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"Behaviour Change: Making an Impact on Health and Health Services"

Aberdeen, 23-27 August 2016

Message from the Scientific Committee

Wendy Hardeman
Chair of the Scientific Committee
Kevin McKee
Co-chair of the Scientific Committee

This year, the annual conference of the European Health Psychology Society will be combined with the annual conference of the British Psychology Society Division of Health Psychology (DHP), to mark the fact that this is both the 30th annual conference of the EHPS and the 30th anniversary of the DHP. It promises to be an exciting conference with high-quality contributions.

We received almost 900 contributions for the conference programme from 47 countries, covering a wide range of topics related to health psychology. Contributions were submitted under 20 conference tracks, including eHealth and mHealth, Interventions in Chronic Disease, Ageing and Older People, Health Behaviour Change, Health Services Research, and Methodology. We have introduced a new Implementation Research track to underpin this year's conference theme and in recognition of the crucial step of implementing research evidence into clinical practice and policy. Implementation research addresses important questions such as effective approaches to increase the uptake and long-term implementation of evidence-based health psychology interventions by health practitioners, policy makers and governments. The theme of the conference is evident within the keynote talks, the state-of-the-art presentations (previously known as overview talks), symposia, roundtables and individual oral and poster presentations.

We are delighted to welcome four world-class keynote speakers. Prof John Cacioppo, University of Chicago, will give a keynote entitled "The Social Brain, Health, and Well-Being", and Prof Marie Johnston, University of Aberdeen, will talk about "Making Behavioural Science Fit for Behaviour Change Interventions". Prof Kevin Patrick, US San Diego School of Medicine will give a keynote entitled "From Personal Health Data to Population Health Improvement: New Data, New Insights and New Challenges", and Prof Aleksandra Luszczynska, University of Social Sciences and Humanities, Wroclaw will talk about "Ways to Increase the Impact of Behaviour Change Interventions in a Real-World Setting".

The scientific programme consists of 26 symposia, 5 roundtables, 45 oral sessions consisting of six presentations each, and 59 interactive poster sessions which typically include 6-7 poster presentations each. The Track Chairs and Scientific Committee have compiled oral paper sessions within the 20 conference tracks, and these sessions also include three state-of-the-art presentations by: Prof Denise de Ridder, University of Utrecht, on unresolved questions in nudging research; Dr Sally Pears, University of Cambridge, on very brief interventions to promote physical activity in primary care; and Prof Karina Davidson, Columbia University, on planning and implementing an n of 1 behaviour change service.

The 26 symposia cover a wide range of topics including goal management in chronic illness, paediatric pain, adherence to medication, linking behaviour change techniques to their mechanisms of action, and use of economic evaluations by

health psychologists and the relevance of their work for policy-making. The 6th Annual Methods in Health Psychology symposium includes contributions related to "Measurement in Health Psychology: Combining Theory, Qualitative, and Quantitative Methods to Do It Right". The five roundtables cover topics as diverse as health psychology practice in Europe, health promotion among musicians, and using Bayesian analysis to get the most out of health psychology data.

Last but not least, 349 high-quality posters have been grouped into 59 interactive poster sessions representing all of the 20 conference tracks. Please join these stimulating and interactive poster sessions to hear about and discuss the latest health psychology research, with some poster presentations describing brand new work in progress.

All in all, this EHPS/DHP joint venture promises to be an excellent conference with ample opportunities for interactions with colleagues and for learning about exciting research across the whole spectrum of health psychology.

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The social brain

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Social species create stable structures beyond the individual. Social neuroscience is defined as the study of the neural, hormonal, cellular, and genomic mechanisms underlying superorganismal structures and processes, and the goal of social neuroscience is to identify these biological mechanisms and to specify the transduction pathways between social and neural structures and processes. To investigate the role of beneficial social connections on brain and biology, I adopted the subtractive methods commonly used in the neurosciences. In this method, the effects of the presence of some element (e.g., gene, brain nucleus) in an organism are contrasted with the effects of the absence (or graded absence) of that element. For instance, to investigate the function of a particular gene, you might compare the differences in outcomes on various measures between mice who have their full genetic complement and mice who have been genetically altered to be genetically identical to the normal mice except that they are missing the one specific gene whose function is of interest. Any differences observed between the normal mice and the genetically altered mice potentially reveals the functional role played by this target gene. To study the effects of social connections on brain and biology, we investigated differences observed between individuals who have social relationships and those who are socially isolated. Social interactions can range from hospitable to hostile, trustworthy to exploitive, and safe to threatening, and the nature of the interactions can change across time. Therefore, the brain is the key organ for evaluating, forming, monitoring, maintaining, repairing, and replacing salutatory connections with others as well as regulating physiological processes relevant to morbidity and mortality. Perceived social isolation is termed "loneliness," so I began our studies of biological effects of loneliness more than two decades ago. The association between indices of objective social isolation and loneliness are surprisingly weak (r ~ .19; see meta-analysis by Holt-Lunstad et al., 2015), and we found loneliness, net objective isolation, uniquely predict morbidity and mortality. Indeed, a recent meta-analysis of 70 prospective studies involving more than 3 million participants who were followed for an average of 7 years found that, even after controlling for objective social isolation and potential confounding variables, loneliness increased the odds of mortality by 26% (Holt-Lunstad et al., 2015).

According to our evolutionary model (J. Cacioppo, Cacioppo, & Boomsma, 2014; Cacioppo et al., 2006), the agony of perceived social isolation, or loneliness, motivates an individual to attend to, repair, or replace damaged social connections to reinstate a healthy social body, just as the agony of pain motivates an individual to protect the body from tissue damage. For instance, prior research has shown that loneliness is positively correlated with incidental social memory and heightened attention to faces and voices, as predicted by the social monitoring hypothesis, and animal studies have

demonstrated that a socially isolated mouse, compared to a group housed mouse, responds initially with approach behaviors when exposed to a safe social target (i.e., a novel juvenile mouse). In many contexts across human history, however, a chief threat to human reproductive success and survival has come from other humans. The unfettered motivation to form trusting relationships with others in such contexts may prove fatal. Our evolutionary model of loneliness, therefore, also posits that loneliness promotes an emphasis on short-term self-preservation, including increases in implicit vigilance for social threats, depressive symptomatology, self-centeredness, and social withdrawal, and decreases in appetitive responses to pleasant social stimuli, executive functioning, and sleep salubrity. More importantly, this model, and the neurobiological model underlying it, has led to the identification of a number of pathways through which loneliness alters neural, hormonal, cellular, and genomic mechanisms (e.g., gene expression).

The presentation covers this work and outlines mechanistic explanations for the putative effects of loneliness on morbidity and mortality. Specifically, the early effects of loneliness on social attention and cognition are posited to increase the likelihood that lonely individuals engage in behavioral confirmation processes, contributing to more negative social interactions and producing evidence that they are unworthy and/or others are potential threats. These dispositions and the focus on self-preservation in what is perceived to be a deficient social environment, in turn, alter the nature and likelihood of social engagement and activate neurobiological mechanisms that alter hemodynamic aspects of cardiovascular functioning, activation of the hypothalamic pituitary adrenal (HPA) axis, organismal inflammatory processes and decreases viral immunity, and sleep fragmentation. Repeated or chronic activation of threat surveillance in a social context, coupled with diminished anabolic processes, contribute to dysregulated brain and physiological systems and an elevated risk for broad based morbidity and mortality. According to our evolutionary model, the longterm costs of loneliness increasing the emphasis on self-preservation have been offset across our evolutionary history by the increased likelihood of short-term survival. However, in contemporary society, especially with the recent extensions of the average human lifespan, the long-term deleterious effects of loneliness on mental and physical health have become costly to the point that they represent a significant health risk.

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Making Behavioural Science fit for behaviour change interventions

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The evidence that behaviour influences health and health outcomes continues to increase exponentially. As a result, governments, policy-makers, practitioners and scientists urgently seek effective behaviour change interventions. Since behavioural science has been building evidence about how to change behaviour for over a hundred years, it is important that this knowledge contributes effectively to the development of behaviour change interventions. In this talk I identify challenges to behavioural science, and discuss how challenges to theory, methods of investigation and the ways we communicate our science might be met.

Language of behavioural science: call behaviour behaviour'

Many words are used to describe behaviours and this can fragment the evidence and usefulness of behavioural science (Dixon & Johnston, 2008). For example, behaviours such as activity and smoking may be referred to as lifestyle, but lifestyle also implies fancy cars, home furnishings and fashion. Behaviours are included in assessments of quality of life but these measures also include a mixture of other components (Pollard, Johnston, & Dieppe, 2006). Using a diversity of terms has two major downsides: policy and practice do not benefit from best behavioural science; and behavioural science does not accumulate evidence effectively.

Target of behavioural interventions: 'as near the health outcome as possible'

Behaviour change interventions and predictive models often depend on a causal chain, for example from cognitions to behaviour to physiology to disease to death. Given the attenuation at each step, enormous changes are needed in cognitions to impact health outcomes such as disease or mortality. On the other hand there are behavioural health outcomes such as activity limitations or disability which can be directly and successfully targeted using behavioural models and methods (Johnston et al., 2007).

Theory in Behavioural Science: 'limit the proliferation of non-distinguishable constructs'

Behavioural science uses an enormous number of theories and theoretical constructs in predicting and changing behaviour (www.behaviourchangetheories.com,). They are difficult to communicate to other disciplines (Michie et al., 2005), and within behavioural science many of these constructs cannot be distinguished by our methods of assessment and measurement (Johnston et al., 2014). The introduction of new constructs should be limited to those that can be operationalised with distinguishable content relevance and representation (Bell et al., in submission).

Methods of testing theory: 'test theories using within person designs'

When used as a basis for intervention, tests of theory can be vague or even inappropriate, for example, in using evidence from between person studies where within person evidence is required (Johnston & Johnston, 2013). These two designs can provide opposing evidence (Curran & Bauer, 2011): for example Quinn et al. (2012) and Quinn, Johnston, and Johnston (2013) found that perceived control predicted activity in between, but not within person designs, while (Inauen et al., 2016) found that intention predicted snacking in within but not in between person designs. Using between person data might have led to interventions to increase perceived control that might have been harmful in Quinn et al's population, while the opportunity to reduce snacking by lowering intention might have been missed in Inauen's participants. Information from between person studies indicates who might benefit from intervention but not how to intervene (Johnston, 2016).

Reporting behaviour change interventions: 'use best reporting standards'

There is ample evidence that interventions, especially behavioural interventions, are reported badly but recent developments of standardised methods can improve reporting (Johnston, 2014). The TIDieR checklist (Hoffmann et al., 2014) provides a minimal reporting standard for all interventions while the Behaviour Change Techniques Taxonomy (Michie et al., 2013) gives a method for reporting the active content of behaviour change interventions. Unless interventions are reported well they can neither be implemented nor replicated or improved.

Developing an ontology of behaviour change interventions: 'use agreed terms and labels'

Evidence about behaviour change interventions is increasing rapidly but in a fragmented way. Cumulative science has progressed when they adopted agreed systems of labelling key phenomena (e.g. http://www.genenames.org/). Behavioural science needs an ontology, which is an agreed set of terms to describe the main aspects of a behaviour change intervention. Work to develop such an ontology and to use it to integrate and organise the evidence is underway (www.humanbehaviourchange.org)

Conclusions

Behavioural science faces many challenges but many can be met and it is therefore poised to contribute effectively to behaviour change interventions addressing 21st century health problems.

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From personal health data to population health

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Influences on health, illness and wellbeing are many, multilayered and continuously interacting and include genetics, the microbiome, healthcare, health behaviors, the environment and larger social and economic factors. (Glass & McAtee, 2006) Attempts to address health problems without acknowledging the continuous and dynamic interplay between and among these multiple factors may be incomplete, short-lived, and ultimately wasteful as they may deal with only part of the problem.

Research on these issues has traditionally been accomplished with a "divide and conquer" mentality with specialists focused on increasingly narrow domains with the implicit assumption that a coherent whole will emerge that will pull everything together. For example, interventions to promote improved health behaviors began by focusing almost entirely on the individual and did not consider the contexts in which health behaviors occur, such as where someone lives, what food they have access to, or how far they have to drive to work. An alternative to the individual approach to behavior change emerged in the early 2000s; namely the Ecological Model of Behavior Change (Sallis & Owen, 1997). This model posits that health behaviors occur in multiple locations and have multiple influences from the proximal. For example, in the area of physical activity individual motivations to be active need to be considered in the context of distal influences such as national policies that support active transportation. This approach has been more recently complemented by others, including in the UK where a Population Health Systems model (Alderwick, Ham, Buck; 2015) has been outlined that takes into account micro, meso and macro-level influences on health when designing interventions.

In their defense, reductionist approaches to health research predominate for several reasons. First, there is much more to be learned about any single one of these factors and true game changing breakthroughs sometimes emerge. An example is the discovery of the BRCA1 and BRCA2 genes and their relationship to breast cancer. Another is the stunning new science of the microbiome and, something we had little ability to understand before the emergence of the supercomputing power necessary to comprehend it. It's not surprising that many researchers are quite content to dig deeper into their special niche of science.

A second reason for increasing specialization is that there has been no feasible way of "connecting the dots" between these factors because the kinds of information we have about each of them are so different. Domain representations of health phenomena vary in type (e.g., words, images, molecules, cells, behaviors, proteins, geography, policies), temporality (e.g., continuous, periodic, synchronous, asynchronous) and scale (nano to macro). Entire vocabularies exist for most of these, as do scientific and professional societies and their respective areas of effort.

Yet, if we accept ecological and systems models as representing the state of the art for how we

conceptualize the determinants of health and then act to improve them, we must have a digital health infrastructure of the future that is capable of facilitating the collection, aggregation, analysis and interpretation of data from each of these sources simultaneously. How else are we to truly understand and model the relative value of each of the many contributors to health of individuals or populations?

Fortunately, we are now at a time of advancements in several fields such as ubiquitous computing, data and computer science, and wireless technologies that we may now be able to not only envision a coherent "top to bottom" health information system but to create them. These are transforming other areas such as manufacturing, transportation, commerce and education, and they are certain to transform our work as health behavior researchers. For example, the growing ecosystem of smartphones, wearable devices and other mobile technologies combined with sensors embedded in the environment, social media data, consumer shopping behaviors yield multiple forms of electronic footprints of human behavior that provide unprecedented opportunities to continuously track behavioral, social and environmental influences on health and disease. Combining data from these sources with data from digitized medical records and data on other forms of social and economic factors portends a future in which policy makers and health planners can make more rational choices about where to invest to attain maximal population health outcomes (Katsis et al, 2013). Moving forward in this area of both big data and new data will require addressing several challenges in everything from research methods to data ownership and privacy. But if we are successful we will have moved into a new era of truly informed public health.

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Ways to increase the impact of behaviour change interventions in a real-world setting

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This year's conference is the 30th annual meeting of European health psychologists. The anniversary that we celebrate may call for a reflection on what has been achieved. Importantly, it is also an opportunity to call for progress in health psychology as a discipline of science. This lecture will use the stages of scientific revolutions theory (see Kuhn, 1962) to discuss the developments in behavior change intervention science. The theory of stages of scientific revolution (Kuhn, 1962) assumes four stages leading to progress and an increase or impact of a discipline: (1) normal science, with recognized paradigms and a broad approval of current developments, (2) focusing on anomalies and unsolved puzzles, (3) a crisis period when new models and approaches are dominant, and (4) a paradigm shift, with establishing one of the new approaches as the most successful.

This lecture will start with an overview of where we as scientist are doing well, what became our bread-and-butter science and a typical puzzle-solving activity, conducted under reigning scientific paradigms. The state-of-the-art approach in behavior change intervention science would suggest to account for: theories explaining underlying psychosocial mechanisms, evidence-based underpinnings, bio-psycho-social moderators, behaviour change techniques, significant changes in main outcomes, and basic aspects of delivery and fidelity.

Overall, health psychology researchers are doing relatively well in curiosity-driven work or the quest for fundamental understanding of behavior change. On the other hand, health psychology, behavior change intervention science in particular, may be located in so-called Pasteur's quadrant of sciences (Stokes, 1997). This quadrant is occupied by use-inspired basic research integrating both basic and applied approaches to science.

Taking the point of view of Pasteur's quadrant (Stokes, 1997), there are several arising anomalies or puzzles that cannot be solved or explained (or are solved poorly) under currently applied paradigms. These anomalies and puzzles should not be written off. The examples of puzzles/anomalies in behavior change intervention science may include: small or clinically negligible changes in relevant health outcomes (such as mortality or quality-adjusted-life-years), obtaining short-term effects only, limited sustainability, poor uptake of theory- and –evidence based interventions by the target populations, practitioners, policy makers and and other stakeholders.

Observing or focusing on these anomalies or issues that cannot be solved opens up the 'crisis' in the dominant approaches. This crisis calls for using alternative views, methods or procedures, going beyond the dominant paradigm in order to crack the anomalies. The prominent alternative approaches in behavior change intervention science may include: applications of dual-processes models (e.g., see Sheeran, Gollwitzer, & Bargh, 2013), dyadic approaches (e.g., see Knoll, Hohl, Keller, Schuez, Luszczynska, & Burkert, in press), accounting for temporal contexts such as illness trajectory and life

stages (e.g., see Revenson et al., 2015), and ecological momentary interventions and assessment (e.g., see Berli, Stadler, Inauen & Scholz, 2016).

In case of behavior change interventions the alternative views or approaches may also include the use of implementation theories and accounting for evidence-based implementation conditions and strategies. The implementation theories may be used and reported in parallel with behavior change theories whereas implementation conditions (or strategies) may be used (and reported) in parallel to behavior change techniques. The implementation strategies may determine the reach, efficacy, adoption, and sustainability of behavior change interventions (Horodyska et al., 2016a). Systematic reviews on physical activity and nutrition interventions identified from 17 to 83 evidence-based implementation conditions which may determine if behavior change interventions may be successful (Horodyska et al., 2015a, b).

A paradigm shift in behavior change intervention science may be obtained by integrating the paradigm which is currently dominant (i.e. theory-based quest for the type and effects of mechanisms of behavior change) with an alternative approach (e.g., a theory-based investigation of implementation conditions). Research combining these two approaches could lead to taxonomies of successful implementation conditions. Ultimately, a broader use of implementation theories and determining implementation conditions responsible for interventions' success may improve interventions' effectiveness, sustainability, increase the impact of research on policies, and enhance the uptake of interventions by the target populations, healthcare professionals, and other stakeholders.

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Behaviour Change: Making an Impact on Health and Health Services

Getting to know the keynotes

John T. Cacioppo

Please identify a moment that changed the course of your career.

As a graduate student in the mid-1970's, I was told by my graduate mentor not to pursue my quest to integrate biological and social analyses in my research. Up to that point, I was uncertain the effort would be worthwhile. My graduate mentor's assertion made me think more deeply about the pursuit, and I became convinced that the quest required that I develop a mathematical framework for the multi-level analyses I wanted to pursue (which we did completed just over a decade later). I also became convinced that the pursuit was feasible and worthwhile.

Please identify one challenge that health psychology should be addressing, but is not.

Basic and applied research in health psychology has become much broader and more interdisciplinary than it was even a decade ago. In doing so, the field has taken on new challenges such as the conduct of rigorous multi-level analyses to specify the transduction pathways and underlying mechanisms responsible for the association between behavioral/psychological factors and morbidity and mortality. The specification of these pathways and mechanisms lays the groundwork for the development of more effective interventions to improve the health and well-being of our society. We have much more to do, of course, but to see the engagement of this challenge by the field and the progress made is impressive. I hope that more in the field are attracted to work on this grand challenge in science.

Please identify one journal article that all psychologists should read (not an article that you authored).

John Platt (1964). Strong inference. Science, 146, 347-353. On the surface, the article seems, well, dated. Take a bit of time to think about the questions and analysis, and you will likely find it to be thought provoking and replete with epistemological insights.

What is the most important lesson that you have learnt?

Scientific integrity is paramount.

What advice would you offer to young psychologists? What would you research if you have unlimited money and resources?

I would advise young scientists that major scientific advances may be remembered for a single

study, but most such advances are the result of programs of research. Identify and parse a complex research question into smaller, tractable series of research questions that ultimately constitute a systematic and meticulous program of research. Provide sufficient attention to the details in each study – from its conceptualization and execution to its analysis and interpretation –that the empirical results constitute replicable scientific facts upon which one can solidly build. Replicable facts are the precondition of worthwhile scientific theory.

Second, scientific theories are not personal possessions even if they are personal constructions. Theories are not delivered truths to be defended against all who express doubt, they are intellectual structures that we create with disciplined imagination to organize and explain a systematic body of evidence, and to help answer questions and solve problems in a given domain. Your ability to develop a coherent theoretical structure that explains a body of evidence is a measure of your cleverness, not the inherent veracity of the theory. Always respect the data. Play with ideas, feel free to be imaginative with ideas, consider alternative conceptualizations, search for the most useful, comprehensive, generative, parsimonious, and falsifiable formulations you can conceive. When you have succeeded, do it all over again to develop competing hypotheses. And then construct and perform an empirical test to differentiate the two hypotheses.

Maintain the objectivity and discipline required of rigorous science. A measure of your objectivity is the extent to which you treat confirmatory results with the same scrutiny, skepticism, and search for alternative accounts as you treat unexpected or disconfirmatory results.

For young investigators science can sometimes appear to be a race. The tenure clock is ticking, family obligations may be placed on hold, other labs are closing in on the brass ring you are striving to grasp, the position or esteem one desires is just ahead if only one can reach it in time. But if a scientific career can be thought of as a race, it is an ultra-marathon event, not a sprint. Enjoy the run and, definitely, cultivate a sense of humor. Be serious and not at all serious about your science, at the same time, all the time.

Easy for someone with tenure to say, but isn't the tenure clock real? Yes and no. The threat of "publish or perish" is a myth. It seems to be a well-kept secret, but not getting tenure at one institution does not mean one's academic options are closed. There is also a first-rate world beyond the walls of academia. Intelligence, objectivity, scholarship, expertise in experimental logic and analytic methods, and skills in oral and written expression are valuable skills, and they are certainly less common per capita outside than inside academia. Every PhD I have known who either did not pursue or did not receive tenure has not only survived but has thrived. Most are paid better and work fewer hours than the average faculty.

Scientists, the story goes, sacrifice fortune for fame. It is helpful to remember that well known psychological scientists are a relative unknown compared to even a second-rate celebrity. Yes, we know who Pavlov is, but remember that many, many more people know and respect Donald Trump than Pavlov. Perhaps the best for which we can reasonably strive is to contribute a comparatively anonymous brick to the temple of science with the recognition that the temple will most likely carry the name of a politician or wealthy benefactor.

As a young scientist, you are part of a larger, remarkable community of scientists, past, present, and future. Integrity in this context is your most precious attribute as a scientist. Given the dearth of external rewards and the superfluity of criticism in academia, it is understandable why the regard of one's peers is cherished. Such regard can be found

in various forms – the acceptance of a paper, the granting of tenure, the receipt of an award, the appointment to an editorial board, the selection of your doctoral student for a faculty appointment, even the simple recognition by others of you by name. Pursue your work for the contribution it can make to human understanding and for the satisfaction of a job well done, not for the adulation of others. You will never be able to get enough of the latter (or get it for long enough), but the supply of the intrinsic rewards are endless and largely under your control. If the pursuit of these rewards ever does come at the cost of the values and ideals that made a career in science appealing in the first place, you may find that science is reduced in your own mind to a cynical and futile game.

Marie Johnston

Please identify a moment that changed the course of your career.

Attending a conference where I heard George Stone speak and learned that psychological theory could be applicable to a wide range of health related issues.

Please identify one challenge that health psychology should be addressing, but is not.

How to position itself so that when expertise on 'behaviour' is required psychologists are automatically invited to contribute rather than variable assortments of other disciplines and lay people.

Please identify one journal article that all psychologists should read (not an article that you authored).

Kaplan, R. M. (1990). Behavior as the central outcome in health care. American Psychologist, 45(11), 1211.

What is the most important lesson that you have learnt?

That one is always learning – and that it's necessary, useful and enjoyable.

What advice would you offer to young psychologists?

You can choose to work at the more scientific or the more applied end of the discipline, but whatever you do, ensure high scientific quality and acquire the skills necessary to deliver that quality.

What would you research if you have unlimited money and resources?

The research question: How should public services be developed to maximise health without socio-economic inequalities and within feasible budgets? The methods: This might involve random allocation of whole populations to innovative preventive methods, removal of services that lack an evidence base, infinite follow periods etc. – so I would have to live rather a long time!

Kevin Patrick

Please identify a moment that changed the course of your career.

After graduation from medical school I was not at all certain about what I wanted to specialize in so applied to a one-year internship at my medical school-affiliated hospital. Alas, I did not match to it and was initially devastated. I ended up going to another hospital where I met the first of three key professionals who most shaped my career over my entire professional life. Among other things this set me on the path to study community health and, ultimately, its connection with technology.

Please identify one challenge that health psychology should be addressing, but is not.

I'm not a health psychologist so can't claim to have comprehensive knowledge about what is or isn't being addressed in the field. I would state that all of us need to do more than we are at present to engage in inter- and trans-disciplinary research. The future needs new thinking if we're to solve the major health public health problems of our times.

Please identify one journal article that all psychologists should read (not an article that you authored).

The paper by Michael McGinnis and William Foege in 1993 in JAMA on the actual causes of death in the United States. We so often fall into a disease-focused view of morbidity and this is one of the most elegant – and first – papers to outline that "causes" are different from "diagnoses". (JAMA, 270, 2207-2212. doi:10.1001/jama.1993.03510180077038.)

What is the most important lesson that you have learnt?

All knowledge is fleeting so don't become overconfident in "what you know".

What advice would you offer to young psychologists?

Don't be afraid to get out of your comfort zone re: meetings you attend, colleagues you ask to collaborate with, and things you read. The best ideas might come from when you are puzzled and asking questions rather than spending time on things you already know.

What would you research if you have unlimited money and resources?

How to build a "smart community" that explores and promotes individual, family, neighborhood and community wide influences on health through the use of multi-layered, multi-scale and dynamic sensing and associated systems.

Aleksandra Luszczynska

Please identify a moment that changed the course of your career.

Joining a research team working in a different country and applying their own approaches to solve problems/issues in the field of health psychology. I have joined Ralf Schwarzer's team at Freie Universität Berlin in Germany. I stayed there for two years first as a research fellow and then as visiting professor. Staying abroad and working with a productive and hospitable team that operates in a different academic system and provides services to a local community was very instrumental and I experienced it as a 'paradigm shift'. I believe that academic mobility offers an opportunity to integrate our own perspective with approaches developed in a different academic and cultural systems. This unique integration might be beneficial for both a visiting scholar and the hosting team as it enables researchers to go beyond typically applied methods and approaches.

Please identify one challenge that health psychology should be addressing, but is not.

A transdisciplinary approach, defined as identifying a problem common to different disciplines, and then creating new conceptual, theoretical, methodological, and translational solutions that integrate and move beyond discipline-specific approaches. Problems solved by health psychology are common with public health, medicine, physiology, nursing, and information technologies. I believe that a transdisciplinary approach would enable a 'paradigm shift' within health psychology and therefore allow for faster progress in our discipline. A transdisciplinary approach would also help with knowledge transfer from health psychology to other disciplines.

Please identify one journal article that all psychologists should read (not an article that you authored).

Go beyond your usual topics and the usual journals … and read a book. For example, read 'Kuhn's structure of scientific revolutions at fifty. Reflections on a science classic' edited by Richards and Daston, published in March 2016 by the University of Chicago Press. If you don't take my word for it then read the reviews of this publication in Science and Nature. To me, this book is more exciting to read than the original work by Thomas Kuhn (1962). Honestly, it is more juicy, modern, and putting Kuhn's theory into a context. Kuhn is recognized as one of the most influential modern philosophers of science and the author of the model of stages of scientific revolutions. The book discusses original principles of progress in science. According to Kuhn's model we need to observe and identify anomalies in our findings, combine them in the 'crisis' of the dominant methods and approaches. The crisis may be then followed by a paradigm shift, with new constructs, theories, and methods. Thus, instead of striving for 'truth' and 'objectivity' a scientific crisis enables us to develop and use new effective approaches to 'successful problem solving' and to offer better 'methods adopted as valid standards within a scientific community'.

What is the most important lesson that you have learnt?

Unreachable goals serve as a regulative principles (in Kant's [1912] sense), guiding our approach towards progress.

What advice would you offer to young psychologists?

From time to time join a new team. Ideally, go abroad and/or join a team using different perspectives, methods, and approaches to the problems you try to solve. Use it as an opportunity for learning how to change the paradigm and achieve novel solutions.

What would you research if you have unlimited money and resources?

I would always suggest to estimate resource requirements. If you are into 'use-inspired basic research' (so-called Pasteur's quadrant, which integrates basic and applied research) or if you are considering some potential applications of your research, then estimate resources (time, money, human and organizational resources) required to achieve a change in health, psychological, or social outcomes. This would lead to finding simple and cost-effective solutions. Obviously, to solve a problem we need to know the mechanisms and the effect sizes of the proposed solutions. However, an estimation of the use of the resources may be equally important.

EHPS 2016

Mentoring and guidance highlights

Katerina Kassavou
University of Cambridge
Dominika Kwasnicka
Curtin University
Central Queensland University
Thomas Fuller
Maastricht University

The EHPS conference is a great opportunity to discuss ideas with researchers from different countries. It is also a great place to arrange meetings for networking and collaborative project work. The conference provides the chance for networking and working on synergistic research projects through organised workshops and meetings. In particular, the pre-conference workshops, CREATE and the Synergy expert meeting are examples of activities where participants have the chance to present their research, future research plans, receive constructive feedback and form project-based collaborations.

Early career researchers have so many time constrains to advance their research, learn about current research trends and future paths within academia that they might overlook an important element of their professional development, which includes getting guidance on how to address their personal and career development needs. Currently Meet the Experts aims to facilitate interaction between early career researchers and established academics on research and networking. Within this activity there is a chance for delegates to get some tips on their career development. However, it can only accommodate a limited number of people and other initiatives could be added to support the large number of EHPS members. The EHPS conference is an opportune place for early career researchers to engage with established academics, ask for their guidance and potentially begin a mentoring relationship.

The main aim of mentoring is the mentees' professional development, though it can also be a rewarding experience for the mentor. Mentoring can include discussions on any issues raised by the mentee (e.g. advice on job decisions, career management) and it is covered by confidentiality. The mentor usually adopts a dialectical method, in which by asking questions s/he prompts the mentee's critical thinking. This process can include review and reflection of current research activities as well as guidance on future goals and arrangements towards career development. Mentoring can be either face-to-face or in a group setting and vary depending on mentee's needs (for more information see: MRC guidance for mentoring http://www.mrc.ac.uk/documents/pdf/mrc-guidance-on-mentoring/). A group based mentoring activity can involve a senior academic, who 'hot chairs' brief group sessions, replies to early career academics' questions and provides tips on career development.

Drawing from our personal experience with mentoring and the enormous potential that it has on personal and professional development, we would like to invite senior academics to write about their experience of mentoring and provide tips for early career researchers. We would also like to invite mentees to write on their experiences. We are particularly interested to know about how they established a mentoring arrangement, and how it supported them in their career development. We would especially welcome brief reflective articles on

mentoring experiences taking place within the upcoming EHPS conference. The articles will be published in the EHP Bulletin and we hope to motivate and further support early career researchers on their decision about career development. To submit your articles please email kk532@medschl.cam.ac.uk.

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spotlight

A spotlight on a National Delegate: Zuhal Baltas, Turkey

Making psychology accessible

Efrat Neter
EHPS National Delegate Officer

Professor Zuhal Baltas holds a Ph.D in Psychology since 1981. She has taught, mentored and conducted research at the Public Health Department of Istanbul University for 35 years. She has also taught undergraduate and postgraduate courses in other Turkish universities.

Professor Baltas' research spans measures development (reliability, validity and standardization of tests/scales), stress (management, intervention, migration-related, sleep hygiene, occupational stress), aggression in the context of children viewing television, pain/epidemiology of headache, life style and health behavior, verbal and non-verbal communication in the health sector, patient and health professional satisfaction, and coaching and mentoring in healthcare services.

Professor Baltas has disseminated her research via public engagement activities. She introduced psychological concepts (e.g., stress, non-verbal communication) into public discourse and professionals' education; has worked (1996-2005) with media outlets, the Turkish advertisers association and public organizations on children-related content regulation and parental guidance in television viewing; has written several books, often the first of their kind in Turkey such as Stress and Coping (1985), Body Language in Medical Settings (1991), Health Psychology in Public Health (2000) and Stress; The Secret of Effective Business Life (2002). She is also the editor and author of a Human Resources periodical ("KAYNAK", Source), published quarterly since 2000 by Baltas Group, covering diverse issues such as mental health in work settings, psychology of decision-making, motivation, new methods in adult learning, and happiness.

Professor Baltas has been a National Delegate of Turkey since October, 2012. She promotes the EHPS in Turkey via the "Turkish Health Psychology Group" on LinkedIn. On this platform, she shares news and activities from the EHPS, keeping members updated and encouraging international collaborations.

Zuhal is married with 2 adult children. She met her spouse in the library of the Psychology Department of Istanbul University while they were both students. Her spouse is a neuropsychologist who also teaches and conducts research in medical universities. Zuhal's two sons are married and she has one grandson.

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report

Annual Report - Bulgaria

Anna Alexandrova-Karamanova
Bulgarian Academy of Sciences

Conferences

National conferences

The 3rd Scientific conference "Psychology – Traditions and Perspectives", organized by the Department of Psychology at South-Western University "Neofit Rilski", Blagoevgrad, Bulgaria, and Aristotle University of Thessaloniki, Greece, was held on 31 October 2015 in Blagoevgrad. The Conference included a health & clinical psychology section with 26 papers.

The 21st International conference "Personality. Motivation. Sport", organized by the National Sports Academy, took place on 11 December 2015 in Sofia. Among other themes, papers discussed health related aspects of physical activity and sport.

The 6th International conference "Education, Science, Innovations – ESI'2016", organized by the European Polytechnic University, was held on 10-11 June 2016 in Pernik, Bulgaria. The "Innovation in Psychology" section included research in the health psychology domain.

The International conference "Leadership and organization development", organized by the Department of Social, Work and Educational Psychology at Sofia University, took place on 16-19 June 2016 in Kiten, Bulgaria. A special occupational health psychology section with 26 papers was held within the conference.

Participation of Bulgarian health psychologists in international conferences

- 9th Biennial Conference of the International Society of Critical Health Psychology, 12-15 July 2015, Grahamstown, South Africa;
- 29th Conference of the EHPS "Principles of Behavior Change in Health and Illness", 1-5 September 2015, Limassol, Cyprus;
- Invited Symposum "Constructions of cervical cancer and the HPV vaccine in Bulgaria and Romania" (Todorova, I. & Baban, A.) at the Association for Slavic, East European, & Eurasian Studies 2015 Annual Convention, 19-22 November 2015, Philadelphia, PA;
- 2nd International Meeting on Wellbeing and Performance in Clinical Practice, 18-22 May 2016, Chalkidiki, Greece.

Health psychology e-course

EHPS e-course "Health inequalities and the role of health psychology", 11 November 2015, was facilitated by Irina Todorova, Health Psychology Research Center, Sofia, Bulgaria.

Education

The first health psychology master program in Bulgaria is starting in 2016/2017 academic year at Sofia University "St. Kliment Ohridski". Undergraduate and graduate psychology programs in Bulgaria were accredited by the National Evaluation and Accreditation Agency in 2015-2016, including Sofia University's newly developed health psycho-

logy master program and the health psychology doctoral program. The doctoral program exists since 2008 and has accepted three new PhD students in 2015/2016.

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report

Annual Report - Germany

Lisa Warner
Freie Universität Berlin

Applied development

The Prevention Act has been passed, which aims to aid implementation of evidence-based health prevention in different settings (e.g., kindergarten, school, workplace) funded by different social insurance agencies (e.g., health, nursing care, annuity and accident insurances and the Federal Labour Office). This creates new opportunities for health psychologists, for example the development and evaluation of prevention programs together with statutory and private health insurances.

Section of Health Psychology in the German Psychological Society

The Section of Health Psychology in the German Psychological Society currently has around 290 academic members (www.gesundheitspsychologie.net).

The executive committee members of the Section of Health Psychology within the German Psychological Society are Petra Warschburger (President), Olga Pollatos (Assessor & Webmaster), Daniela Zahn (Treasurer), Lena Fleig (representative of young researchers) and Pamela Rackow (stand-in representative of young researchers).

The Section of Health Psychology established a database for the coordination of internships within health psychology in Germany (www.praktikum.gesundheitspsychologie.net/index.php/praktikumsangebote).

The journal "Zeitschrift für Gesundheitspsychologie" has been internationalised. It publishes articles in German and English and holds the subtitle "European Journal of Health Psychology" (www.hogrefe.de/produkte/zeitschriften/zgp).

EHPS-related activities

A lot of members of the Section of Health Psychology in the German Psychological Society are members of the EHPS. EHPS conventions and activities are announced in the Section of Health Psychology's newsletters.

Conventions

The Section of Health Psychology of the German Psychological Society meets at the conference of the German Psychological Society 18.–22.09.2016 in Leipzig (www.dgpskongress.de).

The next convention of the Section of Health Psychology of the German Psychological Society will be held 22.-25.08.2017 at the University of Siegen. The translated conference topic will be "Health Psychology 4.0 - Conceptual innovation, interdisciplinary perspectives and new careers". Prior to the convention, the summer school for PhD students will be held.

Current research

There is a broad range of academic research related to Health Psychology in Germany. The Section of Health Psychology of the German Psychological Society has compiled a register of evidence-based Health Psychology programs (www.gesundheitspsychologie.net/index.php/de/datenbanken).

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report

Annual Report - Greece

Antonia Paschali
National & Kapodistrian University of Athens

Continuing education

The Division of Clinical and Health Greek Psychology Society (http://elpse.com/klinikh-psychologia/o-klados-2/) organized this year two 5-hours each, brief educational seminars, in Athens, addressed to University students and mental health care professionals.

The first was on Mindfulness technique and its applications to enhance psychological difficulties. The division invited two certified therapist, Dr. M. Iliopoulou and Dr. M. Kolliri from the Athens Mindfulness Center. The second was on Acceptance and Commitment Therapy and its use in physical health problems. The Division invited Dr. M. Karekla , Associate Professor of Clinical Psychology at the Department of Psychology , University of Cyprus.

A similar but more extended (one week) training program on ACT, also took place at the Department of Psychology at the University of Crete and it was addressed to post-graduate health psychology students.

Research Activity

Two large ongoing research programs run by Prof. Evangelos Karademas have been completed this year at the Department of Psychology of the University of Crete. One project examined issues related to chronic pain (in collaboration with the University of Cyprus that coordinated the program, and funded by EU and national resources). The second project investigated the long-term psychosocial and neuropsychological adaptation of patients suffering from an autoimmune disease (also funded by EU and national resources). The first results of the latter project have already been published in three major international health psychology and neuropsychology journals.

Dr Fotios Anagnostopoulos, Professor of Health Psychology, Department of Psychology, Panteion University, Athens. Funded Research Project (2012-2015): “Building health care workers' capacity in health promotion", co-financed by the European Union (European Social Fund) and Greek national fund; coordinating institution: National and Kapodistrian University of Athens. During last year, Dr Anagnostopoulos was also involved in research on doctors' attachment orientations, the mental health status of medical residents, as well as the posttraumatic growth, cognitive processes and social constraints in breast cancer patients.

Dr. Antonia Pascahli, Assistant Professor in Health Psychology at the Faculty of Nursing, National & Kapodistrian University of Athens, completed (in collaboration with Prof. E. Karademas, at the University of Crete), a 2 year research project examining, patients adaptation to cancer in relation to the amount of information provided by their physicians, (the project was funded by national resources). The present results were presented in one international conference and published in the international journal of Psycho-Oncology.

Dr. Cleo Protogerou, Health Psychologist, whilst at Liverpool University, UK, conducted a systematic review and meta-analysis investigating factors influencing the efficacy of distress reduction interventions in cardiac surgery patients. A systematic review on depression and anxiety in

cardiac surgery patients was published in the international journal of Behaviour Research and Therapy.

Applied developments

The National School of Public Health (Departments of Sociology & Child Health) participated in a consortium of 15 institutions from Italy, Greece, Slovenia, Malta, and Croatia, which received funding (EUR 1,689,045.11) for the project titled «Common Approach for REfugees and other migrants' health (CARE)» GA number -717317 from the Consumers, Health, Agriculture and Food Executive Agency (CHAFEA) of the European Commission. The project aims to promote and sustain the good health of migrants and populations in Member States experiencing strong migration pressure. It targets migrants and refugees in Hotspots, migrants' Centres and at arrival points. The project will start on April 1st 2016. Dr G. Koulierakis, Health Psychologist at the Department of Sociology of the National School of Public Health, is the directing coordinator of the NSPH team.

Conferences

The Division of Clinical and Health Greek Psychology Society in collaboration with the National School of Public Health, organized in Athens, 4-6 March, 2016 the 5th National Conference of Clinical and Health Psychology. The conference's title was: "Redefining the person the family and the group: The role of Clinical and Health Psychology". During the conference, the Division also organized an important roundtable on "The current status and future prospects of Clinical and Health Psychology in Greece" bringing together academics, from all Psychology Departments of the country.

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report

Annual Report - Ireland

Jenny McSharry
National University of Ireland, Galway

Psychological Society of Ireland Division of Health Psychology (PSI DHP) Committee

The 2015/2016 DHP Committee was elected at the Division's 2015 AGM held on 1st April 2015 at Queens University Belfast. Gerry Molloy (Chair), Frank Doyle (Past Chair), Lisa Hynes (Hon. Treasurer), Lisa Mellon (Hon. Secretary), Teresa Corbett (Public Relations), Mary Ivers (Membership Secretary), Jenny McSharry, Stephen Gallagher, Catherine Darker, Molly Byrne and Sally Doherty were elected. Samantha Dockray and Vincent McDarby were subsequently co-opted.

The PSI DHP currently has 56 members (9 Affiliate, 47 Full).

Continuing Education

On-going health psychology courses available in Ireland are: a fully PSI accredited MSc in Health Psychology at NUI Galway; a British Psychological Society accredited MSc at University of Ulster; and a 4-year structured PhD in Psychology and Health at NUI Galway.

There is a new Stage 2 PhD in Health Psychology Practice led by Dr Molly Byrne and Dr Jenny McSharry that has been approved by NUI Galway with a first intake in September 2016. This is the first professional health psychology training programme available in the Republic of Ireland. Trainees, through supervised practice in applied settings, will develop core health psychology practice skills to work as Health Psychology Practitioners. This programme will aim to seek professional accreditation in 2017.

Work Related to Professional Recognition in Health Psychology

The employment of Heath Psychologists in the Irish Public Health Service is being considered by a Health Service Executive (HSE) Psychology Eligibility Review Group tasked with reviewing the eligibility criteria required for the recruitment and appointment of Psychologists at entry and promotional grades. Gerry Molloy and Frank Doyle met with the review group on the 24th July 2015 in HSE Offices to discuss the current activities and status of Health Psychology in Ireland. This review group has reported to the Director of Human Resources in the HSE and the report is due to be made public in the coming months.

Legislation

CORU, Ireland's multi-profession health regulator, is unlikely to open the Psychologist Registration Board before the end of this year. The DHP continues to operate its own Specialist Register of Health Psychologists that has been ratified by PSI Council.

Conferences

PSI Annual Conference November 2015

A DHP-sponsored symposium entitled 'Changing Healthcare Professional's Behaviour' was convened by Gerry Molloy at the PSI Conference in Galway, consisting of 4 presentations:

- Frank Doyle et al. The delivery of smoking cessation advice to hospitalised smokers: A two-hospital survey

- Gerry Molloy et al., General practitioners support of adherence to and uptake of prescription contraception: An exploratory study
- Molly Byrne et al., From evidence base to intervention specification: Example of a sexual counselling intervention in cardiac rehabilitation
- Lisa Hynes et al., Service providers' perspectives on hospital clinic attendance rates among young adults with type 1 diabetes

PSI DHP Annual Psychology Health and Medicine Conference 27 May 2016

The 13th Annual Psychology, Health and Medicine conference of the PSI DHP was hosted by University College Cork on Friday 27th May and organised by Conference Chair Samantha Dockray (http://phm2016.ucc.ie/welcome-2/).

The Psychology, Health and Medicine conference is a joint venture between the PSI and Northern Ireland British Psychological Society Divisions of Health Psychology. The conference aims to promote high quality research at the interface of psychology, health and medicine, and to facilitate social and professional networks among people working in this area.

Two pre-conference workshops on: 'Participatory Action Research for Health Promotion and Evaluation' and 'Designing for Health: User-Centered Design of Mobile Health Technologies' were held on Thursday 26th May 2016. A Public Lecture was also held on Thursday 26th May entitled 'Tobacco and E-Cigarettes: the good, the bad and the ugly' by Professor Kenneth Ward (University of Memphis). Keynote speakers for the conference were Dr Molly Byrne (NUI Galway), Professor Jane Ogden, and Professor Ivan Perry, (University College Cork).

Next year's conference will be hosted by the Royal College of Surgeons in Ireland, and will be organised by conference chair Frank Doyle.

Public Relations

The DHP publicises Health Psychology through events, the DHP page on the PSI website, Social Media accounts (@PSI_DHP and Facebook: www.facebook.com/PSIDHP/) and through contributions to 'The Irish Psychologist'. The October 2015 Irish Psychologist included a special 10 page feature entitled "Health Psychology In Ireland: Past, Present & a Bright Future" which including the following:

- A Note from the Chair
- History of Health Psychology in Ireland
- DHP Early Career Investigator Award
- Prize winners at the Recent Health Psychology Events
- European Health Psychology Society Early Career Award 2015
- Synergy Expert Meeting Report: mHealth for Behaviour Change
- Event Report: European Health Psychology Society Conference
- mHealth Research Group National University of Ireland Galway

Awards and Bursaries

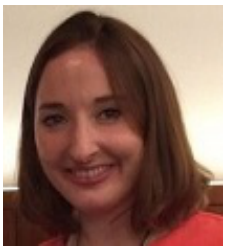
Early Career Investigator Awards:

Two DHP awards were introduced this year named after pioneers of Health Psychology in Ireland. The PSI DHP Hannah McGee Excellence in Research/Practice Award was awarded to Dr Lisa Mellon (Royal College of Surgeons). The PSI DHP Ruth Curtis Postgraduate Excellence in Research/Practice Award was awarded to Teresa Corbett (NUI Galway). Applications were reviewed and approved by an international panel of leading health psychologists consisting of Professor Marie Johnston (University of Aberdeen), Professor Ronan O'Carroll (University of Stirling) and Professor Daryl O'Connor (University of Leeds).

Conference Bursaries:

The DHP Committee awarded one conference travel bursary to contribute towards attendance to a Health Psychology conference to Amy Brogan

(Trinity College Dublin). Amy attended the European Health Psychology Society conference in Cyprus and gave an oral presentation on "A network approach to understanding child and parent causal attributions in childhood obesity". Amy wrote a conference report which was published in the October 2015 issue of the Irish Psychologist.



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report

Annual Report - Luxembourg

Nadine Berndt
Ministry of Social Security, Luxembourg

Conferences

The Luxembourgish Psychology Society (SLP) celebrated its 30 years of existence in 2015. To celebrate this anniversary, the department of psychology of the University of Luxembourg organized the 4th Luxembourgish psychology day and the academic ceremony of the SLP. These two events were held on the 27th and 28th of March 2015. Moreover, the "Centre Hospitalier de Luxembourg" and other national institutes have occasionally organized one-day conferences on health psychology related themes, such as psychology in cancer therapy or tobacco and health.

Legislation

In Luxembourg, the title of academically qualified psychologists is protected by a special law on protection of higher-education degrees, stating that academic titles have to be officially registered before. Registration implies an application addressed to the national Commission of Higher Education Titles, which deliberates on the acceptance of the title and assigns the entitlement for its use. On the 24th of July 2015 a new law was launched stipulating that only psychotherapists who accomplished an adequate education and training are allowed hold the title as "psychotherapist" and officially practice psychotherapy. There is still no nomenclature for psychologists, which means that the treatments delivered by self-employed psychologists are usually not reimbursed by the national healthcare insurance system. Nevertheless, this is under discussion and likely to change in the near future.

Continuing education

Psychology training is delivered by the University of Luxembourg that was founded in 2003. In the field of psychology, the University of Luxembourg offers a Bachelor of Science in Psychology, as well as a Master of Science on Evaluation and Assessment, a Master on Psychological Intervention, a Master in Psychotherapy, and a Master in Gerontology (http://wwwen.uni.lu/). Since February 2010, the University of Luxembourg holds a chair in Health and Clinical Psychology. However, the University of Luxembourg does not offer any specific Master for Health Psychology. Students who aim to accomplish a Master in Health Psychology or any other related post-graduate course therefore need to do so at an international University.

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report

Annual Report - the Netherlands

Anne Marie Plass

2016 Past Events

- The 5th annual conference of the Asso-ciation for Researchers in Psychology (ARPH) took place in Maastricht on January 28th to 29th , 2016. Dr Stefanie Salmon won the 2016 Best Thesis Award with her Ph.D. thesis on 'Health on Impulse: Exploring Low Self-Control and its Consequences for Food Choice.

- The third national conference on positive psychology about 'Resilience: The importance of attention for compassion, wellbeing and stress in (mental) health care, education and coaching', took place on April 15th 2016 in Ede.

- A symposium on 'Motivation to Self-Regulation' was held in Utrecht on June 9th. In this symposium the effectiveness of implementation intentions and 'if-then' action planning were discussed in relation to healthy and self-regulating eating behavior.

- From June 27th until July 1st, a Summer Course on Health Promotion and Health Communication: Theory and Practice was held at Maastricht University. More information can be found at www.maastricht-university.eu/hein.devries/summer-university-course

- From 4-8 July 2016 the annual Summer School: Intervention Mapping at Maastricht University was held in its 21st edition. This annual summer course focuses on developing theory-based and evidence-based interventions applied to health promotion and disease prevention. Language of instruction is English. More information can be found on www.interventionmapping.com

2016-2017 Coming Events

- The 6th annual conference of the Association for Researchers in Psychology (ARPH) will take place in Leiden on Thursday February 2nd and Friday February 3rd 2017. Language spoken at the conference is English. The call for abstracts and registration will be open soon. For more information, please go to: www.arph.nl/conference/upcomming-conference.

International Grant Opportunities

i. KNAW Visiting Professors Programme (VPP)

www.knaw.nl/nl/prijzen/subsidies/visiting-professors-programme-vpp

KNAW finances the working and stay of a promising and talented (top) researcher from abroad.

Deadline for nominations: November 1st 2016

ii. NIAS Netherlands Institute for Advanced Study in the Humanities and Social Sciences

www.nias.knaw.nl

NIAS offers residential fellowships of three, five, or ten months to individual researchers or research groups. It provides a place to think, study and write, and to interact with colleagues from all over the world.

Deadline: There are various fellowships yearly, each with their own deadline. For more information go to the website.

iii. Dutch-German collaboration: Von Humboldt Stiftung (VHS),

http://www.nwo.nl/financiering/onze-

financieringsinstrumenten/nwo/samenwerking-duitsland---von-humboldt-stiftung-vhs/samenwerking-duitsland---von-humboldt-stiftung-vhs.html

The aim is to stimulate the international collaboration of excellent researchers (professors and leading in their field) by yearly granting two prices to two excellent Dutch researchers, and to two excellent German researchers. Excellent Dutch researchers can nominate excellent German researchers, and vise versa.

Deadline: No deadline, continuous application process

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