systematic reviews of interventions in order to identify the most successful methods of intervention[3]. I found it prompted me to think carefully about the mechanisms by which I expect behaviour change to occur in my own research. The take home message for me was that there is some experimental support for social cognition models such as the theory of planned behaviour, but that quality studies of theory based interventions face many challenges in their implementation.

The latter conclusion was borne out in other presentations. Herman Schaalma presented a keynote address on intervention mapping[8], which showed the researcher how a quality intervention could be designed and implemented, but it was very clear that there are no easy answers. My impression was that often studies reported at EHPS this year showed no effects of the intervention – clearly behaviour change is not easy. However, the insights provided by these studies were very interesting; for example, the theory used to design the intervention still predicted behaviour change, suggesting that a key problem might be successful manipulation of these mediators.

For me, perhaps some of the most memorable studies were the ones that explored ways of manipulating proposed antecedents of behaviour change. I was fascinated by Jill Whittingham's use of eye tracking to measure attention for different aspects of health promotion posters[11]. Her work suggested that, although creating successful health promotion materials can be hit and miss, we may be able to create better posters by systematically drawing upon attention and memory research. John McAteer reported the development of a hand washing intervention for nurses based on the self regulation model[6]. He identified several behaviour change techniques through piloting, but encountered some difficulties in implementing 'feedback' in the form of peer presentations. He highlighted the importance of implementing behaviour change techniques in ways that ware acceptable to participants.

A lot of the interventions reported were designed to persuade individuals to undertake a particular course of action. However, I was also interested in social cognitive approaches to promoting informed choice. Informed choice interventions promote a particular decision making process rather than a particular decision outcome. Susan Pick suggested that facilitating informed choice (informing and empowering) was critical to the success of the sexual health interventions she reported in her inspiring keynote address[7]. However, in a session of papers on screening, studies reported that providing information and promoting value consistent decisions might not promote screening uptake, when individuals do not consider screening to be in their best interests. Shoshana Shiloh, for example, found that individuals' preferences for risk of false positive and false negative results influenced screening choices[10]. I think a social cognitive approach to understanding informed choice has a lot to offer in terms of informing health policy and testing models of social cognition, and I look forward to learning about further research on this topic at next year's conference.

So overall, I got a lot out of this year's EHPS conference. I met a lot of people and had many interesting discussions. I came away with a lot of ideas, and what's more, I had fun too.

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I was particularly impressed by the first keynote speaker, Dr Susan Pick. Before, I had not seen academic health psychology research as rarely having a significant impact on the world. However, her talk was truly inspirational – by listening to the people whose lives she aimed to improve, and battling on even in the face of opposition, she had developed a programme of aid that had spread throughout Mexico, and to other continents. This consisted of 4 main steps: detecting needs, carrying out a pilot study, dissemination and replication, and scaling up. This inspiration was reinforced by Lynn Myers' talk on illness perceptions in a Chinese population, where she reported that pharmacists who developed an intervention based on understanding of illness perceptions in Bangladeshis with diabetes, had managed to reduce their HbA1c levels from well over 20 to within normal levels. These talks highlight something crucial: change is possible, provided that sufficient background research has been carried out prior to undertaking interventions. While on this theme, Herman Schaalma's talk on intervention mapping (see Bartholomew et al., 2006) was highly pertinent – it explained a step-by-step programme for developing theory and evidence-based interventions, which highlights the fact that sufficient planning is necessary before developing an intervention – too many interventions have been hastily assembled, without sufficient evidence for their effectiveness. This step-by-step process can be used in a variety of projects, and should be seen as a useful tool to stimulate the systematic replication of science.

However, even if this process is not carried out, authors can lay shortcomings bare by reporting the limitations of their research. Reflecting on what has been neglected in planning interventions goes a long way towards explaining why many are unsuccessful. However, even if interventions are planned with due care and attention, they may be ineffective. In this case, as scientists we have a responsibility to science to publish and report accurate information, without withholding facts. Given the 'publication bias' null effects of intervention studies are often masked, which is far more damaging to patients/ health promotion in the long run. James Coyne's talk on psychotherapy and survival in cancer patients highlighted that results are often misinterpreted as positive, in an effort to support 'myths' that may be embedded in lay beliefs. These errors are very rarely noted, and minor positive effects tend to be accentuated over time, and shortcomings forgotten, rather like 'Chinese Whispers.' All manuscripts should be viewed with a critical eye (Coyne et al., 2007). The recent set of CONSORT guidelines, endorsed by a number of leading journals, are a major step in the right direction, but we still have a long way to go.

Another highlight of this conference was a symposium on men's health, which consisted of qualitative studies exploring men's attitudes towards current issues in health psychology (i.e. dieting, self-help group membership). This symposium highlighted that many men view use of health services as weakness. This research can be used as a springboard for enhancing men's use of health care services, which may to a large extent depend on breaking down stereotypes.

Finally, Jan van den Bulck's talk on media influences was also thought-provoking – even the younger generation of health psychologists cannot hope to understand the impact of the media on children and adolescents, since the internet has revolutionized access to information. He called for the media to be evidence-based, stating that 'reach' is not the same as 'effect' – we need hard evidence that media campaigns are effective. We would not assess the effectiveness of an intervention solely by

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assessing participation rate, yet the effectiveness of media campaigns is often assessed solely by asking people about their awareness of a particular campaign. This reflects a common theme running through the EHPS conference: in order to make scientific progress, health psychology needs to be evidence-based at all stages of the research process.

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This was the 1st time I was attending the EHPS conference and I was impressed by the variety of the scientific programme. Symposia were even dedicated to specific areas of research e.g. Effects of contextual cues on stair climbing – which shows that the conference is flexible to new research areas whilst at the same time still dedicating space for pillars of health psychology research such as 'illness perceptions' and 'treatment beliefs'. This also shows that health psychology itself is not stagnant but that it is continuously evolving and branching out into new fields.

A paper I found particularly interesting was the one by Pijl et al (2007) on 'family history of diabetes type 2'. Coming from a country where diabetes type 2 (DM2) rates are considerably high, it was interesting to hear what participants thought of the role of genetics in this condition and the fact that participants were generally unaware of ways to prevent DM2. This made me think even more about health education campaigns that take place and which are sometimes vague in their message. For example, whilst people may be aware that a balanced diet is 'good for your health' they may not make the link between healthy diet, healthy weight and disease prevention.

I agree with the President's words that we need to understand social-cultural influences not only as 'mediated moderators' (Renner, 2007) but that we need to understand how these are influencing the health-related beliefs and cognitions of individuals. I also believe that Health psychology has a big role to play in helping people not only address intra-personal constructs to change health behaviour but also in coping and overcoming environmental barriers that may be specific to a particular society. The applicability of health psychology in every day public health interventions in health centres and during health promotion campaigns for example needs to be further recognised. I also concur that we need to infiltrate our scientific knowledge into societal decision processes in order to have a greater impact at the population level (Renner, 2007). Combining it with a statement that Susan Pick mentioned in her address (Pick, 2007) we are much more ready then we think we are! Research is good, but I do feel sometimes that it is seen as just an end in itself. I personally see research as more of a means to a larger 'end' – that 'end' being population health on a larger scale. Health psychology so far has mainly grown in terms of research and largely within academia. I see health psychology as having a huge role to play outside that realm as I am sure many others agree.

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Reporting on the EHPS meeting is a great honour but also a challenge. Following are a selection of some of the high quality presentations, areas for future research, and comments on the format of the meeting.

The symposium on multiple behaviour interventions included many presentations that were coherent, of high quality, and highlighted important implications. Although there is evidence that multiple-behaviour interventions have the potential for much greater impact on public health than single-behaviour interventions, little is known about what is the most effective way to intervene on multiple behaviours. The meta-analysis presented by Susan Michie (Michie, Abraham, Whittington & McAteer, 2007), as well as a series of studies by de Vries, Kremers, Smeets, Van t Riet, & Brug (2007) clearly illustrated the difficulty in designing effective multiple risk factor interventions, since different techniques may be differentially effective for

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different behaviours. Although the concept of multiple-behaviour research is appealing, it presents several emerging challenges. For example, what are the key behavioural constructs and processes common to these problem behaviours? How could measurement issues be resolved in order to be able to provide evaluation criteria to apply to multiple health behaviours? It was of great importance to include this symposium at the conference, since it is a field with important implications which needs to be studied further through high quality studies such as those presented.

A different but also relatively new and emerging field that brought out important research implications concerned internet delivered health interventions. A systematic review by Oenema & de Nooijer (2007) provided an overview of the effectiveness of internet delivered health interventions. *4000* titles were screened to identify those that were eligible for inclusion in the review. Eligible studies were randomised controlled trials or used quasi-experimental designs and compared the internet intervention with that of another channel. Surprisingly, only *nine* studies met the eligibility criteria. This study provides the only overview of the efficacy of internet based interventions and reveals the lack of well-designed studies.

Several studies presented involved self regulation processes, but two of them made a special contribution because of their a) high quality research design, and b) their clear practical implications. Concerning physical activity, Reuter, Ziegelmann, Wiedemann, Lippke, Schuz, & Schwarzer (2007) concluded that intentions influence behaviour at least partly through strategic planning. Concerning diseases, a meta analysis by Maes, De Gucht, Shoval, & Boyle (2007), concluded that when self regulation theory is an important part of therapy in medical interventions for rheumatoid arthritis, they are more effective. It would be of great benefit for the field of intervention planning for health behaviours and for diseases to implement such high quality longitudinal studies and/ or meta–analysis.

The presentation by Alison Hipwell (Hipwell, Turner, & Barlow, 2007) highlighted the complexity of implementing both culturally-integrated and ethnically-specific public health interventions. The challenges in the field of cross cultural health research and interventions were also evident during the SYNERGY 2007 workshop. However, health psychology needs to respond to the health needs of intercultural environments.

Men's health and aging is also a field that could be further explored in future conferences. The increasing aging population and the respective increase of urological conditions have been well documented yet despite the high prevalence of the diseases, many patients remain untreated and drop out rates are high. Bio-medical research has been able to explain very little, and there is a lack of contribution from health psychology.

Overall, the EHPS 2007 conference was very well organised and comprised of multiple high quality presentations. In addition, the 'meet the expert' was incredibly useful! It would be interesting if future conferences could include a) *debates,* as well as b) clinical *guidelines* based on meta-analysis.

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