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Reflections on the 29th EHPS Conference

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This issue of the bulletin is dedicated to reflections on the 2015 Cyprus EHPS conference. It's difficult to know exactly how one should evaluate a conference, or whether such evaluations are worthwhile. However, according to Socrates the unexamined life is not worth living. Thus with such weighty advice, we have collated a series of reflections on the conference. Our reports cover both the process and content of the conference, and remind us of the many interesting outcomes. Taking time to remember what we shared gives it resonance for ourselves and others. The contributions are described in brief below, but the reader is encouraged to read them all in full.

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Catrinel Craciun and Lisa Marie Warner report on what happened when they attempted to share their experiences of the EHPS conference with their health psychologist practitioner colleagues working in hospitals. The authors creatively tackle the skepticism of their audience by addressing myths about older people. Their method is engaging and practical and provides a template as to how we can all bring 'take home' messages back to our colleagues.

Teresa Corbett attended the workshop on innovative strategies for writing scientific papers by James Coyne, and shares her experiences. Corbett does an excellent job in distilling the key elements of the workshop. Good advice and well worth the read for both novices and more experienced scientists. We are strongly encouraged to take ownership of our own dissemination efforts.

Thomas Fuller accepted the task of following the EHPS virtually via Twitter. His report is witty, insightful and fun. His experience suggests that we can reach out to health psychologists who can't attend the conference every year. Communicating the conference to virtual participants is worthy of more exploration.

Silja-Riin Voolma and Jordrinde Spook provide a report on the CREATE workshop; Writing Science for Journals, Funders and other Audiences. The facilitators were Jean Adams, Stephan Dombrowski and Martin White. The workshop involved an effective use of group collaboration and peer review among the participants. The reader is introduced to the importance of structured plans, the "rule of five" and Zombie words. The workshop is an exemplar of how to extract maximum value from minimum time.

Heidi Preis, Adriana Baban, Karen Morgan, Irina Todorova and Yael Benyamini examine women's health psychology and socio-cultural context in the EHPS. As you would expect from such an erudite and experienced group, they make a convincing argument as to the importance of studying how women experience, cope with and regulate different reproductive matters. More specifically, they present five examples of how women's cultural background and personal dispositions affect the way they deal with reproductive health issues.

Noa Vilchinsky, Tracey Revenson, Valerie Morrsion, Konstina Griva, Aleksandra Luszczynska, Efharis Panagopoulou and Mariet Hagedoorn report on the outcomes of an EHPS networking grant concerning caregiving in the illness context. Their report is good evidence that the EHPS networking grants result in excellent outcomes. The group has just finished a book on the topic of caregiving in the illness context. Not resting on any laurels, the group plan to conduct cross-cultural studies, apply for research funding and develop a set of core measures that will be included in their own caregiving and dyadic coping studies. From small acorns, big oaks grow.

Katerina Kassavou, Dominika Kwasnicka and Marta Marques present highlights of the synergy expert meeting; Mhealth for behavior change: Opportunities, challenges and future directions. Facilitated by Lucy Yardley, Susan Michie and Robert West, the meeting brought together contributors from 11 different countries. The authors report on a selection of topics; methodo-logical issues, the utility of Bayesian methods, engagement of mhealth inter-ventions and promoting an open science framework. As you would expect from such a stellar facilitation team, the participants covered considerable ground, and a special interest group on mhealth will follow in the near future.

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Floor Kroese tells us how the EHPS conference has provided inspiration for her teaching. More specifically, Floor elucidates how she and a colleague used the conference to enhance their upcoming course on intervention mapping. They made great use of the experts at the conference. It's a great example of how the resources at a conference can reap rich rewards in terms of our teaching.

Ultimately, the reports in this special issue should prompt us to consider how conferences are much more than symposia and presentations. Reflecting robustly on what we do at conferences has the potential to inform future meetings and identify what elements we should give more emphasis to.

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report

Challenging myths and identifying active aging actions for practitioners

Take home messages from the EHPS conference session on “Perceptions of aging, physical activity and participation”, September 4, 2015

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After returning from the EHPS conference I had the opportunity to share my experiences of the conference with friends, who are working as health psychologist practitioners in hospitals, private practices and residential homes for older people. When talking about the conference they dismissed my enthusiastic report by saying “Yes, we know you research nerds, it is all about data and numbers and statistics, but what can I actually use for the older individuals in my practice?”

Thus, Lisa and I decided to write about our impressions of this year’s EHPS aging session “Perceptions of aging, physical activity and participation” and to translate the scientific results and discussions that we took from this session into take home messages that practitioners can use in their work with older individuals. We will do so by addressing some myths and practitioner’s objections that often occur in discussions where science meets practice.

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Myth 1: “Older people just don’t like physical activity”

According to Urska Arnautovska (urska.arnautovska@griffithuni.edu.au) the majority of older adults who think that they adhere to physical activity (PA) recommendations actually do not. So, she asked older Australians “What do you mean, when we talk about physical activity?” and “Has your view on PA changed when you became older?”. She revealed that having fun and enjoying exercise is a very prominent theme for older adults. So, it is not the case they don’t like PA. However, together with their theme of “being happy as they are” they might fall prey to the illusion of doing enough to keep their mobility.

Myth 2: “I keep telling them it is important to exercise, but they just do not want to do it!”

Motivation is of crucial importance when trying to change behavior, however, when it comes to initiation and maintenance of PA, it is not enough. According to Arnautovska one way to help older individuals, is to help them identify an activity they find enjoyable and assist them in setting achievable goals. However, even if they find the perfect activity, initiating and maintaining it, is a self-regulatory challenge. Therefore, it is crucial to integrate these activities into the routine of their everyday schedule. Also, practitioners might want to highlight the 'use it or lose it' view regarding PA, and challenge stereotypes about older age that portray older adults as frail and incapable of doing any activity.

Myth 3: “They find so many excuses, why they cannot be active!”

Lisa Warner (lisa.warner@fu-berlin.de) reported that the most often self-reported barriers to physical activity in older age are health problems. The gap between objective assessments of health and perceived health is, however, growing with increasing age. To overcome subjective barriers to physical activity in order to raise older adults’ self-efficacy one should therefore consider the often neglected source of self-efficacy – somatic and emotional states. Accordingly practitioners might first try to reveal older adults’ subjective health barriers to activity. Subjective barriers can then be targeted by questioning them and by uncovering possible misinterpretations of bodily symptoms (“this muscle aching cannot be healthy”) or ungrounded fears (“my heart cannot take it anymore”). An appropriate consultation as to which activities are possible under which medical conditions, coupled with encouragement and close supervision during first PA attempts might alleviate fears associated with falling, injuries and deteriorating health status .

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Myth 4: “They do not even remember the activity goal we set together.”

Julia Wolff (julia.wolff@dza.de) suggests that practitioners should consider cognitive decline as a factor that influences our ability to remember to perform an intended action in the future (prospective memory). She found that planning skills (especially coping plans - planning how to overcome barriers towards reaching goals) can compensate for declining prospective memory in older age and therefore facilitate PA performance among older adults. The good news is that planning can be learned. So, she suggests incorporating planning sheets in PA interventions. This might help especially those older people, who already experience decreases in cognitive capacities and support them to remember their goals and be active even if barriers occur.

Myth 5: “I can’t talk about positive aging to my patients, they are so poor, they have so many other worries!”

Catrinel Craciun (craciunic@zedat.fu-berlin.de) talked about how positive views of aging may help people in precarious circumstances identify more resources for healthy aging, one of this being physical activity. So when working with individuals who have little financial means one should first try to enable them to view aging in a more positive light, so as to prepare the ground for behavior change efforts. Having a positive view on aging may help people be more proactive in looking for other than financial resources for aging well.

Myth 6: “Old people do not need to talk about sex”

Negative myths and perceptions can be acknowledged in our societies about older adults, especially regarding their intimacy and sexuality. Nursing home staff are also affected by societal perceptions concerning sex and older people.

Amelle Gavin (Amaelle.Gavin@unil.ch) recommends that one should not overlook topics such as intimacy and sexuality when talking to older patients. Often the hospital staff needs to face their own negative stereotypes of older individuals and ideas about sexuality in old age. Self-reflection is recommended when working with patients that face the challenges of old age in addition to other medical problems.

Dr. Catrinel Craciun is co-Editor of the European Health Psychologist

Dr. Lisa Marie Warner has chaired the session “Perceptions of aging, physical activity and participation” at the EHPS conference 2015

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Crafting Stories: Workshop on innovative strategies for writing scientific papers

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This year at EHPS, I registered for the pre-conference workshop titled “To Provide Innovative Strategies for Writing Scientific Papers, Including Creative Use of New Internet Resources, and Responding to Reviews, Including Rejection”. The day long workshop took place on Tuesday 1st September between 9am-5pm at the Grand Resort (the conference venue) and was facilitated by Prof. James Coyne of the University Medical Center, Groningen in the Netherlands. With 350 publications, it is clear that Prof. Coyne is a talented academic. He has also been designated by ISI Web of Science as one of the most impactful psychologists and psychiatrists in the world. In the workshop, the entire publication process was addressed from submitting a manuscript, to responding to reviews and deciding whether to appeal rejections.

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Prof. Coyne began the day by telling us that scientific writing has changed. Reporting good science is now not sufficient to ensure publication. We were told that our mentors didn’t always know best, as social media and fast-paced communications replace traditional methods. We are now forced to make personal choices about adopting new practices in a rapidly changing environment. The group were told that writing is about crafting stories: a good paper is a good story. Writers are challenged to market their manuscripts. We must convince a journal that they should want to publish our paper. Starting with the cover letter, title, and abstract, we must strive to inspire interest and create a persuasive narrative.

With the challenge set and status quo placed to one side, we began to discuss the writing process. The advice was pretty simple in many ways: write. Just write. Every day. Academics should practice writing at least 200 words a day. Make it an automatic routine practice. Remove the shackles and inhibitions. Embed this into your day and refine your art. Binge writing is less productive than slowly crafting a piece over time. Think about the piece before you write. Get to know the literature. Sign up for Google alerts and follow researchers on Twitter. Find blogs that discuss work you are interested in. Structure procrastination so that when you’re not doing what you should be doing, you’re still doing something useful. This creative background process allows you to get your ideas together. Then write a “shitty first draft”- get the ideas on the page. Come back and polish the piece over time.

How do we get people to want to read our paper? Maximise immediate attention by being innovative. Produce an eye-catching title or abstract- not misleading or inaccurate, just eye-catching. Promote your paper and tell people why what you’re doing is important. Identify the likely problems with the paper and address them. Turn these problems into selling points, by acknowledging limitations. Have an abstract that draws people in. Don’t write your abstract last; use it as a tool to get ideas in order. Don’t spend too long on your abstract. In the words of Prof. Coyne: "Date your abstract but never marry it- like it, spend time with it... but don't get attached because you might have to cut it."

Traditional journal impact factors and citations are often misleading and in many ways are quite a silly way to measure "prestige" of a paper or an author. Often, high-impact "vanity journals" want to publish newsworthy or paradigm-busting stories. However, replication studies or null findings are frequently ignored, despite their valid and reliable findings. Therefore we are faced with a difficult task. How do we draw in our reader?

Prof. Coyne told us "don't write like a girl" (citing his sometimes co-author feminist Robin Lakoff). Appropriate the dominant, direct style of writing currently associated with being an older male. I don't know if Prof. Coyne has much experience of Irish women, but I certainly wouldn't describe their style as traditionally non-committal or submissive. However, this controversial comment drew us in- the art of grabbing the listeners' attention. With an element of drama, our presenter had a captive audience. Prof. Coyne's message was clear: Be effective.

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Open access papers enable dissemination. Creating a knowledge economy enhances our science. Our research should be available to everyone. We were encouraged to appeal rejections where necessary. Reviewers are fallible human beings like the rest of us. Sometimes they are wrong to reject our paper. The group was told to manage publicity for newly published papers. Taking the lead on our own press communication is important so that our work is not misinterpreted. Compose short summaries or press releases about the paper so that the message is clear. If you don't control your publicity it can control you. Say what you mean and mean what you say... otherwise you might get caught out.

Prof. Coyne's workshop was engaging and informative. In just one day of anecdotes and demonstrations, this highly interactive session helped us to craft storylines for cover letters and responses to reviewers, picking titles and writing abstracts. Prof. Coyne gave personalised feedback to participants engaged in the writing process, helping them to pitch their study in an appealing and enticing way.

It seems that when writing, the main aim is to be pragmatic. Think strategically about your writing and write for your intended reader. Reflect and think about the writing process. Draft, re-draft and refine. Don't exaggerate findings. Resist the temptation of using hype or spin. After all, it will be evaluated and some people (in their own words) have made pretty good careers out of "shooting down crap."

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report

#ehps2015- Virtually there

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I am feeling excited as the start of the annual European Health Psychology Society (EHPS) conference approaches. I have never been to an EHPS conference or Limmasol, Cyprus – where it's being held this year for that matter either. There is warm summer weather forecast, the hotels look great, so too the conference facilities, pre-conference workshops and program. The only minor catch is that I'm not there and I'm not going to be... well not physically there at least... Instead, I am at my desk in Maastricht, The Netherlands. I have actually been following the build up to and excitement of the conference via Twitter.

Twitter is the social network that provides a service where users can read and send messages (i.e. "tweets") of up to 140 characters, and attach photos or videos and include links to websites. Twitter was launched in July 2006 by four creative undergraduate students from New York University - Jack Dorsey, Evan Williams, Biz Stone and Noah Glass. From humble beginnings, there are now approximately 316 million monthly active users sending approximately 500 million tweets per day (Twitter, 2015). With so many users and tweets, it is apparent that Twitter has harnessed or defined something of a contemporary communication zeitgeist.

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Twitter has been credited with pivotal roles in facilitating free speech and democracy but also racism, sexism and homophobia. Not surprisingly though, it has also attracted the keen interest of researchers. A quick search for "twitter" on Google Scholar yields nearly 6 million hits and articles dating from 2007. These early articles explain what Twitter is, who can and could use it and what can be expected in the future. Another search, this time within PubMed for articles with "Twitter" in the title yields 334 results (some of which are actually ornithological in nature). Articles come from the fields of psychology, medicine, nursing, education amongst others and examine issues ranging from what information is being conveyed and how, to ethical issues, communication strategies of healthcare institutions and the potential of "big data" to mine tweets for the purpose of early detection of illness and trends in healthcare.

I however am a latecomer to the Twitter party. I register with Twitter to get a better sense of what it is like to follow the conference and be a virtual participant and observer. Signing up is easy, but finding a unique username that I can identify with and use beyond the conference is a little harder. Not surprisingly, some of the 316 million users have already had a chance to choose one of the names I consider. If only I was not such a late adopter of the technology!

To begin I search for the conference and quickly see that tweeters are sharing their anticipation and excitement as they complete last minute travel arrangements. There is some initial uncertainty amongst early arrivals and pre-conference workshop attendees/tweeters about which hashtag should be used with messages. Without the use of a common hashtag, tweets are bound to go unread and people miss out on part of the experience. Users quickly communicate though with each other to alert them to #ehps2015 or #EHPS2015, before the conference begins and the concerns about missing out are allayed.

Early reports from the pre-conference workshops are glowing. So too are tweets about the opening drinks and presentations. Combined with photos of slides, key messages from presenters, and the location, I'm left with the feeling of wanting to know more. The links included in tweets act as prompts for searches for journal articles, and the names of presenters give me ideas for potential collaborators, manuscript reviewers and what the state of the art is. All aspects of the conference experience that I have had in the past when attending other conferences in the “real” world. (Does “real/virtual” world now represent a false dichotomy as we merge our “online” and “offline” identities ever more within daily life?)

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By the end of the conference 1002 tweets have been sent from a total of 216 contributors including @healthpsycleeds who contributed an impressive 62 tweets and 31 photos. Popular trends of discussions include digital/mHealth interventions, the theory of planned behaviour, messages of congratulations and thanks to award winners and conference organisers respectively, and of course, the next annual conference to be held in Aberdeen, Scotland.

It is no wonder that back in Maastricht, the stream of updates has made it at times difficult to concentrate on the tasks at hand. I'd rather be on the island.

I have to confess to being surprised by how much of the conference experience can be conveyed in combinations of 140 characters, hashtags, photos and uploaded videos. Each tweet in itself does not necessarily communicate much, but especially when there are multiple tweets about the one presentation and so many different eyes and ears relaying impressions and experience of different elements of the conference it is possible to get a good sense of the event. For me though, Twitter cannot adequately replace the personal connections and conversations that occur before, between and after the sessions, but it's better than not being there at all!

Now, as the conference recedes and daily tasks and commitments resume, I still can only speculate about the meaning of the video tweeted about the dancing babies...I guess it was something that you just had to be there to fully appreciate... But please send me an explanatory tweet all the same as I would love to know more.

For those who missed the conference and want to get a sense of the virtual experience, the tweets have been archived and are available here: http://eventifier.com/event/ehps2015/tweets

References:

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report

CREATE workshop 2015: Writing science for journals, funders, and other audiences

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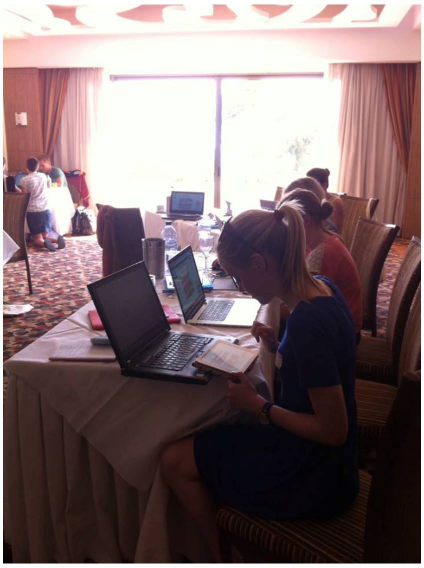
Writing science is much more than writing for scientific journals. Researchers share their work via blogs, twitter and Facebook to disseminate their work to the public. Publishing our work in so many forums and formats allows us to reach a wider audience than has been possible in the past. However, our messages to a range of people are likely to get lost, if we are not sensitive to effective communication styles for different audiences. This years’CREATE workshop focused on “Writing Science for Journals, Funders, and other Audiences”. The facilitators were Dr. Jean Adams (University of Cambridge), Dr. Stephan Dombrowski (University of Stirling), and Prof. Martin White (University of Cambridge).

A clear emphasis of the workshop was the importance of collaboration among authors and the value of peer review. We were divided into smaller working groups to practice this. The groups imitated the working process of a research group. We agreed from the outset on some ground rules of collaboration, such as showing respect for each other and each other’s work, listening, noticing when help is needed and offering help to others.

This small-group setup allowed us to explore the “do’s and don’ts” of collaboration in a safe environment. Within these surroundings we learned the different nuances of scientific writing for multiple audiences and text formats.

The facilitators suggested that the first step of any type of writing should be making a structured plan. A structured plan makes all the difference to the process and outcome of writing. We learned to write plans with the use of headings and subheadings to clarify what we wanted to say in each part of the text. The “rule of five” was a favourite amongst our workshop group in simplifying the writing process and producing a clear and clean line of argument. The “rule of five” asks for a piece of writing to focus on five main points in five paragraphs and each paragraph to consist of five sentences - simple enough! Moreover, Stephan Dombrowski stressed that there is an important difference between idea generation and editing, which really helped some of us to overcome fearing a blank page. Stephan emphasized that we should not be too critical



of the first draft. Everything can be edited and it is necessary to get all the ideas out before starting to choose words very carefully. So according to our interpretation we would say: start getting the ideas out, structured writing will follow!

A clear strength of this workshop was its focus on all of the building blocks of structured writing (i.e., words, sentences, paragraphs and sections). For instance on the word-level, we learned about ‘Zombie’ words. ‘Zombie’ words are commonly used words in academic writing, which do not add anything to the meaning or emphasis of the sentence they are in. The image of zombies haunted us for the rest of the workshop but it is a learning objective that we are still talking and joking about four weeks after the workshop (we hope we haven’t included any in this report)!

Another highlight of the workshop was learning about active versus passive writing styles. We are mainly trained to write in the passive voice, but now learned that another option is to use the active voice. Writing in the active voice is quickly becoming the industry standard, which favours its clarity and conciseness. The active voice places the actor as the subject of the sentence and the receiver as the object. In the passive voice these roles reverse which means that our message is more likely to get lost for the audience. The beauty and joy of any kind of writing is its role in story-telling. This was a key message of the workshop. We are story-tellers and our writing should reflect that, whether we are writing in an academic journal or on Facebook. Active writing style allows our message to ring loud and clear to any kind of audience.

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There are also two main types of writers, the structured and the binge writers. Structured writing means that you have planned writing into your day so there is no way that you forget to do it, but it also means you have to keep going back to ideas and narratives that you might no longer remember. Binge writing means you get it all out of the way in one go but it is near impossible to find enough hours to isolate yourself from the world in order to do it. We decided in the workshop that it is all down to personal preference and neither style is superior to the other. On a personal note, we would consider ourselves “structured binge writers”. Before we started writing we had a Skype meeting, discussed ideas about topics for the report and came up with some self-imposed deadlines to structure our writing process. In practice, we both started binge writing a few hours prior to the self-imposed deadlines. Nevertheless, with these structured time slots of binge writing, in the end, we finished the report one week before the submission deadline of the EHP.

Finally, regardless of the type of writer you consider yourself to be, it is important to ask for peer review. Depending on your audience, this could be a fellow (PhD) researcher in the case of a scientific report, but also friends and family in case you are writing for a lay audience. This will help to adjust your writing to your readers.

Besides asking for peer-review, we also had some practice in handling peer-reviewed feedback. We practiced not taking critique too personally and delivering constructive criticism whilst being sensitive to the receivers' reactions. "Instead of bridging the gap, this paper falls right into it", was a rather harsh comment one of the authors here once received from peer-reviewers. So instead of despairing and losing motivation, we wondered how we could improve the paper and how this bridge could be rebuilt. Peer-review should be seen as an opportunity to learn. The reviewer is surely part of your audience. Therefore, try to understand what was unclear or still missing to get your message across. Our peer review partnerships generated so much interest in future collaborations that Johanna Nurmi, one of this years' workshop participants, set up a Facebook page for both participants and facilitators to keep sharing their work and to ask for advice on all kinds of scientific writings.

As far as writing workshops go, the amount of time we had to work on our own articles uninterrupted, was invaluable. This year's workshop group was especially respectful of each other's time and space. Even our facilitators were surprised at the extent of silent writing time the whole group stuck to. We credit our facilitators in motivating us to use the extended time we were given to progress in our own writing and all of our fellow participants for respecting each other's writing and concentration time! Many of us felt we had surpassed our expectations of progressing the writing that we had come into the workshop with.

In addition to learning about and practicing scientific writing, the workshop on "Writing Science for journals, funders, and other audiences" also led to a multitude of new friendships and plans for future collaboration on peer reviewing each other's work, writing together and doing research together. Therefore we would like to thank Dr. Jean Adams, Dr. Stephan Dombrowski, and Prof. Martin White for their enthusiasm and shared knowledge on behalf of all of the participants!

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report

Women's health psychology and socio-cultural context in the EHPS 2015 conference

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Health policy makers, practitioners and researchers have known for quite some time that there are gendered differences in many health matters (Annandale & Hunt, 2000; Bird & Rieker, 1999). There are three main reasons for this: 1. Women might experience certain health issues differently than men, such as heart disease; 2. They deal with medical challenges that emerge from the specifics of their bodies, such as breast cancer; 3. The construction of their gendered social roles is related to their health, for example, they may have less access to medical care, because of stronger cultural or financial barriers. Growing evidence suggests there is a need for special focus on women's health psychology (Benyamini, 2009).

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Reproductive health matters such as cervical cancer, infertility and childbirth concern women across the globe. The decision-making processes and women's subjective experience of these matters could affect their physical and emotional health in the short and long term. These issues also have significant social and financial implications and can lead to health disparities. Therefore, it is imperative to study and share knowledge on these matters and understand how they relate to women in different parts of the world. That is why we decided to team up and propose a symposium on this topic for the 29th EHPS conference in Cyprus.

Our symposium, entitled "Psychosocial aspects of women's reproductive health-related issues around the world" was accepted and took place on September 3rd. The symposium highlighted the importance of studying how women experience, cope with and regulate different reproductive health matters. A major emphasis was put on the sociocultural context in which women live and the way it shapes their beliefs, attitudes, and health behaviours. We presented five examples of how women's cultural background and personal dispositions affect the way they deal with reproductive health issues. We showed how different complementary research methods help better understand women's perceptions, emotions and choices regarding their and their daughters' health.

The first two studies had to do with prevention and screening for cervical cancer. Cervical cancer is the fourth most common cause of death from cancer in women and was responsible for approximately 266,000 deaths in 2012 worldwide (GLOBOCAN, 2012). Nowadays, there is a vaccination that protects against the high-risk strains of HPV (types 16 and 18, which account for 70% of cases). Though large scale implementation of this vaccine is in its initial years, population-based studies are beginning to emerge, illustrating a reduction in high grade cervical abnormalities among women under the age of 18 (Brotherton, et al., 2011). The HPV vaccination is being distributed around the world and there are many national campaigns to vaccinate young girls (10-12 years of age), who in many countries receive it free through vaccination programs. All women, whether vaccinated or not, should have regular Pap smears. This simple test can detect abnormal cell growth that might develop into cancer.

Dr. Karen Morgan (kmorgan@rcsi.ie) presented a study involving focus groups of Malaysian mothers to examine the structural, cultural and psychosocial factors which influence decision-making in relation to HPV vaccination. She found that while the majority of mothers actively seek information about HPV vaccination and consent for their daughters to be vaccinated through the schools' program, they also have concerns about the necessity of vaccinating at such a young age. Providing an otherwise expensive vaccination free through the schools causes many mothers to override their concerns and vaccinate their daughters.

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Prof. Adriana Baban (adrianababan@psychology.ro) presented a mixed methods study among Romanian women using in-depth interviews, focus groups, discussion forums, media reports, and quantitative surveys to assess knowledge, beliefs, attitudes, and behaviours related to cervical cancer prevention programs. Her results revealed that women have limited knowledge or confusion over the efficacy of the Pap test and the HPV vaccine, concerns about side effects, and reduced cervical cancer risk perception. Systemic barriers have a direct influence on the screening behaviour and this is partially mediated by perceived control and social norms. The trustworthiness of pharmaceutical companies, government, medical system and doctors is strongly contested and translates into mistrust regarding the effectiveness of the vaccine.

The next two studies presented were about issues related to coping with infertility. Infertility, which is the inability to conceive after a year of trying to do so, afflicts approximately 10%-15% of couples. This condition can have serious emotional and physical implications on women's lives. It could greatly disrupt daily life, lower quality of life and its impact is comparable to that of serious chronic illnesses (Chachamovich et al., 2010). Assisted Reproductive Technology (ART) treatments are time-consuming and intrusive yet neither the condition nor the treatment are disabling or life-threatening. In order to understand the psychosocial impact of the condition, it is important to study how the experience of infertility is shaped by the social context (Greil, Slauson-Blevins, & McQuillan, 2010).

Prof. Yael Benyamini (benyael@post.tau.ac.il), presented the third study, which was a quantitative longitudinal study that researched how normalization, the ability to maintain a 'normal' life alongside ART treatments and to feel as 'normal' as your peers, helps women undergoing infertility treatments and maintain their quality of life. This study was carried out in Israel, a country with a highly pronatal culture, where infertility is highly stressful. She found that women who managed to maintain normal routines and not feel different than women their age experienced better quality of life and psychological adjustment.

The fourth study was presented by Prof. Irina Todorova (ilgt1@comcast.net). In her study, she used qualitative techniques to analyze discourses around ART treatments in online Bulgarian sources. Her data revealed that wide accessibility and insurance coverage of these treatments has somewhat shifted meanings and discourses of infertility for Bulgarian women from those associated with stigma, shame, and an identity of defectiveness, to a proactive and pragmatic identity empowered by technology. The analysis illustrated the “paradoxical nature” (Franklin, 1997) of ART treatments in the sense that they expand women’s choices regarding parenthood, and at the same time limit alternatives regarding motherhood. When conception attempts are not successful, there is always another type of ART method to try (as long as finances allow), and the multiple treatments can have negative side-effects for women’s health. On the on-line discussion forums, women also continuously motivate each other to keep trying and not give up, further sustaining long-term treatments.

The last presentation focused on childbirth. In many Western countries, women may choose how, where, and with whom to birth. Their planned and unplanned modes of delivery could potentially affect a wide range of spheres: the psychosocial wellbeing of the mother and child, their physical health, legal matters and financial issues. The way in which decisions regarding birth choices are made is not fully understood. That is why Heidi Preis (heidibracp@mail.tau.ac.il) conducted and presented a quantitative prospective study from Israel that explored how basic beliefs about the nature of childbirth affect birth. These beliefs about birth as a medical or natural process were shaped in a highly medicalized culture, and were found to be related to planned and unplanned modes of delivery. The findings suggest that the beliefs about birth are the basic building blocks that drive women’s birth choices. Understanding them could improve psychological and medical interventions and outcomes.

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Beside our symposium that was dedicated to women’s health issues, there were several other presentations in the conference about the subject, with a wide range of themes such as: pregnancy and fertility related issues, surrogacy, postpartum adjustment, breast cancer, alcohol consumption, smoking cessation, eating habits, physical activity, domestic violence and coping with illness. Though the variety of the studies was inspiring, it seemed like most focused on intra-psychic constructs and placed less importance on the socio-cultural dimensions that affect women’s health.

It is important to encourage and conduct more research that looks at women and their health issues in the multidimensionality of their lives. Women might be daughters, mothers, or expectant mothers; they could be wives, caregivers, or single women. In every culture there are gender role expectations that shape women's lives. They conduct their lives in a set of systems that influence their everyday behaviour. Women’s family system often brings with it many responsibilities and pressures. Cultural and social norms shape their health concepts, attitudes and behaviors. They live in countries where there are different available resources or health disparities. All these socio-cultural frameworks must be taken into consideration when studying women’s health and trying to promote behavior change and better living. To fully understand women's health issues, they must be studied in context.

We enjoyed collaborating together in our symposium and hope that more studies about women’s health psychology will be presented at the 2016 EHPS conference in Aberdeen. In particular, studies that take into account the specific context that affects women.

From left to right: Heidi Preis, Adriana Baban, Karen Morgan, Irina Todorova, Yael Benyamini.

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report

Report on the outcomes of an EHPS Networking Grant - Caregiving in the illness context

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We are happy to announce the upcoming publication of our book, Caregiving in the Illness Context (Palgrave-McMillan). This book is a joint initiative of a group of seven international researchers collaborating under the auspices of an EHPS networking grant awarded in 2014.

The idea for the network was conceived at the 2013 EHPS meeting in Bordeaux and a proposal (Ameliorating Caregiver Stress: Integrating Dyadic Coping and Cultural Frameworks) was submitted in the next few months. The book grew out of a two-day meeting of the authors in January, 2015 in Thessaloniki, Greece funded by the network grant. For both these opportunities and for launching this network, we are indebted to the EHPS.

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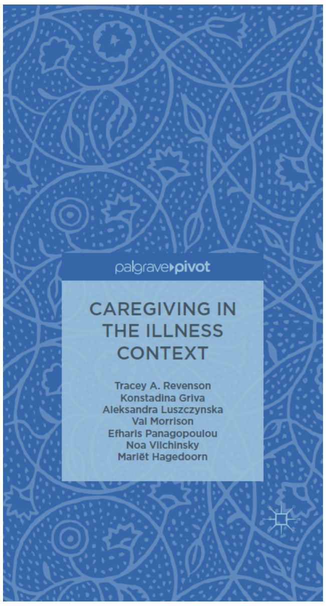
At the Thessaloniki meeting, we developed an idea for a book on caregiving, secured an email agreement for a book contract, and planned a roundtable for the 2015 EHPS meeting in Limassol. We also had a bit of fun getting to know each other, by taking a cooking class together that was rich in both Greek history and spices. In the next month, we wrote a book proposal and obtained a contract from Palgrave Macmillan for a book manuscript due on July 15, 2015. Crazy? Perhaps. In six months, we managed to co-author an integrative volume, which we believe will make an important contribution to the field of health psychology.

Why propose a network on caregiving? From the book's preface:

> “At a recent conference on caregiving that one of us (NV) attended, a psychologist told the audience about the first time she led a support group for partners of cancer patients. As is often done, she started by asking each of them to say something about themselves. Each of the participants gave her or his name and the ill spouse's diagnosis and treatment status. She asked again – same response. It took three more rounds before the caregivers were able to say something about themselves that was not related to their partner's illness.
>
> As the above anecdote illustrates, caregiving can be all consuming. In the past, caregiving for an ill



The EHPS caregiving network, from left to right: Noa Vilchinsky, Aleksandra Luszczynska, Tracey Revenson, Val Morrison, Mariët Hagedoorn, Efharis Pangopoulou and Konstadina Griva

person was short-term, as most people did not survive for long or live to old age. Today, caring for an ill family member can be better labeled as a long-time situation. Despite – or perhaps as a result of – advances in medicine, people are living longer, albeit often with chronic conditions or disabilities, and families remain the "first responders". Those who take on this unpaid role risk incremental stress, physical strain, competing demands, and financial burdens. Governmental policies may make long-term care or institutionalization prohibitive for many and even if aid were available, many people would not want to institutionalize a family member.

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Thus, at some point in our lives, most of us will be asked or need to assume the caregiver role. We should note, however, that many individuals who provide assistance and support to a loved one with chronic illness or disability do not identify themselves as caregivers, but rather describe what they do in terms of their relationship with the other person: as a partner, child or close friend.

What factors are related to optimal caregiver adjustment? What types of interventions are most effective and cost-effective at reducing caregiver stress and burden? Despite the ubiquity of this phenomenon, we know relatively little about it. There have been multiple reviews and meta-analyses and hundreds of articles, but they tend to focus on caregivers of elderly adults with mental disease (e.g., dementia) and sometimes fail to define what they mean by caregiving. A key theme to emerge from systematic reviews is that family care may influence the caregivers' own financial situation, physical and emotional health, and ability to continue to care for the recipient at home. The impact is particularly severe for caregivers of individuals who have complex chronic health.

In this volume we synthesize the research evidence on informal (family) caregiving for those with a serious or chronic physical illness or health challenge. Much of this work has been conducted with cancer populations so that emphasis will be evident in many chapters. We also bring in the idea that there are positive outcomes to be gained from caregiving that may offset some of the stressful aspects. After presenting an integrated theoretical framework for caregiving research, we discuss how caregiving affects physical health and emotional well-being and how it should be studied as a dyadic phenomenon between caregiver and care recipient. We then look at several determinants and moderators of caregiver outcomes – emotions, gender, culture, and personality. The volume concludes with a chapter on evidence-based interventions and a challenge for future research."

(Revenson, T.A., Griva, K., Luszczynska, A.,

Morrison, V. Panagopoulou, E., Vilchinsky, N., & Hagedoorn, M. (2015, in press). Caregiving in the Illness Context Hampshire, England: Palgrave Macmillan; p. vi-vii)

Our work does not stop here. The network members presented a roundtable at the EHPS meeting in Limassol, Cyprus, which gave us an opportunity to share our findings and thoughts with a wider audience, who were receptive to our ideas, and shared many of their own. The network members met again in Limassol to plan our future collaborations. For the next two years, we plan to launch two joint cross-culturally designed studies, tentatively focusing on motivations for caregiving and illness identity in couples living with chronic illness. We will be applying to several funding agencies to support this work. As part of this research we plan to develop a set of core measures that all of us will include in our caregiving and dyadic coping studies, allowing cross-national comparisons.

Again, we wish to thank the EHPS grants committee for awarding us with this extremely helpful grant. We encourage our fellow researchers to apply for the EHPS grant. It may not seem like a great deal of money but it can make HUGE things happen!

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Some highlights of the Synergy Expert Meeting 2015

Mhealth for behaviour change: Opportunities, challenges and future directions

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Dominika Kwasnicka
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University of Lisbon

Mhealth interventions have the potential to significantly improve the effectiveness of public health interventions. At this year Synergy meeting experts discussed the opportunities, challenges and future directions for mhealth behavior change. Professors Lucy Yardley, Susan Michie and Robert West facilitated the meeting and provided guidance on the future of mhealth interventions. Twenty seven experts from 11 different countries contributed synergistically with their insights on mhealth research. Among others, experts covered topics relevant to the methods for developing and testing theory based intervention; testing the engagement of the user with the intervention and the quality of the data; analysis for complex interventions; and data management of mhealth interventions. Some highlights of these topics are described below.

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Methodological considerations for developing and testing theory using mhealth interventions

Experts identified the need for appropriate designs to answer key questions during the development and testing of theory based behavior change interventions, using technology. Considering the complexity of such interventions, there is a need for designs to identify the active ingredients of an intervention, as well as the dose of each component that promotes behavior change and maintenance of behavior change. These active components might be relevant to several aspects of the intervention, such as the behavioral change techniques, and the delivery of the intervention.

Today, the gold standard of randomized control trials (RCTs) provides the most rigorous test of the efficacy of behavioral interventions. Although desirable, RCTs provide a test of the intervention as a whole, assuming independence of variance within intervention components. This limits our ability to accurately identify and effectively replicate the most successful intervention components within different conditions and settings.

During the Expert Meeting (EM) the potential of new methods, such as factorial designs, fractional factorial designs and stepped wedge designs were discussed. By using random experimentation, these designs allow researchers to test the individual effects of each component, as well as their effects in combination with other components, against a suitable comparison group. This is particularly important, considering the dynamic effect of technology on behavior change. When this continuous process provides some insight on the optimal dose and combination of such components to produce the best outcome within the time-adaptive context, it can be tested in larger scale RCTs to promote cost-effective mhealth behavior change.

The utility of Bayesian methods in M-health interventions

During the EM, we discussed the utility of using Bayesian statistical methods when evaluating complex and dynamic interventions such as mhealth based interventions, as a Bayesian approach offers an interesting alternative to classical (aka frequentist) techniques for statistical inference. One of the main differences between frequentist and Bayesian statistics is that while the former is based on testing a null hypothesis that considers there is no relation between the variables of interest, in the Bayesian approach, estimation derives from a combination of evidence based knowledge of the population parameters with the data obtained in the current research.

Although most health psychologists have heard or maybe even read a few things about Bayesian methods, many of us are still clueless about its use, whether we should use it, and how to begin using it. Given the increasing popularity of the Bayesian approach, experts suggested some introductory readings, such as an Editorial on Addiction by Robert West (2015), an introduction to Bayesian Analyses for Health Psychologists published in the European Health Psychologist (Van de Schoot and Depaoli, 2014), and an interesting book that tells the story of Bayes' theorem (McGrayne 2012).

Engagement of mhealth interventions

Successful engagement is a key issue in digital health behavior change interventions, in which non-usage attrition after the first sessions of a program is quite high (e.g. Arden-Close et al., 2015). As a dose-response effect is expected in behaviour change interventions, this can undermine the benefits of interventions.

During the EM meeting, the main discussion points on engagement were on the following topics: 1) How can engagement be more consistently and appropriately defined, i.e. what is engagement within an intervention? Engagement can mean different things for different people, i.e. which components are useful for which participants. 2) How we can evaluate engagement more comprehensively, accurately, and efficiently? Usability, interest, convenience, motivation, enjoyment, quality of the experience, and easy of use, are examples of categories of engagement that can be assessed (e.g. see Arden-Close et al., 2015). 3) How can engagement with digital interventions be best promoted, for example by designing interventions to meet the needs of diverse populations using person-centred approaches (e.g. tailored interventions), and by making use of psychological theories that can provide a better understanding of engagement, such as the utility of habituation and learning theories. The EM discussed the literature on engagement with digital interventions, which is increasingly popular and suggested that models for understanding and promoting engagement are needed (for an example see, Short, Rebar, Plotnikoff, Vandelanotte, 2015)

Open Science Framework

Another topic covered during the EM was how to best store and share your study data with your research team and with other audiences. One of the solutions that was presented and discussed during the EM was a recent initiative called the Open Science Framework (OSF) created by the Centre for Open Science https://cos.io/. The OSF is a free and open source platform that allows you to store and share documents and datasets; it can be particularly relevant for mhealth research projects, which often require vast digital space. You can open your free account on the OST here: https://osf.io/and see how it works here: https://www.youtube.com/watch?v=2TV21gOzfhw.

Some of the OSF advantages discussed during the EM include having one centralised location to store all research files; keeping control over which parts of the project are private and which are public; and integration with other platforms and services such as Dropbox or Google Drive. On the other hand some of the challenges associated with the OSF were also debated, including the controversy around the data protection laws and data sharing. The EM agreed on the need for data transparency, appreciating that platforms such as the OSF are yet to gain the acceptance of research funders.

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In Conclusion

This article aimed to describe some of the topics covered during the EM. More action points will follow, including among others a paper on the future challenges of mhealth, monthly online meetings for presentation and discussion of interventions, the formation of a Special Interest Group on mhealth, and a symposium on the next EHPS conference on mhealth methods. Experts at this year Synergy EM promoted discussions on our current challenges, taking into consideration the limitations in our understanding on mhealth behaviour change and the methods to test these; as well as they promoted ideas/guidelines for future research.

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report

EHPS Conference: Inspiration for teaching, too!

Floor Kroese
Utrecht University

As an assistant professor in The Netherlands, my workload is divided between 60% teaching and 40% research. Visiting a conference, presenting my work, networking, and learning about studies from other labs is something I usually see belonging to the "research" part of my job. The 2015 Cyprus EHPS conference, however, has very much inspired me as a teacher, too. In this piece I would like to highlight this unanticipated, but very fruitful impact of the conference.

Together with a colleague of mine, I will be lecturing in a course on Intervention Mapping this semester. It is a new course in a newly developed Health Promotion masters program at our university, and frankly, we wouldn't consider ourselves to be experts on this particular topic at all. Of course, we did know that intervention research is a big theme in the EHPS community, and that we have many intervention mapping experts even from our own country (particularly from Maastricht University). Hence, our EHPS 2015 conference mission was to gain beyond-textbook knowledge about intervention mapping.

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The first thing we did was arranging a meeting with Gjalt-Jorn Peters, who (besides being a fabulous Cypriot folk dancer, as we learned at the conference dinner) has a lot of experience with intervention mapping. He was able to answer all of our questions, provided some interesting examples and, very usefully, pinpointed specific aspects that students tend to find challenging. Reassuring us that intervention mapping isn't as complicated as one might think (wait, or did he say it WAS that complicated…?), we thought this was a very valuable meeting.

Next, we set out to visit talks on particular aspects of intervention studies. For example, the presentation by Pepijn van Empelen was very useful in detailing how the "Dream, Think, Act" intervention was developed and evaluated (thanks!). What I always like is that conference presentations, generally more so than papers, allow for some inside information on particular challenges or things gone wrong. This type of information was exactly what we thought would be interesting to share with our students and therefore these talks really had additional value on top of the papers we would read.

Last, we talked to John de Wit, who kindly agreed to give a guest lecture in the course on his experience in developing and testing interventions in the context of AIDS prevention. In fact, this will be a skype-lecture all the way from Australia and we are very curious to see how it works out.

Altogether, this input from others, together with our own brainstorm-on-the-beach moments, discussing how to structure the lectures, made for a very fruitful conference and a hopefully very interesting course.

P.S. At Utrecht University we always welcome international students. For example, we have an English-taught Social and Health Psychology research masters program and several elective courses (e.g., on Nudging) that are open to students from abroad. Please feel free to refer your students to me for further information or check www.uu.nl/masters.

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report

Update on the EHPS Affiliation with the United Nations

Nihal Mohamed
The Icahn School of Medicine at Mount Sinai

This update includes information regarding the EHPS-UNDPI members' activities during the past four years. The following sections delineate our status and activities related to the UNDP.

It has now been four years since EHPS was formally associated with the Division of Public Information/ NGO section at the United Nations (since April 29th 2011). During that time the EHPS – UN Committee has been in discussion with EHPS National Delegates and all members about the role of health psychology in contributing to global health research and policy, to the Millennium Development Goals (MDGs), and currently, to the Sustainable Development Goals (SDGs).

We have recently had a major success (April 2015) when the EHPS was accredited for ECOSOC consultative status. This means, given our dual status (UN-DPI & ECOSOC status), we can have a significant influence on global health and well-being policies.

During the past four years we have initiated several activities and many contacts within the EHPS and the UN-DPI community. Two of the committee members, Golan Shahar and Alden Lai, attended the 64th UN/NGO Conference (September 3rd- 5th 2011 in Bonn). The conference along with the 65th UN/NGO Conference that our members attended at UN Headquarters in New York, have created more effective dialogue to build on the momentum generated by the MDGs and carry on with an ambitious post-2015 development agenda in order to provide concrete steps for delivering the promise of sustainable development". http://outreach.un.org/ngorelations/conference-2014/

The EHPS-UN committee organized a roundtable for the EHPS Conference in Prague in 2012: EHPS association with the United Nations: How can health psychology influence global health policies? - Marta Marques and Irina Todorova were the convenors, Efrat Neter, Suzanne Skevington, Alden Lai and Susan Michie were contributors. The purpose of the Round Table was to establish the vision and strategies for the contribution of health psychology and EHPS to global health policies, through the affiliation with the UN/WHO. Through these associations, the EHPS can have an important role in global health policies, reinforcing the importance of psychology in health and illness prevention. The contributors presented their viewpoints in relation to ongoing activities and future goals, such as the recommendations for action drawn from the UN/NGO conferences, the strategies for the affiliations with the UN/WHO and the rationale for EHPS involvement in global health policies. In order to enhance the potential of the EHPS to contribute to global health policies, we have designed and are currently collecting feedback from our EHPS community regarding the best ways to engage with the UN and what their current engagements are via a survey to EHPS members.

Members of the UN Subcommittee who are located in New York frequently attend UN briefings and other events. Nihal Mohamed, Irina Todorova, and Lisa Wu have attended UN 2014 and 2015 Psychology Day, and published a separate piece about the 2014 event in our online EHPS Bulletin, and will soon publish the brief description of the 2015 event. Nihal Mohamed and Lisa Wu have attended the 2014 65th Annual UN DPI/NGO conference which was also published in our online EHPS Bulletin. Lisa and Irina also went to a meeting of the Psychology Coalition and are in the process of writing a separate piece on the event for a publication in our online EHPS Bulletin. Unfortunately, the EHPS-UN is not currently involved in the organization of the Psychology Day, even though its topic is right in our area. The main reason for this is that it is organized mainly by the Psychology Coalition in the UN. The coalition is doing lots of other great work at the UN, such as intensively lobbying for the inclusion of wellbeing and for the first time mental health in the new Sustainable Development goals. Thus, we believe it is crucial for EHPS to become a member of this coalition.

Additionally, Marta Marques has explored possible EHPS collaborations with WHO (Civil Society Initiative). The first step was to contact the WHO civil initiative department in Geneva to express our interest in collaborating with WHO and ask for the procedure required to be eligible to the “official relations status” of the EHPS http://www.who.int/civilsociety/en/. The WHO expressed an interest on the potential areas of collaboration between EHPS and WHO, and we informed them what we see as some potential areas (e.g. evidence-based health policies, health promotion projects, prevention and intervention in non-communicable diseases, mental health, health monitoring, health inequalities). Marta Marques and Angelos Kassianos are working now to further in establish the initial informal relations with WHO.

EHPS members have been informing us about their on-going collaborations with UN Organizations and we are grateful for the interaction with members. Some examples include the following: Several EHPS members and member countries (Bulgaria, Romania, Hungary, Switzerland and others) are involved in the longitudinal WHO collaborative health promotion and policy project (supported also by UNICEF), Health and Behavior in School-Aged Children, which has been collecting data and providing policy recommendations on school health since 1986. EHPS members from Romania (Adriana Baban) have consulted with UNICEF on topics of prevention of domestic violence, child trafficking and alcohol use among adolescents in Albania. Suzanne Skevington is Director of the WHO Centre for the Study of Quality of Life. EHPS members from the United Kingdom have worked on projects for: Improving cross-cultural assessment of quality of life in health and health care (WHOQOL Group 1992- date) Division of Mental Health WHO, Geneva; Active ageing and quality of life in older adults (WHOQOL-Old Group); WHO European Regional Office, Copenhagen (2001-2004); Assessing quality of life in HIV/AIDS (WHO Geneva and UNAIDS 1998-2003); AIDs-competent communities (UNAIDS, Geneva, 2000-2004); Biodiversity, health and quality of life (UNESCO Paris, 2005); Child-friendly schools (WHO Geneva, Department of Mental Health and Substance Abuse 1999). Dr. Roger Ingham has worked with WHO on reproductive health methodologies and has contributed to the WHO publication Sexual Behavior and AIDS in the Developing World.

EHPS had a broad international network of psychologists and commitment to improving health

and well-being in a global context and thus is positioned to have a positive impact on global health through its association with DPI, WHO and hopefully ECOSOC. We are looking forward to developing further partnerships with the United Nations and the other professional psychological organizations affiliated with the UN. Currently, an effort led by Alden Lai, is directed toward preparing a workshop on UN involvement for EHPS 2016, to explore venues and strategies to use in our overarching goal of making a significant impact on global health and well-being policies.

Nihal Mohamed
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