

Challenges & opportunities in a constantly changing field: Reflections from the 32nd EHPS Conference

Vasilis S. Vasiliou

University of Cyprus

It was my honour to be awarded funding from the EHPS EC grant scheme to attend the 32nd EHPS conference. I feel like it was a critical time to attend the conference as the conference's main theme, emphasizing processes in our psychological theories and how our research impact current practice and policy, was highly appropriate to my own research. My research, which focuses on developing innovative, digitized prevention and intervention programs for vulnerable young adults, based on Acceptance and Commitment Therapy (ACT; Hayes et al., 2011) was heavily informed by the content delivered at this conference - which included numerous high-quality presentations addressing cutting-edge theoretical, methodological and digital intervention challenges in Health Psychology. I will focus my reflection on three domains, which I personally found most helpful and important: the pre-conference workshop experience, moments from the conference's activities, and my presentations.

Domain I: The Pre-conference workshop experience

Throughout my Clinical Psychology training, I have been focusing on attending clinical workshops, aiming at improving my clinical competencies. This year, though, I chose to attend a research-based workshop to advance my research skills in ecological momentary assessment (EMA), a method of collecting intense repeated measures in participants' daily life (Johnston, 2016). Coming

from a Behavioral Medicine background, I find EMA a promising way to assess, in-the-moment, the effect of a digitized intervention (e.g., a mobile app. or a wearable device) or examine a set of health-related behaviors, thoughts, and emotions as they happen in patients' context. During the half-day workshop, I familiarized myself in the set of techniques used in EMA. I also reflected on the numerous applications of EMA in Health Psychology and learnt how to design an EMA study, following a theory-driven approach. What was really valuable for me, though, was the practical examples other researchers shared in implementing EMAs studies, the pitfalls/ difficulties faced, and how they overcame them.

EMA is a challenging method due to the many fast-moving variables involved in collecting and analyzing data, and so attending this group-based interactive workshop, allowed me to think how I could apply EMA to my own future research. My post-doctoral research, beginning soon in collaboration with Dr. Samantha Dockray at the Department of Applied Psychology, University College Cork (UCC), Ireland, will examine the efficacy of a personalized digital intervention to reduce the use and harm associated with recreational drug use in college populations. EMA will help us identify key mechanisms that facilitate drug cessation or harm reduction behaviors, associated with recreational drug use.

Domain II: Moments from the conference's activities

The conference's program included an impressive breadth of themes addressed within Health Psychology. I found the symposium on the use of EMA and diaries to measure health, behavior, and determinants highly interesting because the presenters, apart from illustrating findings from their work, highlighted methodological and statistical challenges they had encountered. For instance, Katia Ferrar (2018), reported several systematic biases in adherence to adult health-related mobile EMA and stressed the importance of accurate reporting compliance. Also, Ann DeSmet (2018) described issues regarding user engagement, the importance of piloting and facilitating convenience to participants, and the need for stimulating participants' interests in order to increase ecological validity and adherence to EMA data recording. Finally, I also found it useful to know how EMA can be utilized to understand antecedents (As) and consequences (Cs) of targeted behaviors via micro and macro level analyses of within-subject means, variances, and covariances (O'Connor, 2018). This symposium stimulated my future ideas, particularly helping me to understand the challenges associated with EMA and how I could better package and deliver a set of modifiable treatment processes to facilitate behavioral changes (e.g., Vasiliou et al., 2017; Vasiliou et al., under review), as they are employed in third-wave behavioral interventions (Hayes et al., 2011) via different settings (e.g., group, web, mobile, apps-based).

Domain III: My presentations

I also participated in a symposium, presenting findings from my PhD project assessing, in a randomized controlled trial (RCT; Vasiliou et al.,

under review) the effects of an ACT-based intervention for primary headache sufferers versus wait-list control groups. Notably, there was another presenter discussing an ACT-based protocol for chronic pain patients (Godfray, 2018), as well as two more presentations with related topics (Navin, 2018; Sinkariova, 2018). In addition to the interesting presentations, the symposium ended up with a fruitful discussion pertaining to the accuracy of criticism arising in a previous symposium (Coyne, 2018) regarding the efficacy of ACT for chronic pain.

Although a methodological critique of ACT's research base (as with other research bases) is welcome and necessary to the development of a discipline/topic, some of the arguments Professor Coyne presented were challenged. In particular, data and discussion of the evidence base within our own symposium countered his suggestions that there is a lack of a clear theoretical and epistemological background of ACT for chronic pain (McCracken & Morley, 2014), a lack of well-validated measures in assessing treatment outcomes (Levin et al., 2014; Monestès et al., 2016), and the use of inappropriate comparison (control) groups in RCTs, examining the efficacy of ACT for chronic pain (Gaudio, 2009; A-tjak et al., 2015; Veehof et al., 2011). Whilst it is legitimate to highlight important limitations in behavioral interventions, this should be based on purely empirical evidence and solid underlying reasoning. This symposium, and other sessions I attended, highlighted the important role, informed critique and defense plays, in the career of a health psychologist.

Conclusions

I left the conference fully inspired with many new ideas for future studies. Among the memorable moments, I recollect the keynote speakers who wholeheartedly shared years of accumulating

knowledge and empirical evidence, as well as the dynamic line-up of fresh ideas presented in numerous posters. As I am now preparing myself for relocating to Ireland, I feel that a decision to return to academia, after a year spent in clinical practice, was the right choice for me. I am now ready for new research challenges and I am confident enough that the EHPS and health psychology community can keep motivating me throughout my career.

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Vasilis S. Vasiliou

Clinical Psychology & Behavioural Medicine Laboratory, Department of Psychology, University of Cyprus, Cyprus

vvasil05@ucy.ac.cy