



ELECTRONIC NEWSLETTER

Issue 4

December 2004

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President's message

Dear Colleagues,

New journal – Health Psychology Review

Thank you to all who participated in the members' consultation about the proposal to launch a new review journal under the auspices of the Society. I am delighted to announce that there was an overwhelmingly positive response for the review. We have conveyed member feedback to the publishers, Taylor & Francis, and are in the process of working out a final agreement to be signed at the end of 2004. The plan is to launch the journal next year at our conference in Galway, Ireland, and to publish the first issue in 2006. Editorial arrangements will be considered next year by the Society's Publications Sub-committee.

European Diploma in Psychology: EHPS response to consultation

At our 2004 conference in Helsinki, Tuomo Tikkanen, President of the European Federation of Professional Psychologists' Associations (EFPPA), organised a roundtable discussion on the European Diploma in Psychology (EDP) proposed by the EuroPsy2 Project Group. Our response to their consultation exercise, written by Pilvikki Absetz (Training and Development Officer) and Teresa McIntyre (Past President) acknowledged the contribution of the EDP in providing a system of standards that serves to develop and promote the quality of the profession. We raised issues concerning the definition of health psychology as a discipline and profession, and the representation of health psychology in the basic training and the EDP awarding agencies. The full EHPS response is on p. 3 of this Newsletter. We look forward to future collaboration with the EuroPsy2 Project Group in matters concerning the implementation of the EDP in the context of health.

The Latin American Association of Health Psychology: developing links

In November, three members of the EHPS – Ruth Curtis, Marie Johnston and myself – were invited to give keynote talks at the Fourth International Conference of Health Psychology in Havana, Cuba. We took the opportunity of giving a power point presentation (in Spanish, thanks to Marie!) to the annual



*Susan Michie, President of EHPS
and Godeleva Rosa Ortiz Viveros,
President of the
Association of Health Psychology in
Latin America*

meeting of the Latin American Association of Health Psychology (ALAPSA). Our presentation of the activities of the EHPS was well received and there was a desire to develop links between ALAPSA and EHPS. I have invited the President of ALAPSA, Dr. Godeleva Rosa Ortiz Viveros, to write for one of our future newsletters and we discussed the possibility of joint symposia at their Third Congress, to be held 5th -9th December 2005 in Havana, Cuba. Two possible topics we discussed were 'training' and 'prevention'. Please get in touch with me if you are interested in helping to develop either of these symposia.

2005 Conference in Galway, Ireland – abstract deadline February 14th

I am sure you have August 31st –September 3rd 2005 in your diaries; please ensure that you have February 14th there also. The conference theme is “*Enhancing Individual, Family and Community Health*” and it promises to be a very stimulating international event with delegates coming from all over Europe as well as the United States, Australia and New Zealand. Outstanding researchers and speakers will deliver keynote addresses including Prof. Shelley Taylor, UCLA, Prof. James Pennebaker, University of Texas, Prof. Marie Johnson, University of Aberdeen and Prof. Jack James NUI, Galway. And from previous experience of the hospitality of our colleagues in Galway, I know the social programme will be just as strong as the scientific programme!

Talking of which, I send my greetings to you for a happy Christmas and New Year.

*Susan Michie,
President, EHPS.
s.michie@ucl.ac.uk*

EHPS Conference 2005 – Galway, Ireland



*Submission deadline:
February 14th, 2005*

We would like to invite you to submit an abstract for an oral, poster, symposium or round table presentation for the upcoming EHPS Conference 2005, which is to be held in the National University of Ireland, Galway, Ireland from August 31st to September 3rd. All abstracts must be submitted online. The final date for submission of abstracts for oral presentations is February 14th 2005. Abstract submissions for poster presentations will take place from January 2nd to April 30th 2005.

This year's theme will focus on 'Enhancing individual, family and community health.' Keynote speakers will include: Prof. Shelley Taylor, UCLA, Prof. James Pennebaker, University of Texas, Prof. Marie Johnston, University of Aberdeen and Prof. Jack James, National University of Ireland, Galway.

Further details of the conference can be obtained from: www.ehps2005.com or alternatively you can contact us at: conference@ehps2005.com



Evaluation of the EDP proposal from the point of view of Health Psychology, prepared by the EHPS

The purpose of the European Diploma in Psychology (EDP) is to create a European standard to develop and promote the quality of the profession, defining both the training and the competencies expected from a psychologist within the countries in EU. It is intended to provide a common curriculum framework, a quality standard, and a platform for comparing individual qualifications. EDP is a two-level diploma system, with a Basic European Diploma in Psychology and a number of Advanced European Diplomas in Psychology. By providing a system of standards, the EDP provides a major improvement to the current situation.

The European Health Psychology Society has reviewed the EDP proposal from the viewpoint of health psychology. To clarify the scope of this fast growing subdiscipline of psychology, we use Matarazzo's (1980, 1982, 2001) definitions of health psychology as "the aggregate of the specific educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction," "... and to the analysis and improvement of the health care system and health policy formation." We would like to underscore that health psychology as a profession uses both clinical and non-clinical approaches. An example of a clinical approach is the focus on patients with medical illness in order to improve adjustment to illness and quality of life. An example of a non-clinical approach is the use of organisational and systems focused interventions to improve the quality of health care systems. Health psychologists may also use social, collective and macro approaches to promote health in school, occupational and community contexts. This clarification is important as in countries with a strong clinical psychology tradition the scope of health psychology practice is often limited to the clinical arena.

Given the above framework, the EHPS suggests three main points to be clarified in the EDP proposal: 1) Training in health psychology as an elementary requirement in the basic degree in psychology; 2) representation of health psychology within the European Awarding Committee and the National awarding as one major area of the professional context of health; and 3) terminology related to health psychology.

Point 1: Training in health psychology as an elementary requirement in the basic degree in psychology

Health psychology training in terms of exposure to relevant explanatory theories and approaches to intervention in the context of health should be included both in the First Phase and Second Phase of the curriculum model proposed in the EDP. As an orientation of students to the main subspecialty areas in psychology, we suggest that in the First Phase (see Appendix II, Table 1, p.22), health psychology will be included as a separate subspecialty (section on Explanatory theories). Separation of health and clinical psychology as disciplines would allow a broader scope on health psychological theories and techniques. In the Second Phase, which aims at preparing students for

independent practice within a professional area of psychology, we also suggest that some reference be made to health psychology. For example, including some explanatory theories (knowledge), such as the theories/ models of risk perception, illness representations, work stress; explanatory theories (Skills), such as evaluation of social support, illness representations, health-related quality of life; some technological theories (knowledge), such as theories of health behaviour change, some technological theories (skills), such as developing a health promotion program,

Another reason for including health psychology training as an element of basic training in the EDP has to do with legal requirements related with the regulation of the profession in various European countries. In some European countries (e.g., Finland, Norway) legalisation is context-specified to health care, and therefore training in health psychology needs to be one fundamental element of the basic training of psychologists within the region, and a requirement of the EDP.

Point 2. Representation of health psychology in the Awarding Agencies

Section B of the EDP regulations (pp.8-9), articles 12 and 15 outline the composition of the European Awarding Committee and the National Awarding Committee as well as several concerns regarding the representativeness and balance of the committees regarding gender, academic versus practice and professional contexts. We would like to emphasise that representation of health psychology within the European Awarding Committee and the National Awarding Committee as one major area of the professional context of health should be guaranteed.

Point 3. Clarification of terminology related to health psychology

We suggest a clarification and distinction of “health psychology” when referred to as a discipline or as an area of practice, and “health” as a professional context: In terms of professional context, the EDP defines that health is one of the major broad professional contexts. However, in the tables on the Specimen of the Diploma (p.15), and Procedures for EDP profiling (p.34), Health Care and not Health appears as one of the professional contexts. We suggest the consistent use of the term Health to represent the broad professional context both in the text and tables, which is more consistent with the definition of Professional Context presented in the EDP in p. 18. Health care is just one of the professional contexts considered within the broad practice domain of health. “Psychology of work and health” (Appendix II, page 22) as a specialised professional practice area may not be useful. Occupational health psychology has emerged as an area of intersection between health psychology and work & organisational psychology, and has been represented both in the literature on health psychology and organisational psychology. However, it has not emerged as an independent area of practice.



Psychology & Health: Summary Report of Journal Operations for 2003

Submissions:

During 2003, there were 138 new submissions to the journal. The majority of submissions came from Europe (n=75) and North America (n=46). Within Europe, the largest number of submissions came from the UK (n=33). The figures for 2003 are broadly in line with those for 2002, although the overall number of submissions rose again in 2003. There was another marked increase (21%) in the number of submissions from North America.

Of the new submissions to the journal, 25 have been accepted for publication, an acceptance rate of 18%, although there are still 39 submissions that are pending awaiting a final decision. The final acceptance rate for 2001 was 33% and will be between 30-32% for 2002 (depending on pending decisions). It is likely that the final acceptance rate for 2003 will be of a similar level.

‘Regular’ Submissions to Psychology & Health (2001-2003)

	2001	2002	2003
New Submissions:	114	130	138
No. Accepted:	38	34	25
No. Pending:	0	2	39
% Accepted:	33%	30-32%	18-46%
Source of Submissions:			
Europe	75	74	75
North America	25	38	46
Australasia	9	11	11
Elsewhere	5	7	6

Articles Published:

The journal published 48 articles in 2003, including 9 articles in a Special Issue on “Job Demand-Control-Social Support Model and Wellness/Health Outcomes” edited by Stan Maes and Chris Verhoeven. In addition, 2 book reviews were published. It is planned that a greater number of book reviews will be published in the current volume. The source of published articles broadly reflected the geographical spread of submissions, with the largest number of articles coming from Europe (n=36). Again, within Europe, the largest number of articles came from the UK (n=15). There were also articles from North America (n=12) and Australasia (n=1).

The figures for 2002 are broadly in line with those for 2001, although there was an increase in the number of published articles from Europe and a decrease in those from North America. This was mainly due to the fact that the Special Issue included only European authors. The median publication lag from final acceptance of a manuscript to publication in the journal was 8 months. The vast majority of manuscripts are published in the journal between 6-10 after final acceptance. This compares favourably with other journals in the field.

Articles Published in Psychology & Health (2001-2003)

	2001	2002	2003
Articles Published:	48	53	48
Book Reviews:	2	5	2
Total Pages:	725	799	787
Median Lag (months):	7	9	8
Source of Articles:			
Europe	30	26	36
North America	14	23	11
Australasia	4	4	1
Elsewhere	0	0	0

Impact Factor:

The impact factor for Psychology & Health in 2003 was 1.307, which represents a marked increase on the impact factor obtained in 2002 (.920). It is hoped that the high impact factor will be consolidated next year.

Psychology & Health Impact Factor (2001-2003)

	2001	2002	2003
Impact Factor:	0.705	0.920	1.307

Online Journal:

Psychology & Health is available online to subscribers to the journal (including EHPS members) via the Taylor & Francis website www.tandf.co.uk/journals. This service has proved to be very popular with over 4,000 full text downloads over the past year. Each issue appears online before the printed version of the journal is published. Taylor & Francis also have a free contents alert service (www.tandf.co.uk/sara) that members can sign up to.

Paul Norman (Journal Editor)



Athens, Greece

First Greek Health Psychology Conference

During 21- 24 October, the First Greek Conference of Health Psychology was held in Athens. The Conference theme was “*Current psychological research and applications in the areas of health, illness, and health care*”. The conference was co- organized by the clinical psychology section of the Hellenic Psychological Society, the Hellenic Association of Hospital Psychologists, and the Department of Psychology of Panteion University.

The Conference attracted a total of 950 participants to Panteion University in Athens. The programme offered three days of 24 invited symposia, and 10 parallel oral sessions. Within this programme, a total of 140 presentations were given. Issues covered included: (a) Health promotion and disease prevention (cervical screening, mammography use, condom use, smoking cessation), (b) Coping with and adjustment to chronic illness (cancer, AIDS, multiple sclerosis, heart disease, diabetes), chronic illness in children and adolescents, bereavement, and grieving, (c) Psychological interventions to medical disorders (cognitive behaviour therapy, group therapy, brief psychoanalytic therapy, systemic approaches), (d) Clinical topics and applications to physical illness (stress, personality, social support and illness, illness representations, quality of life issues, chronic pain management, neuropsychological assessment, communication between patients and practitioners, decision-making in health care, post-traumatic stress disorder, burnout syndrome, message framing, persuasion and public health behaviour).

The sessions were well attended, the speakers were spot-on and the audience participation was enthusiastic. Conference coffee and lunch breaks had been planned to encourage professional and social interaction. Dr. Susan Michie, the EHPS President, was an invited speaker. At the opening ceremony, she gave a keynote address about “Health Psychology in Europe: Challenges and future directions”. Her presentation made a very positive contribution to the overall success of the Conference, and motivated a number of Greek psychologists to learn more about EHPS and join it.

Indeed, the Conference was a big success, and a good starting point for attracting the attention of the public to health psychology and initiating a multidisciplinary discussion about HP issues in Greece.

Fotios Anagnostopoulos, MSc (Sussex), PhD (Athens), President of the Organizing Committee
fganagn@hol.gr

Message from ISBM

Lifestyle related health problems challenge us to cooperate for improved health

Just 36 months ago WHO identified lifestyle dependant chronic diseases as a global health problem. People all over the world suffer from non-communicable diseases and die because of them – also increasing in the developing countries also. WHO determined that all health scientists should engage in efforts to yield better results on all levels of disease prevention - primary, secondary, and tertiary. This notion challenges us to monitor how health challenges develop over time and across cultures, what are their determinants, and what instruments could be employed in achieving the changes. Last, but not least, it reminds us that implementation research is needed to put the instruments into proper use and to learn from the experiences.

Randomised controlled trials (RCT) are considered to be the most reliable source of evidence by the scientific community. This design ideal is not well suited for handling lifestyle problems, having a major part in the above quest. This fact has been recognized by the Cochrane collaboration recently. Question arises what criteria, if not those binding RCT's, should be used to differentiate the good from the bad designs. For instance, how does one increase adherence to medical regimens – this is a question which WHO has recently addressed and the International Society of Behavioural Medicine (ISBM) has contributed to the discussion? Surely, it seems impossible to study the problem using RCT's. Similarly, developing guidelines for the clinical prevention of cardiovascular disease, and implementing the guidelines – a joint effort of the European Society of Cardiology in cooperation with 7 other societies, including ISBM, requires information that cannot be acquired with RCT's only.

ISBM is an organization of national member societies covering all continents except Africa. Currently 10 European countries have national societies belonging to the ISBM. A large part of their members are psychologists by education; the second largest group is medical doctors, and the list continues with other health disciplines. In order to get a comprehensive view of the determinants of human health and interventions, behavioural medicine does not exclude any domain of health expertise. Knowledge acquired in individual domains such as health psychology is very much needed in behavioural medicine. I am therefore happy to recognize that ISBM and the European Health Psychology Society have already started what seems so natural: to organize joint symposia in each other's congresses, and to exchange information in each other's newsletters. There was a symposium on public health at the EHPS meeting in Helsinki, and another, involving health behaviours at the ISBM congress in Mainz this year. Together with colleagues from EHPS we are in the process of pulling together a symposium on lifestyle changes for the EHPS 2005 in Galway. There is no reason why we shouldn't continue in 2006, including the 9th International Congress of Behavioural Medicine in Bangkok.

Antti Uutela, Ph.D.,
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President, International Society of
Behavioural Medicine, www.isbm.info



Campus of the University of Aberdeen



King's College Chapel

Health Psychology at the University of Aberdeen, Scotland

A new spot on the European map of health psychology has recently appeared in the very north of the continent: Aberdeen, Scotland. Although the University of Aberdeen hosts the oldest psychological department in the United Kingdom (first psychological lectureship in 1896) there has never been an active health psychology group before in Aberdeen.

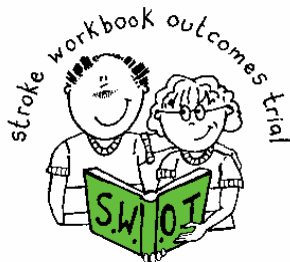
This has changed tremendously since 2003, when the new **Aberdeen Health Psychology Group** was established. The group brings together approximately 30 researchers located at the School of Psychology and the Institute of Applied Health Sciences working in the field of health psychology. It includes Derek Johnston, Marie Johnston and Falko Sniehotta and their associated research staff, fellows and postgraduates. The emphasis of the research of the group is in the domains of Healthcare and Chronic health conditions. The research includes work on measurement, theory and intervention, contributing to both scientific and practice agendas.

The group is embedded in an international and interdisciplinary research framework. The recent incorporation of the School of Psychology into the College of Life Sciences and Medicine provides a fruitful background for health psychological research in Aberdeen. The group is involved in the development of the Scottish, [British](#) and [European](#) health psychology organizations.

The research interests of the group cover a wide range of topics in health psychology; especially stress in health professionals and cardiovascular disease, evidence based practice (EBP) and activity limitations, health behaviour and primary and secondary prevention.

A Research Example: The SWOT Project

In the recent Stroke Workbook Outcomes Trial (SWOT) project, Marie Johnston, Debbie Bonetti and colleagues investigated the effects of workbooks, designed to enhance perceived control in stroke patients on the recovery from disability after stroke. The theory-based workbooks addressed tailored information for the patients, persuasive messages, social support, goal setting, planning, self-monitoring and feedback, coping training and stress management. The randomised controlled trial provided evidence for the usefulness of this intervention. Patients in the workbook group showed less observed limitations six months after the treatment than those in the control group. This underlines that disability is not merely a result of impairment, but a health behaviour that requires further research.





The Aberdeen Health Psychology Group in the Lab. From the left: Derek Johnston, Beth Pollard (hidden behind Derek) Jeanette Winter, Ydwine Zanstra, Marie Johnston, Jill Francis, Chuan Gao, Gerry Molloy, Diane Dixon, Jo Hart, Falko Sniehotta, Julia Hay, Magdalena Ietswaart, Louise Mackie, Claire Scott, Justin Kenardy, Carin Schroder, Sara Joice, Liz Shirran, Graeme MacLennan, Ruth Thomas, Mags Watson, Susan Campbell, Maria Jones, Debbie Bonetti, Brian Callaghan, Barbara Faquharson, Simpson Moore (all hidden behind Falko Sniehotta)

For more information about the Aberdeen Health Psychology Group:

www.abdn.ac.uk/healthpsychology

The SAGE Handbook of Health Psychology



Edited by Stephen Sutton (University of Cambridge), Andrew Baum (University of Pittsburgh) and Marie Johnston (University of Aberdeen).

The Handbook gathers together in single volume contributors from an internationally renowned group of scholars. It provides a definitive, authoritative guide to the major themes and debates in health psychology, both past and present.

Its coverage is comprehensive, and reflects the latest in global health psychology research from a wide perspective. This includes the latest work in epidemiology of health and illness, health-related cognitions, determinants of health behaviours, chronic illness, interventions in changing health behaviour, research methods in health psychology and biological mechanisms of health and disease. Given its breadth of content and accessibility, the Handbook will be indispensable for advanced students as well as researchers.

412 pages

Cloth (0-7619-6849-0) £85.00

To order please visit www.sagepub.co.uk

ISBM Budapest Satellite Meeting

August 29-31, 2004, Budapest Hungary



Budapest, Hungary

The role of behavioural medicine in understanding and preventing the mortality and morbidity challenges occurring in Central and Eastern European countries

The meeting was a satellite of the Eighth International Congress of Behavioural Medicine (Mainz, Germany, August 25-28, 2004), organised by the "János Selye" Hungarian Society of Behavioural Sciences and Medicine, the Institute of Behavioural Sciences, Semmelweis University Budapest, in contribution with the International Society of Behavioural Medicine (ISBM), the United Nations Development Program (UNDP), the Végeken Health Psychology Foundation, and the AEP Section Epidemiology and Social Psychiatry Group April 2002.

Background, results and conclusions: The interdisciplinary approach of behavioural medicine - the integration of socio-cultural, psychosocial, behavioural and biomedical knowledge relevant to health and illness – is fundamental in understanding the determinants of the morbidity and mortality crisis in our region and more importantly in implementing community based behavioural medicine health promotion methods.

The purpose of the meeting was to provide a forum for improved understanding of health trends in this important region of Europe and to examine how behavioural medicine research and practice can be used to understand the health issues of countries undergoing rapid transition and to address these health challenges in the future. It also aimed to facilitate the meeting of researchers, clinicians and health policy professionals from Hungary and other Central and Eastern European countries with behavioural medicine researchers from other countries.

The conference was the closing session of four projects funded by United Nations Development Programmes (UNDP), the working group meeting of the "European Alliance Against Depression" (EAAD) EU-5 project, and the preliminary session of the WHO ministerial conference in January 2005 on mental health in Europe. The meeting had up to 150 participants from 21 countries all over the world. Up to 70 oral and 60 posters were presented.

We concluded that there is a need to strengthen teaching, research and system engagement in behavioural medicine in the countries of the region. Therefore participants of the satellite symposium decided to form a regional network, and organise regional meetings.

Aims and activities of the Central Eastern European Behavioural Medicine Network:

Research cooperation: between researchers, clinicians and health policy professionals from Central and Eastern European countries to examine how

behavioural medicine research and practice can be used to understand the health issues of countries undergoing rapid transition and how to address these health challenges in the future.

Clinical applications: to adapt and evaluate the evidence based behavioural medicine interventions for preventing the health crisis in the region.

Education and training: health care providers need more extensive E&T in BM to implement BM interventions in health promotion and clinical practice. The levels, formats and contents of the education have to be specified according to the specific tasks. Exchange of educational methods and materials between institutions and countries would be useful. Regional teaching seminars and workshops with contribution of international experts and ISBM E&T Committee are planned.

BM Organisations: With the help of the regional BM network creating further foundations of national BM societies and institutions in CEE.

The first CEEBM-NET meeting is planned to be organised in Cluj, Romania.

We would like to thank the participants for their activity and enthusiasm!

We hereby invite you all to help us creating and broadening an active and functioning network, which will strengthen the social capital in our region. Please contact us with your advice, ideas and help concerning our aims by e-mail to info@selyesociety.org, or via the internet: www.selyesociety.org.

Budapest, 23 September, 2004

Mónika Kovács, General Secretary of the "János Selye" Hungarian Society of Behavioural Sciences and Medicine

On behalf of the organising committee of the Budapest satellite meeting: *Mária Kopp, Brian Oldenburg, Adrienne Stauder, Csilla Raduch*

Reproductive Health Issues In Eastern Europe and the Former Soviet Union



The seminar on *Reproductive Health Issues in Eastern Europe and the Former Soviet Union*, organized by the International Union for the Scientific Study of Population and the East European Institute for Reproductive Health, in cooperation with the United Nation Population Funds (UNFPA), World Health Organization and Swiss Red Cross was held in Bucharest, Romania during 17-20 October 2004. During the last decade, countries in Central and Eastern Europe and the Commonwealth of Independent States have undergone major economic and social transformations that have affected virtually every aspect of life, including health. According to some measures, women's health in the region has improved. On the other hand, maternal and infant death rates are still very high, the use of preventive health services is low, and awareness regarding important issues, such as means to prevent HIV/AIDS, is generally lacking. Regional and socio-economic disparities within countries are large, with some of the countries being more advanced in their transition, and other less successful. All countries in the region, however, have been subject to changes in the health status of their populations and their health care systems.

The goal of the seminar was to review the reproductive health trends in transition countries in the European context and their implications for appropriate interventions and future research. The meeting provided an opportunity for participants from Bulgaria, Poland, Romania, Russia, Serbia & Montenegro, Finland, France, Norway, the UK, the USA, and Australia to present their research and debate their views on different aspects of reproductive health. Presentations covered a wide range of reproductive health topics: contraception and abortion, sexual behaviour, unintended pregnancy and its outcome, health education, cervical cancer prevention, risk of HIV/AIDS and other STIs, domestic violence, health services. The significance of addressing the needs of special groups, such as adolescents, refugees, Roma women, trafficked women, was stressed in some of the papers. Women's reproductive health was considered within a broad economic, social and environmental context, from the perspective of different disciplines. The dialogue among epidemiologists, psychologists, sociologists, anthropologists, health care providers, during the four days of the seminar, has pointed out the complexity of reproductive health as well as of the strategies for improving reproductive health. Quantitative and qualitative research provided in-depth information on attitudes and behaviours related to reproductive health, giving program officials and policymakers an opportunity to tailor the preventive and medical care services to the characteristics of women with health needs. It was emphasized that sexual and reproductive health needs cannot be met by the health sector system alone. The ultimate conclusion of the specialists attending the seminar was that in order to achieve tangible improvements in the sexual and reproductive health and well being of women in the Central and Eastern European and CIS countries, multifaceted and interdisciplinary strategies are required. Health psychologists can and should have a significant role in this important mission.

Adriana Baban

Program Announcements

Master Program in Human Development, Lifelong Learning, and Institutional Change

The Master Program in Human Development, Lifelong Learning, and Institutional Change at the Jacobs Center for Lifelong Learning and Institutional Change, International University Bremen, starts in the fall semester 2005.

The highly research-oriented M.Sc. Program aims to convey the knowledge and paradigms necessary to successfully master the challenges that Western societies currently are facing, such as demographic aging in combination with the rapid turnover of knowledge. Learning for and during a long life as well as organizational development are fundamental elements of this transformational process. The Jacobs Center's research activities strive to contribute to the further development of that knowledge base.

One discipline by no means suffices to successfully solve the problems at hand. Rather, the program considers knowledge and evidence from a number of different fields of study such as:

- human performance and neuroscience,
- lifespan psychology,
- health and personality psychology,
- educational science,
- communication science,
- life-course sociology,
- and business administration.

The program is taught in English, and has a duration of four semesters. Applicants need to submit proof of academic excellence, English proficiency and at least a Bachelor's Degree in one of the related disciplines.

The trans-disciplinary program has been developed at the Jacobs Center for Lifelong Learning and Institutional Change. As an interdisciplinary academic unit, the Jacobs Center is part of International University Bremen, a private institution devoted to excellence in research and teaching. The Jacobs Center focuses in research, teaching and consulting on the behavioural and social sciences aspects of lifelong learning and human development.

Achievement-based financial assistance is available for students, including teaching assistantships, research assistantships, and fellowships. However, students are also encouraged to apply for external scholarships (i.e., DAAD). Application deadlines for the program are February 1st (1st round) and May 1st (2nd round).

For more information, please consult the Jacobs Center's web page: www.iu-bremen.de/schools/jacobs/ or contact admissionJCLL@iu-bremen.de

Conference Announcements

9th European Congress of Psychology

The deadline for submissions is 31 of December 2004.

Granada
3-8 July, 2005.

Organized by Colegio Oficial de Psicólogos (COP), *Spanish Psychological Association*, under the auspices of EFPA and with the collaboration of IAAP, IPUSyS and APA.

For more information visit:

<http://www.ecp2005.com/home.asp>

PSYCHOLOGY, HEALTH AND MEDICINE

22ND APRIL 2005
TRINITY COLLEGE CENTRE FOR HEALTH SCIENCES,
TALLAGHT HOSPITAL, DUBLIN, IRELAND

Division of Health Psychology of the Psychological Society of Ireland

Key Note Speakers:
Susan Michie, Malcolm Mac Lachlan, John Weinman

www.nuigalway.ie/psy/phm2005
molly.byrne@nuigalway.ie

The 2005 Society for Arts In Healthcare Conference and the First Canadian International Conference on the Arts In Healthcare No Borders: pARTners in HEALTHcare

June 22-25, 2005
Sutton Place Hotel
Edmonton, Alberta, CANADA

For more information visit

www.thesah.org/annual
<http://james.med.ualberta.ca/exchweb/bin/redir.asp?URL=http://www.thesah.org/annual>

First International Conference on e-Social Science

University of Manchester, UK
22nd – 24th of June 2005.

For more information's visit:

http://www.ncess.ac.uk/conference_05.htm

10th International Women and Health Meeting

September 21 - 25 2005
New Delhi, India.

For further information, contact:

Manisha Gupte

Email: masum@vsnl.com

Sarojini N.B.

Email: samasaro@vsnl.com

Available online at: <http://www.eldis.org/cf/rdr/rdr.cfm?doc=DOC16027>

Source: The Communication Initiative

www.comminit.org

Critical Issues in e Health Research

June 9-10, 2005
Bethesda Hyatt Hotel
Bethesda, Maryland

A "Call for Abstracts" announcements will be released in the very near future.

Contact: Audie A. Atienza, Ph.D.

National Cancer Institute

Division of Cancer Control and Population Sciences

Behavioral Research Program

atienzaa@mail.nih.gov

First International Congress of Qualitative Inquiry

May 5-7, 2005.

University of Illinois, Urbana-Champaign

For more information visit:

<http://www.qi2005.org/>

<http://www.qi2005.org/>

*Deadline is extended to January
15, 2005*

**The 2005 International Conference on Family Therapy:
"Politics, Community and Clinical Practice."**

*The deadline for submissions is
December 15th 2004.*

June 22-25, 2005
Washington, D.C. at the Hyatt Capitol Hill

Co-sponsored by:
The American Family Therapy Academy (AFTA);
The International Family Therapy Association (IFTA).

For more information visit:
www.afta-ifta2005.org

Second Advanced Training Institute in Health Behavior Theory

*Application deadline February 1st
2005.*

7-day workshop
Early career investigators
June 19-26, 2005
Madison, Wisconsin, USA.

Lead instructors include:
Neil Weinstein, Rutgers University,
Alex Rothman, University of Minnesota,
Susan Curry, University of Illinois at Chicago, and
Barbara Curbow, Johns Hopkins University.

For further information's visit:
<http://www.scgcorp.com/ati2005>

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**Society for Reproductive and Infant Psychology (SRIP)
25th Annual Conference**

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Amsterdam, The Netherlands
8th-10th September, 2005.

For more information:
<mailto:srip-conference-2005@fmg.uva.nl>

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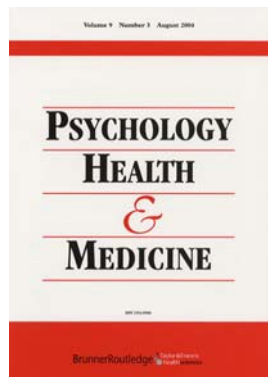
(Official journal of the EHPS)

Editor: Paul Norman, University of Sheffield, Sheffield, UK

Volume 20, 2005

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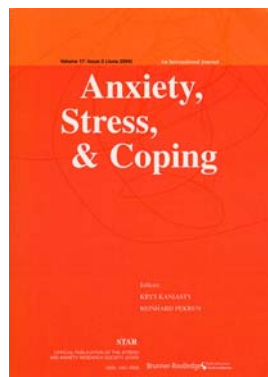
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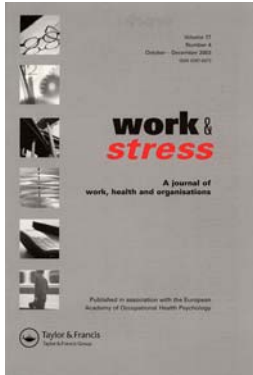
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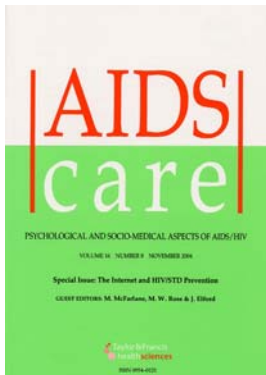
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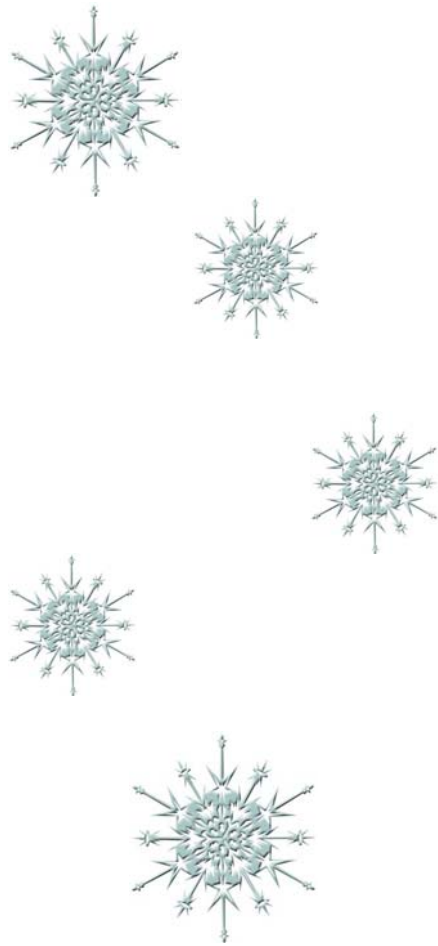
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*Wishing everyone a very happy
Holiday Season!*

*From the Executive Committee of
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