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report

Measurement in health psychology: combining theory, qualitative, and quantitative methods to do it right.

6th Methods in Health Psychology Symposium

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A recent debate in Health Psychology Review demonstrated the importance of careful attention to measurement and operationalisation of health psychology constructs (Beauchamp, 2016; Brewer, 2016; de Vries, 2016; Schwarzer & McAuley, 2016; Williams & Rhodes, 2016a, 2016b). This need is met by rapid developments in the theory and measurement of health psychology constructs as evidenced by recent publications and conference contributions (e.g. Dima et al., 2014). However, these enhanced methods have been slow to disseminate into research practice. One reason may be that the new perspectives afforded by these developments and the related tools were not part of the curricula of most researchers currently active in health psychology. This lack of familiarity may manifest itself as an obstacle that appears difficult to overcome, thereby obstructing wide-spread use of these methods in research.

The goal of the sixth Methods in Health Psychology symposium, held at the annual EHPS conference in Aberdeen in 2016, was to address this by increasing attendees' familiarity with several new developments in this field. The symposium brought together five contributions, combining theory and methods from qualitative and quantitative traditions to provide a broad overview of the state of the art, limitations of current practices, and options for improvement. Moreover, the symposium aimed to give its attendants practical suggestions to apply these insights, as well as facilitate access to their corresponding tools.

The symposium started with the presentation from Gjalt-Jorn Peters of a novel perspective on the nature and inter-relations of psychological variables and implications for their measurement. This perspective facilitates a flexible and theoretically promiscuous approach to operationalization and measurement, affording researchers more flexibility in the development and assessment of measurement instruments. This was followed by the presentation of Anne Marie Plass introducing tools to explore and improve operationalization in questionnaire development or adaptation using Cognitive Interviewing. Several problems with common assumptions about validity were pointed out and solutions provided for addressing these. Rik Crutzen provided an overview of the current practices regarding assessment of the quality of measurement instruments. Although these practices are strongly rooted in classical testing theory, important assumptions of the statistical models used were routinely violated. An accessible, freely-available procedure for improvement was introduced and explained. Alexandra Dima demonstrated stepwise procedures that leverage psychometric techniques to improve the understanding and operationalization of psychological constructs. Chris Gibbons introduced

computer adaptive testing using Concerto, an open source system based on the flexible R and mySQL platforms, and discussed its benefits for health psychology research. At the end of the symposium, Frank Doyle summarized the five previous contributions and proposed several directions regarding how these insights can be implemented in practice to improve the standard of measurement in health psychology.

The presentations and additional materials are available on the Open Science Framework through links on the Health Psychology Methods page on the EHPS website at http://ehps.net/content/health-psychology-methods. These materials are available under the Creative Commons Attribution license, unless indicated otherwise. Below, each contribution is briefly summarized from the perspective of this symposium.

Pragmatic Nihilism

Gjalt-Jorn Ygram Peters

Health psychology aims to explain and change a wide variety of behaviours, and to this end has developed a plethora of theories. Several attempts have been undertaken to build integrative theories, and some even strive for a Theory of Everything (also see Peters & Kok, 2016). We argue against these efforts; instead, adopting a stance that may be called 'pragmatic nihilism' is more fruitful.

The first tenet of pragmatic nihilism is that psychological variables, defined in our health psychology theories, are usefully considered as metaphors rather than referring to entities that exist in the mind. As a consequence, the second tenet emphasizes theories' definitions and guidelines for the operationalisation of those variables. The third tenet of pragmatic nihilism is that each operationalisation represents a cross-section of a variety of dimensions, such as behavioural specificity and duration of the behaviour, and most importantly, psychological aggregation level. Any operationalisation thus represents a number of implicit or explicit choices regarding these dimensions.

These three tenets of pragmatic nihilism have two implications. First, they provide a foundation that enables combining theories in a more flexible manner than made possible by integrative theories. Second, this perspective emphasizes the importance of operationalisations, underlining the importance of investing in the careful development of measurement instruments, and thorough and extensive reporting of the specifics and performance on those measurement instruments as well as disclosure of the instruments themselves.

Awareness of the dimensions of the tesseract, of which each operationalization represents a slice, can aid researchers in scrutinizing the exact items (elements) of both newly developed operationalisations and operationalisations that have been in use for decades. For example, when using questionnaires, it is important to pay close attention to the questions used. A very easy, fast, and affordable method of identifying potential problems related to item content and interpretation was provided by Plass in the following talk.

Valid or not valid that's the question: the limited validity of 'proven valid' measurement instruments

Anne Marie Plass

The results of the 2015 landmark study of Nosek and colleagues suggested that the vast majority of recent psychology studies cannot be replicated, and it thus became clear that evidence for the most published findings is not as strong as claimed (Open Science Collaboration, 2015). It was argued that replication bias might be due to the different research methods used, publication bias, or the so-called 'statistical jackpot', which indicates that a

study result may be sheer luck, or the result of endlessly trying various analytic methods until something pans out. Yet, the quality of the measurement instruments, used in many social scientific studies, was never questionned in relation to this. Whereas, almost every individual that ever completed a questionnaire has experienced the unclear nature of this task, giving answers to questions that were difficult to understand. A large body of evidence demonstrates that items researchers thought to be perfectly clear are often vague and hard to understand (Markhous, Siksma, & Plass, 2014; Van Kessel, Hendriks, van der Hoek, & Plass, 2015; Willis & Artino, 2013). We hardly know how our respondents interpret and understand our questions.

Researchers often make use of existing measurement instruments that have proven valid through the statistical testing of its psychometric qualities. While this seems an excellent approach at first glance, there are serious risks that are being overlooked, in particular regarding the validity assumed. Validity is the extent to which a measurement-instrument (scale, or questionnaire) measures what it claims to measure. There are three conditions to achieve adequate conceptual coverage of the relevant construct. First, every element of a measurement instrument must measure a part of the construct as defined by the relevant theory. Second, no elements may be included that do not measure that construct. And third, every element must be processed as intended by research participants. The big question is: Is this the case?

With regard to the first and second condition, recent studies, using modern statistical techniques, e.g. Item Response Theory (IRT) and Rasch analyses, the validity of the assumed validated measurement instruments (Markhous et al., 2014; Van Kessel et al., 2015). They revealed substantial weaknesses of questionnaires that previously were proven 'valid' using traditional validation methods, and made clear that the 'quality guarantee' implied when a measurement instrument is validated is in fact largely unsatisfactory. Apart from this, the third and utmost critical condition for validity: verifying the interpretation of the items for a given target population, is even a largely unknown step, and extremely rare. However, if the elements of a measurement instrument are interpreted differently by a sample than what was intended when the instrument was developed, none of the previously gathered data and indicators of validity and reliability still apply. Thus, none of the three necessary conditions for construct validity are being met. Yet, we draw our conclusions based on these data.

One way to establish (better) content validity, and at an earlier stage, is through applying cognitive testing (Holch et al., 2016; Markhous et al., 2014; Willis, 2005; Willis & Artino, 2013). Cognitive interviewing involves the study of how survey questions are interpreted, how information is recalled, and how respondents make decisions to provide a particular response. Cognitive interviewing is conducted using two key procedures that are combined: 1. Think Aloud, requesting the survey respondents to actively verbalize their thoughts as they attempt to answer the survey questions (Willis, 2005; Willis & Artino, 2013), revealing how they interpret and understand the questions and answer options, and 2. Probing, a form of data collection in which the cognitive interviewer administers a series of probe questions to elicit detailed information to give researchers a better idea about the completeness of the survey and its fit to the target group. Cognitive Interviewing is an iterative process, in which usually two to three rounds of six to ten interviews, with in-between carefully structured analyses and adjustment of the items, are sufficient to optimize the survey and to understand what our respondents think we are asking.

Various studies that made use of cognitive interviewing, testing content validity of well established measurement-instruments, showed that

the majority of the items were not well understood by the target population, even though well-thought out by researchers and other stakeholders (Holch et al., 2016; Markhous et al., 2014; Van Kessel et al., 2015; Willis & Artino, 2013). Items are often phrased in a way which is common to researchers and stakeholders, but largely uncommon to the target population, and far from being representative to the way they would express themselves. Therefore, there is an urgent need to look deeper into the (content and construct) validity of measurement-instruments used, before drawing our conclusions.

Coefficient alpha, omega & factor-analytic evidence

Rik Crutzen

Cronbach's alpha is a commonly reported estimate to assess scale quality in health psychology and related disciplines. To illustrate this, we have screened all articles published in Psychology & Health in 2015 (see: http://osf.io/v7jxe). A total of 288 scales were reported in 88 articles. For 233 of these scales (80.9%), an estimate of scale quality was reported, which was alpha for 210 scales (90.1%). These figures demonstrate that reporting alpha is a widespread habit in health psychology. In this paper (Crutzen & Peters, 2016), we argued that alpha is an inadequate estimate for both validity and reliability – two key elements of scale quality – and that one of the readily available alternatives should be used. More importantly, we argued that also for these alternatives, factor-analytic evidence should be presented first when assessing scale quality.

Analyses of internal scale structure can indicate the degree to which the relationships among measurement items conform to the construct on which the proposed interpretation of scale scores is based. For example, the degree to which self-efficacy items used in a certain study reflect an underlying construct – in this case self-efficacy. Alpha, despite being frequently reported as such, is unrelated to a scale's internal structure. A recent critical review of application of Cronbach's alpha in research shows that 'both very low and very high alpha values can go either with unidimensionality or multidimensionality of the data' (Sijtsma, 2009). Therefore, in line with many others, we have previously argued to abandon alpha (Peters, 2014). Instead, we recommend reporting alternative estimates such as omega, which provides a more accurate approximation of a scale's internal structure (Revelle & Zinbarg, 2009).

Before reporting omega, however, researchers should verify if for their sample (and by implication, their population), their measurement instrument retained its intended structure. In other words, we need to know whether a single latent variable is being measured in case of a unidimensional construct (Revelle & Zinbarg, 2009), or in the case of a multidimensional construct, whether the construct's dimensions are consistent with the exhibited factor structure. Subsequently, omega is reported per subscale. Hence, dimensionality should first be verified in order to know whether the measurement instrument retained its intended structure, because if not, the measurement instrument's validity is compromised, relegating reliability assessment to a secondary concern. In order to do so, a set of analysis techniques known as exploratory factor analysis (EFA) is available. Despite the availability of methods to verify dimensionality, such analyses rarely seem to accompany reports of alpha. Of the 288 scales we surveyed in our state-of-the art review, authors assessed dimensionality for only 10 scales (3.4%). Therefore, in the vast majority of cases, readers (and likely, reviewers) have no information on the performance of the scales used. This means that the validity of these operationalisations cannot be verified. Of course,

unexpectedly discovering a multidimensional scale structure can have implications for the interpretation of the data. This is why it is so important to conduct and report these analyses. If a supposedly unidimensional scale turns out to have a two-dimensional structure in a given study, then this affects the interpretation of the scale's internal structure. Therefore, we recommend that factor-analytic evidence should be presented first when assessing the internal structure of a scale.

In the next talk, Dima extended this idea of providing factor-analytic evidence and introduced a 6-step psychometric analysis for health psychology research.

R-based 6-step psychometric analysis for health psychology research

Alexandra L. Dima

Measurement accuracy is an essential requirement for valid inferences in health psychology research and needs to be explicitly demostrated irrespective of whether concepts are measured via validated, adapted, or new tools. For multi-item scales, Crutzen and Peters (2016) showed that researchers usually rely on limited (if any) psychometric testing; to facilitate reporting of scale properties, they provided an accessible R-based tool that reports automatically item descriptives, exploratory factor analysis results, and several reliability indices. These statistics are an informative and an indispensable first glimpse of scale quality, but they can only provide a partial (and sometimes puzzling) view on the concepts under investigation. In my experience, once we get this far, we need to investigate further; luckily, R gives easy access to a whole range of tests and solutions once we become familiar with a few basic psychometric concepts and the related R packages. I introduced a 6-step analysis protocol that condenses the possibilities R offers into an analysis template that can be adapted relatively quickly for various purposes.

Why investigate scale properties further? First, we can diagnose any inconsistencies and thus correct them before they might bias substantive results. Second, factor analysis is not appropriate for all types of questionnaires and concepts, and can give misleading results in certain conditions, for example when items have different probabilities of being endorsed by respondents (van Schuur, 2003). And third (and most important), a comprehensive psychometric analysis is an opportunity to understand the concept better and thus improve theory not only in terms of statements about relationships between concepts, but also regarding measurement issues; concept and theory development are best performed in sync (Nunally & Bernstein, 1994). In essence, by skipping scale analysis in our rush to run multiple regression models using total scores we might deprive ourselves of a large part of the wisdom stored in our hard-earned data.

Performing psychometrics analyses within substantive research is therefore preferable. But is it possible? Until recently, it used to be a daunting task: more advanced techniques required dedicated proprietary software, psychometrics theory was less accessible to non-statisticians, and gathering results of different analyses into formatted reports took a long time. But nowadays most relevant statistical tools are available for free in R, together with worked examples and suggestions of relevant and accessible theoretical literature. Moreover, R provides several options for automatic report generation such as Sweave (Friedrich Leisch, 2002) and R markdown (Allaire, Horner, Marti, & Porte, 2015). In this new context, it becomes possible to streamline psychometric and substantive analyses in one analysis report that takes full advantage of the data available.

The 6-step analysis protocol is designed to facilitate this for scales with binary or ordinal

response options (an example script is accessible at https://github.com/alexadima/6-steps-protocol). Step 1 includes data preparation and descriptive statistics (package psych). Step 2 examines item fit with non-parametric and parametric item response theory (IRT) requirements (packages mokken, ltm, eRm, mirt). Step 3 tests scale structure according to exploratory or confirmatory factor analysis (psych, lavaan). Step 4 calculates reliability (classical test theory) for item (sub)-sets that show unidimensionality (psych, CTT, MBESS). Step 5 examines possible clustering of respondents via cluster analyses (stats, cluster). After each step, decisions for item exclusion can be taken and recorded in the script. Finally, step 6 computes total scores and score statistics (psych). The 6-step protocol and related script can be extended with further analyses of total scores (depending on the study hypotheses), and can be intergrated into automated reporting tools.

The benefits of integrating psychometric and substantive analyses in one data analysis protocol are manifold. For individual studies, the psychometric findings can lead to using modified scales with best performing items in sensitivity analyses to assess the influence of measurement quality on substantive results. It can also trigger a process of scale adaptation for specific populations, or of regular scale updates to keep up with changes in the phenomenon they measure. More broadly, using such R-based protocols facilitates transparency and replicability of both psychometric and substantive findings, and a more efficient and complete use of the available data. Thus, it can be part of the answer to the recent calls for increasing research quality and efficiency.

Introducing Concerto, an open-source platform designed to realise the potential of modern measurement theories

Chris Gibbons

Item response theory (IRT) models and algorithms for computer adaptive testing (CAT) were originally developed in the 1960s (Rasch, 1960). However, their widespread use was restricted by available computer processing power, lack of suitable software for conducting IRT analyses and, until recently; the absence of any accessible tools for administering questionnaires within an IRT framework. In 2011, the open-source Concerto platform (http://concertoplatform.com) was released to allow psychologists to develop and administer questionnaires and create flexible computer adaptive tests which include automatic scoring and tailored feedback. The talk introduced CAT principles, described the features of Concerto, and presented three recent implementations of Concerto for health assessment.

The main advantage of CAT compared to traditional survey administration tools (paper-based or electronic) is that it allows assessments to be better targeted, more efficient (shorter) and more accurate (reliable) (Gershon, 2005). These improvements are the result of an item selection process while a participant is taking a test: after a first item administration, the CAT selects from a larger item bank the next most informative item that matches the response pattern of that participant. Test administration stops when a pre-defined reliability threshold is reached for that particular assessment; if the test is well designed and the respondent is engaged with the task, this threshold is reached long before the item bank is exhausted. This process requires complex dedicated software that is not implemented in common survey tools and, until recently, was implemented only in proprietary tools. The development of

Concerto changed all this.

Concerto allows users to develop psychological assessments within the freely-available, fully flexible R-based environment. The open-source accessibility of Concerto means that CATs are readily available for any researcher in a relatively easy-to-use system, which still maintains the capacity to apply advanced measurement theories. CAT can be conducted in Concerto using a wide variety of pre-installed IRT models for item selection, score estimation, and prediction (Gibbons, 2016; Magis & Raîche, 2011). Concerto also offers flexibility in assessment presentation and layout using JavaScript, HTML and CSS. In addition to adaptive assessments, Concerto is capable of supporting R-based machine learning and statistical inference algorithms for automated classification of new data over the internet (opentextanalysis.com). The system can be installed on a range of locations ('cloud' or local servers) and devices running Linux or Windows operating systems.

Concerto is increasingly used as an assessment platform in health science research. For example, it hosts a computer adaptive version of the World Health Organisation Quality of Life -100 scale, which is significantly shorter than the paper-based version and provides tailored graphical and text feedback (Gibbons, Bower, Lovell, Valderas, & Skevington, 2016). US researchers have recently created the Movement Ability Measure, an adaptive test which assesses the disparity between people's current and ideal functional capacity, with clear feedback (Scalise & Allen, 2015). In higher-stakes assessment, Concerto is being developed for patient-reported outcome measures based clinical intervention that combines standard and adaptive assessment with feedback linked to clinical practice guidelines. The Concerto developers are strong supporters of open-source, accessible, and user-friendly measurement software for non-experts, and keen to provide support for researchers interested in implementing CAT for research or clinical assessment.

Reflections on the symposium and the future

Frank Doyle

To situate the previous five contributions in the wider context of health psychology measurement and start exploring future research possibilities, it is important to first reflect on the relative value of psychometrics and theory in health psychology research and practice. In my talk, I therefore began by highlighting some alternative perspectives on the limitations of psychometrics for both psychologists and non-psychologists.

The limited success of sustained efforts to improve psychometric quality of many commonly-used scales suggests that perhaps we should not exclude the possibility that psychologists are always going to be limited by the inherent inaccuracy of psychological scales. For example, depression is surely one of the most-studied latent traits, yet questionnaires for identifying major depressive disorder are not really very accurate. Thumbs et al. (2008) conducted a systematic review of sensitivity and specificity of depression scales for identifying major depression in people with coronary heart disease. They reported that, when adopting the median sensitivity (84%), specificity (79%) and depression prevalence (15%) levels, less than half of those who screened positive according to a scale will actually have major depression. Other systematic reviews report similar findings (Meader, Moe-Byrne, Llewellyn, & Mitchell, 2014; Mitchell, Vaze, & Rao, 2009). Furthermore, there is always going to be substantial sample variability which drives individual study psychometric results, differences in predictive validity, or even temporal issues with items (Cosco, Doyle, Ward, & McGee, 2012; Doyle, Conroy, & McGee, 2012; Freedland et al., 2016). There can be age-related, condition-

related and cross-cultural issues preventing scales from performing as expected across samples, despite undergoing rigorous psychometric development. Popular scales, such as the HADS, have questionable content validity (Doyle, Conroy, & McGee, 2007; Maters, Sanderman, Kim, & Coyne, 2013). Attempts to improve scales, such as using reverse-coding (van Sonderen, Sanderman, & Coyne, 2013), or adopting restrictive measurement assumptions (Meijer & Egberink, 2012) do not always yield better outcomes. These, and other issues, are summarised in Table 1. In essence, there is a large gap between what we might want from psychometric scales and what they can actually offer, and filling this gap completely might be unachievable even with the most sophisticated methods.

Overall, these findings suggest that we have to be cognisant of quite a degree of inaccuracy in psychometric scales. Against this background, the true value of adopting a pragmatic nihilistic approach, as outlined by Peters and Crutzen, can be seen. In addition to what the authors propose, this approach may allow for exploration of important issues such as sample variability and non-performing items within an individual study. A potential drawback of this approach is that it allows for subset constructs, which are difficult to analyse in current conventional approaches, and may require more sophisticated network analyses (Hevey, Collins, & Brogan, 2013).

This issue also links with the presentation from Plass – if content validity is questionable, then sample variability and non-performing items are inevitable. There is always the potential for the operationalisation of theory to be suboptimal, but adopting a cognitive interviewing technique may go some way towards alleviating such discrepancies. Indeed, it is difficult to envisage how talking to the people you are studying about these constructs or scales could be a bad idea. However, one can also question the validity of think-aloud or qualitative

Table 1

Psychometric ideals versus current reality?

What psychologists want from psychometric scales (a selection of ideals)	What psychometric scales usually comprise (the current reality)
Few robust items, that:	Many items, that:
1. Adequately cover the domain/ trait of interest	1. Do not always have good content validity
2. Are pure measures of the theoretical construct	2. Therefore are not pure measures of the construct, or overlap
3. Each discriminate along the latent trait and have predictive validity	3. Sometimes do not discriminate well or have variable predictive validity
4. Are unaffected by sample or temporal variability	4. Are variable, or even developed for individual groups
5. Can be generalised across contexts	5. Are not always generalizable
6. Have psychometric properties that are understood widely	6. Are often used by people with little psychometric training

methods – is what is verbalised a 'true' reflection of a person's emotional or cognitive state?

The critique of alpha, and the 6-step process for psychometric evaluation, are important contributions to the literature. While it is difficult to defend the current, unquestioning, widespread adoption of alpha, the alternative – omega – is not available in all statistical packages. Furthermore, while the widespread adoption of R would perhaps alleviate this practice, and allow for further appropriate psychometric investigations, R can seem daunting to master, in comparison to the popular SPSS, or indeed other statistical packages. However, it probably will not be too long before most of these procedures are available in other applications (e.g. Stata already has most of these options). However, one potential drawback of the recommendations from Dima and Crutzen is that, again due to sample variability, but also the other issues outlined above, there is always going to be non-performing items/subscales. This could potentially lead to an endless cycle of psychometric assessment and evaluation. For example, requiring authors to report the factor analytic results along with alpha values could lead to 'rotation hacking', where researchers are simply trying all possible rotation options until one leads to the findings that they believe reviewers and editors are most likely to want. It seems that to expect reviewers to understand the strengths and weaknesses of all rotation options is unreasonable. Such a cycle of psychometric evalution may also undermine psychology to other audiences, as most scales are in fact used by non-psychologists.

A final issue is that factor analysis itself can lead to spurious results (Cosco et al., 2012), and item response theory (IRT) is generally accepted to be superior (Embretson & Reise, 2000). However, IRT requires very large sample sizes that are typically not seen in health psychology research. This highlights the value of the open-source Concerto platform, described by Gibbons, which leverages computer adaptive testing, IRT and large samples to provide greater accuracy of measurement. Of note, however, is that findings from Concerto suggest that 4 items per construct are needed for good reliability – it is often the case that operationalisation of health psychology theories can have only 2-3 items per construct. Increasing the number of construct items will increase respondent burden, and potentially limit the amount of other constructs (e.g. health behaviours, health outcomes) that can be measured.

So, where does this leave us? I suggest that to improve measurement and theory, we should encourage, where possible

-the use of scales with appropriately-tested content validity

-the use of items tested in large IRT-based studies, such as Concerto

-adoption of psychometric meta-analytic techniques (e.g. Norton et al, 2013), given the issues around (small) sample variability

-consider further adoption of network analysis (Hevey et al., 2013), as per pragmatic nihilism

-the pooling of data for individual patient data network meta-analysis (Debray et al., 2016) –which should provide robust theory testing and refinement and address issues with sample variability.

-the reporting of sensitivity analyses, with and without non-performing items

-the submission of (fully anonymised) data with journal articles

While these recommendations might not take us all the way to reaching our psychometric ideals, they may give us better opportunities to understand the complex health care realities we study.

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EHPS report

The 9th Annual Psychology Day at the United Nations

From Vulnerability to Resilience: Using Psychology to Address the Global Migration Crisis.

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On behalf of the EHPS UN Committee

On April 28th, 2016, the United Nations (UN) held its 9th Annual Psychology Day, an event that showcases psychological scientists' contributions to the organization's global human rights agenda. It is sponsored by non-governmental psychology organizations either accredited by the UN Economic and Social Council (ECOSOC), or affiliated with the UN Department of Public Information (DPI). These include the European Health Psychology Society (EHPS), the American Psychological Association (APA), the International Association of Applied Psychology (IAAP), and the Society for Industrial and Organizational Psychology (SIOP).

Co-sponsored by the Permanent Missions of both Palau and El Salvador, this particular year's event was themed "From Vulnerability to Resilience: Using Psychology to Address the Global Migration Crisis", with additional focus on the UN sustainable development goals. According to cohost Dr. Rashmi Jaipal, PhD of the APA, the overall aim was to "raise awareness about psychological approaches to addressing the migration crisis, and to promote dialogue and collaborations between mental health workers, governments, UN agencies, and civil society." Dr. Jaipal, who also served on the event's planning committee, further emphasized the importance of intercultural contact and mental health, as well as child rights and how "whole generations [are] growing into adulthood with impaired emotional and cognitive functioning." Cohost Roseanne Flores later enumerated upon the upheaval, explaining how almost half of the 60 million people forcibly displaced from their homes are children, whose quality of life largely depends upon protection and fulfillment of their basic human rights to education and stable upbringing. Ruben Zamora, Ambassador to the UN of El Salvador, mentioned migration-associated impairments in physical and mental wellbeing in his opening remarks. He then described the need for international legal instruments and frameworks to protect international migrants and victims of forced displacement.

Clinical psychologist Dr. Ayorkor Gaba, PhD, of the University of Massachusetts and APA moderated the first panel, Cultural Integration in the Process of Resettlement. Brigitte Khoury, Director of the Arab Regional Center for Research, Training, and Policy at the American University of Beirut, delivered the first presentation in this thematic cluster. Her presentation, Psychology's Role in a Refugee Crisis: A Three-Phase Intervention, addressed the 4.2 million Syrian refugees currently hosted in bordering "transition" nations such as Lebanon and Jordan. These individuals ultimately aim to resettle in Turkey, EU nations, Canada, and the USA. Sudden influxes of migrants weaken support systems in host countries, especially small territories like Lebanon where Syrian refugees now comprise nearly half of the total population. In addition to the large-scale victimhood, culture clashes amplify political and interpersonal tensions. Khoury therefore explained, "Only through mutual understanding and learning from both sides about each other can we get to a better

situation." Khoury then described the three phases of resettlement (preparation, arrival, and settlement), and how psychological techniques and principles apply to each one:

1) During the preparation phase, people first learn that they will be displaced and must react accordingly. During this time, the psychologist can prepare refugees for the resettlement process by being an educator, communicator, advocate, or resource, no role mutually exclusive. Although no actual therapy takes place at the preparation stage, the psychologist can use powerful yet comforting interpersonal skills to help people choose a host country (often where they have extended family), and learn about its laws, traditions, languages, norms, religions, expectations, and natural environment. The psychologist can also help people channel personal strengths to remain resilient during the transition process, as well as emphasize the importance of seeking professional help in the host country. "You can take people out of wars, but you can't take wars out of people."

2) During the arrival phase, a psychologist in the host country can act as an assessor, mediator, culturally sensitive clinician, and primary care team member, in addition to the roles from phase 1. Khoury emphasized that community intervention works best if addressed from multiple perspectives: social, psychological, educational, financial, and legal. For instance, it is almost guaranteed that new arrivals will be dealing with finance-related anxieties. They would therefore benefit immensely from psychologists' provision of information about the financial laws, policies, and environment of the host country. Khoury also stressed the importance of engaging speakers of Arabic in host countries and encouraging them to join the process as interpreters and personal contacts. This will help put new arrivals at ease and help them navigate foreign environments more efficiently. Some Arabic speakers can even be trained as mediators to facilitate communication between refugee settlements and host country communities and governments. This can help allow space for respecting religion, values, and traditions from the home country. Assessment and screening for symptoms of PTSD are further critical, especially since the DSM V definition of PTSD may not be immediately applicable at the outset to migrants' behavioral phenotypes. To increase access to psychologists, whom many refugees will have never encountered before, it is encouraged to include them in primary care or medical teams. This way, migrants' psychological states can be assessed along with their physical health. It will take time for new arrivals to build trust in the government, the surrounding community, and each other, so psychologists must consider the instability of the environment, especially when planning basic meetings and interventions.

3) During the resettlement phase, psychologists can then adopt the final three roles of expert clinician, psychotherapist, and referral source, in addition to those previously mentioned.

The second panelist, Dr. Monica Indart, PsyD of the Graduate School of Applied and Professional Psychology, Rutgers University presented Integrating Social Justice with Trauma-informed Care: Re-envisioning Crisis Intervention Theory and Practice for the Global Refugee Crisis. Indart began her presentation with a riveting photograph of a man holding a toddler by the forearm over a collapsing border fence, as many others try to climb over as well. After emphasizing how every statistic represents a human being's life and suffering, she explained how the latter word, suffering, is much more universal and understandable compared to subjective words like "trauma" or stoic diagnoses like "PTSD." The first part of her presentation discussed Traditional Crisis Theory and Intervention, whose three premises and underlying assumptions involve an eventual "return to normal" or reestablishment of a routine, stable lifestyle. In addition to the importance of ongoing, personalized recovery strategies, there is also an understanding that one's personal experiences and

unique forms of suffering will shape their coping mechanisms. This will ultimately determine the nature of the normality they eventually resume. Second, a "psychological first aid" model should be in place during disaster responses. This would involve trauma-informed care, which "seeks to understand the profound effects of trauma" and "provide conditions of safety, security, compassion, and generosity." The six key principles of trauma-informed care include safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and attention to culture, history, and gender issues. She further asserts that, "by definition, these conditions require an orientation towards social justice," forms of which include transitional, restorative, and distributive. The trauma aspect, which is past-oriented, focuses on what has been done, and the future-oriented justice aspect focuses on what needs to be done. Indart then relates these social justice issues to the fulfillment of Maslow's hierarchy of needs, which can serve as an efficient lens or template for various social justice activities.

Indart then went on to explain how the current refugee crisis challenges the pre-established knowledge underpinning notions of trauma and social justice, which are both central to typical crisis theory and intervention approaches. Refugee challenges include traumatic stress, barriers to successful migration, stigmas and backlashes, cultural barriers, lack of access to care and resources, separation and isolation, and trafficking. Torture is also a much more common part of the refugee experience than previously understood. Current knowledge and theories about crises therefore do not provide an adequate, actionable explanation of how to care for modern refugees. Indart then discussed micro models, one of which is the H5 Model for Trauma and Recovery, the centralizing agent of which is the individual's trauma story. When it comes to psychologists' roles in all of this, their most pressing responsibilities include being a psychological "first aid" medic, a physiological and emotional stabilizer, a companion, an advocate for fair treatment, a voice for justice, a member of a healing team (similar to Khoury's emphasis on primary care teams), and, above all, a witness.

The final panelist in this thematic cluster was Ambreen Qureshi, the Deputy Executive Director of the Arab American Family Support Center. Her presentation, Cultural Integration through the Settlement House Model, began with a description of how the AAFSC provides Arab Americans and their families with the skills to "successfully acclimate to the world around them, and become active participants in their community." The AAFSC is the first and largest trauma-informed agency of its kind in New York City, providing culturally and linguistically relevant services for low-income immigrants of Arab, Middle Eastern, Muslim, and South Asian backgrounds. The immigrant- and refugee-specific stressors common to AAFSC visitors include lingering or persistent effects of trauma, as well as stressors related to resettlement, acculturation, and isolation. Racial profiling, harassment, assault, and legislation such as the Patriot Act render clients disproportionately vulnerable to discrimination and additional hardship. The AAFSC also uses the 133year-old settlement house model, whose multiservice, neighborhood-based approaches aim to reinforce the strengths of certain individuals, families, and communities. The settlement house model involves the four principles of embeddedness ("of, by, and for the neighborhood or community"), multiple points of entry (offering several programs and services that each link to others in the community), reciprocity (all participants are emboldened to give back to the organization or community in their own way), and community building. The three intended outcomes of the settlement house model include senses of possibility, belonging, and efficacy. Lastly, the service categories that AAFSC provides include

preventive, anti-violence, adult education and literacy, legal services, health navigation, and youth.

UN Representative Dr. Rachel Ravitch, PhD, moderated the second panel, Children, Youth, and the Migration Crisis. The first speaker in this thematic cluster of lectures was Dr. Michael Wessels, PhD, a professor in the Program on Forced Migration and Health and Columbia University's Mailman School of Public Health. His presentation was entitled Supporting the Rights and Well-Being of Children and Youth in Settings of Forced Migration: A Resilience Approach. Since roughly half of international crisis victims are under eighteen, Wessels emphasized the importance of a human rights approach to healing and resilience among youth, despite lack of preexisting validation in the psychological field. First and foremost, the importance of a child rights approach requires recognition of the dignity and rights of every child in terms of ability, gender, age, SES, and other social categories. Due to these moral obligations, human rights must supersede obstructive or austere state laws, and duty bearers (i.e. those who ensure the delivery of said rights) must consider international laws, norms, and standards. Wessels then described how governments tend to shirk supposed social responsibilities towards refugees on grounds of limited capability to accommodate sudden onslaughts of human needs. "Child rights are entitlements," Wessels explained. "They are not given by governments; they cannot be taken away by governments." As an example, he cited the developing impetus to prosecute governments whose armed forces continue to recruit children. Finally of note is Wessels's mention of participation rights, and how "too often, we tend to think of children as victims," and how "children are assets… one of the most precious sources of agency within any human society. Approaching children with dignity and compassion requires recognition of their agency, as well as eschewing the idea that they are fundamentally helpless. Structural violence often inflicts children's deepest wounds, especially in refugee cases where children appear, behave and socialize differently than those whom psychologists are typically trained to examine. Wessels therefore recommended a holistic and multi-level approach to treatment, with specialized, professional services at the top of the "pyramid" and basic security at the bottom.

The next speaker on this panel was Dr. Dina Birman, PhD, a community psychologist and Associate Professor of Educational and Psychological Studies at the University of Miami. Her presentation, Needs, Rights, and Well-Being of Migrant Children and Youth, first addressed her description of the field of psychology in general. She defined it as the study of the mind and human behavior, with the understanding that neither flourishes in a vacuum. She then explained how, while examining the needs of refugees and forced migrants, psychologists tend to "err on the side of deficits" and describe people in terms of what they lack as a result of their experiences. However, a human rights approach is opposite in nature, as it describes the rights and entitlements that people do have, and how those should be most efficiently fulfilled. She also compared and contrasted immigrant children (who migrate alone) and children of immigrants (who are born in resettlement countries to parents who migrated), particularly with regard to acculturation versus enculturation. It is also critical to consider the changing nature of migration in general, given modern amenities such as more efficient methods of travel and communication. Understandably, the most common stressors of immigrant children stem from human rights violations such as food and water deprivation, lack of shelter, injury, and sexual assault.

Eskinder Negash, Senior Vice President of Global Engagement at the U.S. Committee for Refugees and Immigrants (USCRI), then delivered his presentation Mental Health and the Refugee Journey. He first briefly reminded listeners of the

unprecedented numbers of forcibly displaced persons experiencing hardships today (a total of 60 million reported in 2014, 51 percent of whom were under eighteen). He then encouraged listeners to question the definition of crisis, and whether to discuss or define a crisis in terms of number of refugees, location, or cause of displacement. In Negash's opinion, "the crisis started the day we decided to keep [refugees] in refugee camps," where they are often "warehoused" indefinitely. The worst refugee situations are in Africa, where refugee camps are the largest and most barren of food, potable water, and other living essentials. Many inhabitants are also considered missing.

The final speaker was Dr. Naqibullah Safi, the Senior Emergency Coordinator of UNICEF's Emergency Program Division (EMOPS). This presentation, Migration and Children's Psychological Health: The Case of Refugees and Migrants' Crisis in Europe, first addressed the concept of resilience and how certain stress responses should be considered normal and typical, rather than pathological. In addition to therapy, Safi cited social support services, community cohesion, material resources, and firm personal identity establishment as effective means to stress reduction. He also mentioned the same intervention pyramid as did Dr. Wessels, describing how specialized mental health care at the top of the pyramid does not yet exist in afflicted areas such as regions of Greece and Macedonia. The only existing resources are the most basic ones at the bottom, which more closely resemble the fulfillment of basic human rights and the requirements for a stable society. Safi also mentioned the key principles from a multi-agency guidance note, including treating all people with dignity and respect, disseminating information about social and legal support resources, providing relevant psycho education using the appropriate language and cultural references, and prioritizing protection for special-needs children.

In sum, the 9th Annual Psychology Day at the UN provided a novel forum to introduce the discipline of psychology into debates about sustainable development. In general, this annual collaboration of UN policy makers and psychologists yields opportunities to incorporate psychology into the international and public policy arena, focusing on social change at the individual and personal level. As this year's speakers illustrated, psychology has much to offer for the creation and implementation of sustainable development, and the hope is that these discussions can continue until the UN development agenda is finalized. As former US Surgeon General Dr. David Satcher once said, "There is no health without mental health".

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grant report

Exploring student experiences of UK MSc Health Psychology courses: Outcomes of an EHPS Tandem Grant.

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Department of Primary Care Health Sciences, University of Oxford
Jenny McSharry
School of Psychology, National University of Ireland Galway, Health Behaviour Change Research Group, Galway, Ireland

We were very pleased to be awarded the EHPS Create Tandem Grant in 2015 to carry out research exploring student experiences of studying MSc Health Psychology programmes in the UK. The Create Tandem grant allows two early career researchers from different European countries to work together to strengthen networks between universities and research groups. Although we completed our training at the same time, undertaking the PhD Health Psychology Research and Professional Practice at the University of Southampton together, we had both gone to work in different universities and focus on different topics in health psychology. We were aware that we both worked in strong research teams, Sarah at the University of Oxford, and Jenny at the National University of Ireland, Galway and were keen to see how we could share the skills we had developed by working on a joint project.

Developing the Tandem Grant Proposal

Our idea for the research study came about after we both attended a British Psychological Society Stage 2 Health Psychology supervisor training course. The Stage 2 qualification forms part of health psychology training in the UK, where professional health psychology training is well established. The UK British Psychological Society Qualification in Health Psychology consists of the completion of a BPS accredited Master of Science (MSc) in Health Psychology (Stage 1) and structured supervised practice to demonstrate core health psychology competences (Stage 2). A number of universities offer accredited Stage 2 professional doctorates and since 2007, the NHS Education For Scotland has supported funded Stage 2 trainee health psychologist positions (Johnston, Weinman, & Chater, 2011).

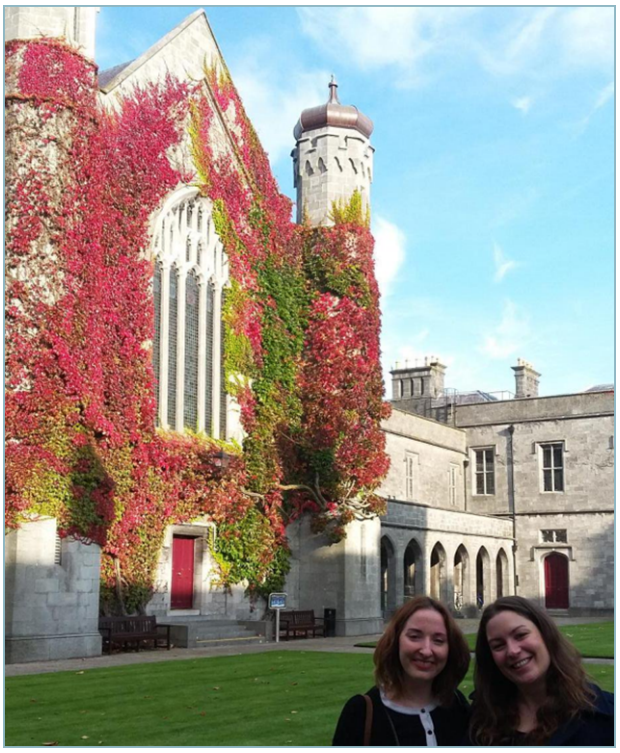
After a day of discussing how we can support students to develop through Stage 2 supervision, we started thinking about the MSc students that we taught and our own experiences of studying MSc courses. Although recent research has sought to explore A-level students views of health psychology (Greenwell & Turnbull, 2014; Lewis-Smith, et al., 2014) and the core skills held by trainees and qualified health psychologists (Bull, et al., 2012), we realised there was no existing research exploring MSc students' motivations for studying health psychology, their understanding of professional training and their aspirations for future employment. We wanted to find out how we could promote the discipline when we taught on MSc courses and how we could support our PhD students to develop the careers they wanted to pursue. Stage 2 training in Ireland was under development at this time, and we were also interested to see how the established training in the UK could inform developments in Ireland. The EHPS Create Tandem Grant provided us with an opportunity to work together on a topic of interest to both of us, which had the potential to contribute to the further development of health psychology as a discipline.

The STudent Experiences of studying health Psychology (STEP) study.

On being awarded the tandem grant we initially sought to map the MSc courses currently being run in the UK which focussed on health psychology. We were surprised to identify 30 courses which were accredited by the BPS to provide Stage 1 training. We contacted the programme leads of each course to find out about their intake of students, how long the course had been running and whether they offered a placement to students. We were very grateful to have responses from nearly all lecturers and were pleased to hear that several had thought the study sounded interesting. The majority of course leads were happy for their students to participate in the study and agreed to advertise the study for us if required. This enabled us to purposively select courses across the UK with specific characteristics from which to recruit students.

Whilst contacting various universities, and collating information about courses in the UK, we worked on developing materials for the study. The grant enabled us to have our first meeting in Galway where we were able to pilot the interview guide with MSc Health Psychology students at the National University of Ireland, Galway. Although within a different education and healthcare system, students in Ireland had similar experiences of studying health psychology and we were able to develop and amend the questions we wanted to use in our study. In speaking to the students in Galway we were interested in the breadth of reasons that students had chosen to study health psychology and the diversity in what students planned to do in the future. All felt that having an equivalent Stage 2 programme in Ireland would be beneficial.

Following our pilot work in Ireland we obtained ethics from the University of Oxford Medical Sciences Division enabling us to start recruiting students for interviews. We selected specific courses in the UK based on the number of students studying in 2015/16, the length of time the course had been running, whether the course offered a placement and geographic location in the UK. We were pleased to get several responses from students indicating interest in the study despite recruiting over the Christmas period and exam time. The majority of interviews were carried out by phone or skype however the funding did allow us to make visits to three universities in Scotland and England to interview students in person which helped to advertise the study and increase interest.



First meeting at National University of Ireland, Galway.

We enjoyed speaking to the 18 students who participated in an interview across 7 universities. During the interviews, we had some great discussions about how students first heard of health psychology, what they had initially expected when starting their course, how they were finding their study and what they wanted to do on completion of their MSc. Whilst undertaking the analysis we identified several points of interest in students' reports of their experiences. We were

encouraged at the knowledge students had about the training paths in health psychology however many students expressed uncertainty about the next steps, given the lack of a clear career pathway. All students reported enjoying their course but many reported that the content differed from their initial expectations. Several mentioned that their views of what health psychology was had changed since starting the course for example that their understanding of health psychology had become broader and they now had a greater insight into the role of health psychology research applied to health care. We found that many were interested in pursuing a career in health psychology but perceived several barriers. For example, feeling lost about the next steps, and concern about the additional time and financial investment required to become a registered Health Psychologist or complete a PhD. These reflections provide some interesting lessons to those promoting health psychology as a career.

We were able to present the initial results of our work at two health psychology conference both in Ireland and the UK; an oral presentation at the Psychology, Health and Medicine conference at University College Cork in May 2016 and a poster presentation at the EHPS Annual Conference in Aberdeen in August 2016. We were pleased to get a great response from both students and lecturers at the conferences and were encouraged that many showed interest in seeing the final results.

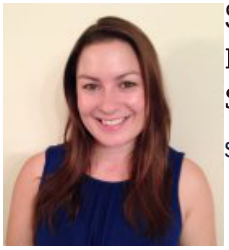
Now we have finished analysis we plan to publish our study in the near future to enable us to share our results with a wider audience. We believe that our results our particularly encouraging for those running MSc Health Psychology courses as our findings show the interest that students have in health psychology and career paths within the discipline. The enthusiasm and interest from students in pursuing health psychology careers was also encouraging and results are likely to be of interest to undergraduate students who are considering training in health psychology. The results have helped us to consider our own teaching on MSc courses, for example through emphasizing the transferable skills being taught relevant to a range of careers and including careers sessions from early in the year to support interested students in pursuing careers in health psychology. Our findings also suggest ways to improve promotion of our discipline in general including highlighting the positives of a discipline with multiple possible career options and including health psychology content at undergraduate level.

Poster presentation at EHPS Annual Conference in Aberdeen

We are very grateful to all the students who took part in the study. These students represent the future of health psychology; harnessing their interest and facilitating their career development is vital to the future of the discipline. We are also grateful to the course directors and lecturers who provided information about their MSc programmes and who advertised the study for us. We were particularly encouraged by the interest that both staff and students had in the project and hope that the results will be informative to those planning a

career in health psychology and those who seek to support students in developing their careers.

Finally, the EHPS Tandem groups provided us with a chance to be lead investigators on a small grant, an important and sometimes challenging step in developing a research career. Submitting the application, organising and recording meetings, managing finances, and completing the project on time are all important skills that we developed together. We would like to thank the EHPS Create group for the opportunity to carry out this work and would encourage other early career researchers to apply for the grants which are available.



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presentation

Executive Committee Members: A Brief Presentation.

Karen Morgan (Ireland)
President

I am the foundation lead in Psychology and Behavioral Science at Perdana University, Royal College of Surgeons in Ireland School of Medicine in Kuala Lumpur, Malaysia. I have been here on secondment from the Division of Population Health Sciences, RCSI Dublin since 2011. My research focuses include ageing, quality of life and sexual health. Since moving to Malaysia I have become increasingly involved in studies of how culture influences health and health behaviour. Health psychology is very much in its infancy here but the potential for growth is significant. A member of EHPS since 2004, in the past I have been the local liaison for CREATE, Chair of CREATE, Chair of Synergy and Secretary of EHPS. I am very excited to be President of EHPS for the coming two years. We have a dynamic and experienced team who hope to build on the work of previous ECs. In February we will have our winter meeting in Dublin and this year we will have this meeting alongside the CREATE and Synergy boards. We hope this will facilitate more exchange of ideas and lead to some exciting developments over the next year!

Vera Araujo-Soares (Portugal/UK)
President Elect

I am a Senior Lecturer in Health Psychology in the Faculty of Medical Sciences, Newcastle University, UK. An EHPS member since 1997, I attended 15 EHPS conferences, served on two previous ECs, as a member of CREATE and Synergy organizing committees and as editor of the EHP. I completed my studies at Minho University in Portugal where I worked as an academic and a clinician. In 2006 I moved to Aberdeen as Senior Research Fellow in the Scottish Alliance for Self-Care Research before moving to Newcastle in 2010. My research targets the development and assessment of evidence-based interventions for the promotion of health behaviours, prevention and self-management of chronic conditions. I have published in leading international journals including the BMJ, Pain, Health Psychology and Health Psychology Review. I am passionate about translating theory and empirical evidence into practice and by doing so, refining theory. I am committed to open and transparent conduct/reporting of research. I am also a committed teacher, supervisor, and a team player. As President Elect I will contribute to decisions made by the EHPS-EC, chair the Early Career Award and the Herman Schaalma Award committee and will be part of the UN Committee group.

Robbert Sanderman (The Netherlands)
Past President

I am a full professor in Health Psychology at both the University Medical Center in Groningen (University of Groningen) and the University of Twente; both are in The Netherlands. I was trained as a clinical psychologist and got my PhD in 1988 on stress and depression. Shortly after that I started to study coping in people with a chronic illness (Cancer, Diabetes, COPD, Heartfailure), Issuing psychological and social adaptive processes. In addition, I am also involved in studies testing the efficacy of psychosocial interventions aimed at restoring quality of life among patients with a chronic disease. Currently I am also interested in e-Health as an exciting new tool for psychologist. Apart from my research I have been organising educational programs for both students in Medicine and Psychology. Furthermore, I have been on the board of many organisations. As I did the last couple of years in the EHPS which I enjoy very much. I am glad to have the opportunity to help out and bring in both experience and enthusiasm in the team. I like the fact that I have the opportunity to stay on for yet another two years as Past President and be part of the EC and try to help out.

Diana Taut (Romania)
Secretary

I am currently established at the Departement of Psychology, Babes-Bolyai University. My research experience includes identifying psychosocial determinants and facilitators of health interventions uptake, correlates and processes of self-regulation of health (eating and physical activity), and counselling of vulnerable groups. I have been a member of numerous European projects, and published in several international journals. As I have attended 8 EHPS conferences since 2007, I have witnessed the way EHPS network steadily grew and strengthened. Therefore, I think that the future of the society lies in its increasing visibility among scholars but also in its multiple grant and award opportunities for graduate students and young researchers. I will be happy to offer my support to the EHPS president and to the other members of the Executive Committee in my role of a Secretary.

Gudrun Sproesser (Germany)
Treasurer

I am a postdoctoral researcher in the Psychological Assessment and Health Psychology group at the University of Konstanz, Germany, where I finished my Ph.D. in 2012. My research focuses on psychological factors underlying eating behavior and health. Currently, I am working on an international project targeting the question why people eat in a traditional or modern way. Within this project, more than 8000 participants from ten different countries, such as Ghana and India, will be studied in phone and face-to-face interviews as well as in representative online surveys. I am member of the editorial boards of Health Psychology Bulletin and Frontiers in Eating Behavior and was member of the Scientific Committee for the EHPS Conference 2016. Moreover, I received the Early Career Award of the EHPS in 2016. Beyond that, I was treasurer of CREATE from 2009 until 2013. Since 2014, I am treasurer of the EHPS. In this role, I am responsible for all financial issues, for example, for keeping track of EHPS finances, overseeing and organizing payments, and assembling financial reports.

Marta Marques (Portugal)
Membership Officer

I am a Research Associate in Health Psychology at the University of Newcastle, United Kingdom, and member of the Self-Regulation-CIPER research group, Faculty of Human Kinetics, University of Lisbon, Portugal. I obtained my Ph.D. in Health Psychology from Leiden University, and I am a chartered clinical and health psychologist. My research focuses on motivational and self-regulation processes underlying health behavior change and maintenance, and developing and testing theory-based health behavior change interventions. Since I joined the EHPS in 2009, I have participated in most of the annual conferences and various workshops/expert meetings. In recent years I have been involved in various activities of society, which provided me valuable experience that I can use to enhance EHPS reach and initiatives. I was associate editor of the European Health Psychologist (2013-2016). Currently, I am chair of the E-courses Committee (since 2014), and member of the UN Committee Group (since 2012). In August 2016, I joined the EC, taking the role of Membership Officer. As membership officer, I am responsible for promoting recruitment of new members, and for maintaining good membership records.

Rik Crutzen (The Netherlands)
Communication Officer

I am an Associate Professor at Maastricht University, the Netherlands. Moreover, I'm an Honorary Principal Research Fellow at Coventry University, UK. My research focuses on whether and how we can make sure that technology has added value in the field of health psychology.My first EHPS Conference was at my alma mater, Maastricht University, in 2007 and I've enjoyed being part of the society ever since. Together with Emely de Vet, I've edited the European Health Psychologist and this will be my second term in the Executive Committee. I'm happy to serve as a Communication Officer during this term.

Val Morrison (UK)
Ordinary Member

With 30 years of research experience including identifying sociocognitive predictors of polydrug use and injecting behaviour in the mid-late 1980's before 'health psychology' had really emerged in the UK, to examining psychosocial predictors of illness outcomes, I am a latecomer to the EC!

Working with academic and NHS colleagues to address functional and emotional outcomes amongst a range of patient populations, we employ mixed methods in prospective designs, or within randomised controlled trials developing and delivering multidisciplinary, health psychology informed interventions (e.g FEMUR trial; SLA Social & Leisure Activities after stroke trial; TOPCAT-G optimising follow-up in gynaecological cancers). Being awarded an Honorary appointment at UMCG Groningen in 2015 is facilitating further collaborations in dyadic research, as did the 2014 EHPS Network grant which culminated in the book Caregiving in Context, Palgrave 2015, written with fantastic colleagues in the Netherlands, Israel, USA, Poland, Singapore and Greece.

I try to 'give back' to my discipline through the textbook, Introduction to Health Psychology (Morrison & Bennett, 2006/09/12/16), core text for health psychology and medical students in

many countries. However Robbert persuaded me that taking on an EC role would give even more back! What can I bring? Hopefully a breadth and depth of understanding of the current and future potential of Health Psychology.

Vangelis Karademes (Greece)
Co-opted National Delegate Officer

Evangelos (Vangelis) Karademas has completed his graduate studies at the University of Athens, Greece. He is a holder of a PhD degree in Health Psychology. Between 1999 and 2003 he was employed at the Department of Psychology, University of Athens as a research and teaching assistant. At the same time, he was serving as the Head of a mental health community center. Since 2004 he is a faculty member at the Department of Psychology, University of Crete. Moreover, he is teaching Health Psychology-related topics in two post-graduate programs at the Universities of Crete and Athens. In the past, he served as the Chair of the University of Crete Counselling Center for Students (2004 – 2014), and as the Chair of the Department of Psychology (2012 – 2014). He has authored one book, as well as more than 100 scientific articles and chapters in international and local journals and editions. He has also edited four books. His research interests include the role of stress in health and illness, self-regulation and health, adaptation to chronic illness, and quality of life and well-being. His role as a co-opted member of the EHPS Executive Committee is to coordinate the team of National Delegates, facilitate their actions and initiatives, and also liaise between National Delegates and the EC.

Gjalt-Jorn Peters (The Netherlands)
Co-opted Web Officer

Gjalt-Jorn is a health psychologist who originally started out studying computer science. Though the switch to psychology turned out to be a fortunate one, a strong affinity with ICT has remained. Combined with his innate compulsion to optimize any and all processes he is exposed to, this contributed to his secondment as Web Officer. In terms of research, he is mainly interested in recreational substance use and nightlife-related behaviors, the dynamics of effective behavior change, and methodology and statistics of health psychology. The latter comprises the majority of his teaching activities.

Sharon Cahill (Ireland)
Administrator

I'm Sharon, the EHPS Administrator. Originally from Ireland, but just moved to Beijing after living in Malaysia for the last few years. My duties include administrating to the needs of the society, dealing with membership queries and assisting with our new website. I enjoy being part of the EHPS team!