

Health Notes

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Conference Highlights

SHERRY STEWART, PhD: Conference Chair
(Halifax)

KIM LAVOIE, PhD: Section Chair
(Montreal)

On behalf of the Section Executive, I would like to inform members of several exciting initiatives the section is planning for the upcoming meeting in Ottawa, June 3-6!

1. Two Pre-conference Workshops – *Advanced workshop on motivational communication skills for health behavior change and Canadian Network for Health Behavior Change and Promotion: Challenges and Opportunities*

Motivational communication (MC) has become a popular method for motivating patients to engage in and maintain healthier lifestyles. The purpose of these back-to-back pre-conference workshops is to bring together Canadian mental health care professionals interested in developing their MC skills for health behaviour change in the context of chronic disease, and to discuss the most recent advances in health behaviour change theory, intervention, and training. Please join us for an intimate meeting on Wednesday June 3rd from 9-5pm (MC skills workshop in am, lunch will be served; followed by Challenges and Opportunities workshop: we hope you will join us for both!).

2. **Senior Investigator Award Presentation:** We are pleased to announce the launch of our section's new initiative: the investigator award series. Beginning in 2015, we will be recognizing research excellence among 3 categories of investigators in alternating years: senior investigator (15 years since 1st appointment, Full professor); mid-career investigator (8-14 years since 1st appointment, Full or Associate professor); new investigator (0-7 years since 1st appointment, Assistant or Associate professor). We are pleased to announce this year's Senior Investigator Award recipient: Dr. Blaine Ditto, PhD, Full Professor, Dept. of Psychology, McGill University. He will be presenting on his

research program in psychophysiology on Friday June 5th at 4pm (Ontario Room). A wine and cheese reception will follow!

3. **Annual Wine and Cheese Reception:** During the first half hour of the wine and cheese reception, Dr. Ditto will be presenting the senior award lecture; please join us to meet your section executive and network with section members: Friday June 5th, 4pm (Ontario Room).

4. **Ron Melzak Student Award:** The 4 top rated students abstracts have been nominated for this award, and will be presented at a special Ron Melzak student symposia session Thursday June 4th, 2pm (Provinces II Room). The nominees include: Melanie Beland (Concordia U), Gabrielle Pagé (Université de Montréal), Anda Dragomir (UQAM), and Jessica Campoli (University of Saskatchewan). The winner will be announced at the meeting wine and cheese reception.

5. **Student poster awards:** Two additional student poster awards will be announced at the meeting wine and cheese reception. Students, please prepare to meet our evaluators during your poster!

6. **Annual Business Meeting:** Come and get involved in your section! Meet your executive and fellow members and see what's new for 2016! Friday June 5th, 1pm, Manitoba/British Columbia Room, 3rd floor.

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2015 Senior Investigator Award Competition

TAVIS CAMPBELL, PhD
(Calgary)

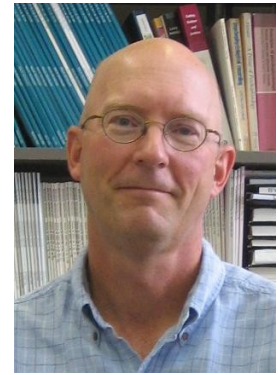
Blaine Ditto is the winner of the Senior Award for the Health Psychology and Behavioral Medicine Section that recognizes and celebrates significant and sustained contributions in health psychology in Canada over a career.

Blaine studied Psychology at Iowa State University and Indiana University, where he was awarded his PhD in 1983, working with Health Psychology pioneers in the areas of Psychophysiology and Behaviour Genetics like Bob Levenson and Richard Rose. He has been a Professor in the Department of Psychology at McGill University for the past 32 years.

Blaine's early research in cardiovascular psychophysiology helped identify the bio-behavioral mechanisms through which stress contributes to Hypertension and Cardiovascular Disease. This work suggests that family history, health behaviors and personality combine to influence CV risk. Blaine's work has also examined the impact of stress on

asthma and other chronic health conditions. He takes a lifespan approach in his work that has included participants from infancy through older adulthood. Blaine is an expert Psychophysiologicalist and his long standing interest in mechanisms associated with fainting influenced his current work that aims to prevent vaso-vagal reactions in response to blood donation. This work has received long-standing support from agencies including CIHR and represents a novel and important approach to a pressing public health need for a consistent blood supply.

Throughout his career, Blaine has held important administrative positions, including Chair of a McGill University Research Ethics Board, Director of Clinical Training, Undergraduate Program Director, Associate Editor at various journals, and membership on many grant review panels. Blaine is a very influential and popular supervisor, and has also offered official and unofficial mentorship to dozens of successful Health and Clinical Psychologists. Many of these former trainees have gone on to



Dr. Blaine Ditto, 2015 Senior Investigator Award winner

become successful researchers in major Universities across North America. Chris France at Ohio University, Bianca D'Antonio at Université de Montreal, Kim Lavoie at UQAM, Simon Bacon and Syd Miller at Concordia University, Jennifer Gordon at University of Regina and myself (Tavis Campbell) at the University of Calgary are among those who have directly benefited from Blaine's remarkable encouragement, support and guidance. We congratulate him on being awarded CPA's Health Psychology and Behavioral Medicine Section Senior Investigator Award for 2015!

“Blaine is a very influential and popular supervisor”

Connections Abroad

Effects of Message Framing, Kernel State, and Norm Adherence On Exercise Intentions and Resolve: An Experimental Study

RYAN RHODES, PhD
(Victoria)

On a collaboration with Gert-Jan de Bruijn and Kim Out (University of Amsterdam)

In a recent study, I worked with my Dutch colleagues to examine whether messages about physical activity, framed in different ways, could affect motivation toward participating in physical activity. There is sufficient evidence demonstrating that engaging in regular moderate intensity physical activity has various health advantages (Warburton, Nicol, &

Bredin, 2006), yet most adults do not engage in enough activity to benefit (Colley et al., 2011). Thus, theoretical models of human behavior are often employed to identify relevant determinants of physical activity under the assumption that changes in these determinants will lead to changes activity. *Intention* represents the proximal determinant of behavior in many of these models, yet there is consistent evidence for a very large intention-behavior gap (Rhodes & de Bruijn, 2013). Recent research has demonstrated that assessing intention

under various contextual conditions (e.g., amount of energy and different priorities), known as *behavioral resolve*, may be an even better measure of the proximal motivation toward physical activity (Rhodes & Horne, 2013).

Our key study interest was to examine whether manipulating the frame of the message (loss vs. gain) and the outcome content (desirable vs. less desirable), known as the message kernel, could affect future physical activity motivation. Specifically, in a four group design, we examined (1) a gain-

framed message with a desirable outcome ('if you exercise, you will obtain health benefits'), (2) a gain-framed message with an undesirable outcome ('if you exercise, you will prevent medical conditions'), (3) a loss-framed message with a desirable outcome ('if you exercise, you will decrease your chance of maintaining weight', and (4) a loss-framed message with an undesirable outcome ('if you exercise, you will have an increased chance of becoming overweight'). Participants (N = 317) were recruited online and questioned about their previous physical activity and then ran-

domly allocated to one of four messages. After reading the message, participants indicated their intention and resolve to engage in sufficient exercise. No effects were found for intention. For resolve, there was a significant interaction between type of frame, type of kernel, and past physical activity status of the participant. Those who were not active and read the loss-framed message with attained

outcomes reported significantly higher resolve than all other participants. The study demonstrates that *resolve* may be a more sensitive measure for understanding physical activity motivation than intention and

highlights the relevance of including attained outcomes in message framing to intervene on physical activity.



References: 1. Colley, R. C., Garriguet, D., Janssen, I., Craig, C. L., Clarke, J., & Tremblay, M. S. (2011). Physical activity of Canadian adults: Accelerometer results from the 2007 to 2009 Canadian health measures survey, Health Reports *Statistics Canada* (pp. 22(21), 21-28). 2. Rhodes, R. E., & de Bruijn, G. J. (2013). How big is the Physical Activity Intention-Behaviour Gap? A Meta-Analysis using the Action Control Framework. *British Journal of Health Psychology*, 18, 296-309. 3. Rhodes, R. E., & Horne, L. (2013). Deepening the measurement of motivation in the physical activity domain: Introducing behavioural resolve. *Psychology of Sport and Exercise*, 14, 455-460. 4. Warburton, D. E. R., Nicol, C. W., & Bredin, S. S. (2006). Health benefits of physical activity: the evidence. *Canadian Medical Association Journal*, 174, 801-809.

Expert report

Pink Ribbons and Red Dresses: The relationship between disease awareness campaigns and health-related cognitions

TANYA BERRY, PhD
(Edmonton)

The *Red Dress* for heart disease in women and *Pink Ribbon* for breast cancer campaigns are designed to raise public awareness about these diseases. The *Pink Ribbon* campaign is a juggernaut that has received an enormous amount of public and corporate support. We examine it in relation to the *Red Dress* campaign to try to understand why many women feel more at risk for breast cancer than heart disease. Our research includes discourse and content analyses, surveys, and measures of implicit cognitions.

Thus far, we have demonstrated that media pieces about breast cancer outnumber those related to heart disease in women at a ratio of 5:1. Breast cancer stories are more likely to feature "survivors" whereas heart disease pieces are more likely to discuss prevention. The media emphasize that 'good' citizens and businesses help the cause of breast cancer whereas stories about heart disease articulate individual responsibility. A

survey with over 1600 Canadian women showed greater perceptions of susceptibility, preventability, and controllability and lower perceptions of seriousness of heart disease compared to breast cancer. We have also examined attentional bias toward heart disease and breast cancer words and images and are in the midst of work that examines the automatic believability of messages that discuss modifiable risk factors for both diseases. Attentional bias is an automatic process that directs attention toward a subject of interest. We showed that moderately active women and those who fear breast cancer but have low consumption of fruits and vegetables showed attentional bias for heart disease over breast cancer words.

Active women may be interested in improving their health and thus are attracted to heart disease-related information. Women also reported feeling able to control heart disease. Conversely, women reported that breast cancer is very serious, but fear may be related to avoiding breast cancer informa-

tion. We can't make causal conclusions regarding the relationships between these findings and media representations of the diseases. However, framing heart disease as a woman's responsibility to prevent may attract a subset of women who are motivated to be active. Breast cancer, on the other hand, receives a great deal of media attention and is framed as a societal level 'cause to fight'. Some women may find breast cancer so threatening they avoid information about the disease. These findings allow for future research that examines causal relationships and will inform health promotion efforts.

Our team includes experts in dual-processing models in relation to health (Dr. Tanya Berry, PI), health behaviour change (Dr. Wendy Rodgers and Dr. John Spence), heart disease in women (Dr. Colleen Norris), physical activity and cancer (Dr. Kerry Courneya), and social and cultural influences on health (Dr. Kerry McGannon).

"...many women
feel more at risk
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Students in Health Psychology

How to Avoid Blowing a Fuse: Tips on Using Psychophysiology Technology in Health Psychology Research

SAMANTHA R. FASHLER,
M. A. (Toronto)

Recent technological advances have changed the way health psychologists do research: we can now readily track visual attention patterns, measure brain waves, and even detect emotional facial expressions. Although new technologies present exciting opportunities for conducting novel research, they also come with a unique set of challenges that are not covered in regular graduate coursework. If you are considering using psychophysiological technology in your research design, consider the tips below that I learned while completing my Master's thesis:

-Research the equipment you will be using: In addition to reading articles, review the equipment website(s) to gain a clear understanding of how to

design your project, collect your data, and analyze the results. If possible, read the equipment's user manual to make sure your project is feasible.

-Reach out to others: Before you get started, contact other people who have used the equipment you will be using. They may be able to help teach you how to use it and warn you about any challenges they encountered.

-Put the support line on speed dial: Most sophisticated lab equipment provide free technological support through email, website forums, and/or the phone. Find out if the equipment you are using has this service and use it: support staff will be familiar with common troubleshooting difficulties and will be able to help you fix the problem.

-Give yourself more time than you think you need: Once you have determined the likely timeline for your project, add a few months. Depending on the equipment you are using, you may need to learn how to write computer code, extract usable data from raw data, or use a different statistical method than the one you originally intended, all of which may take a substantial amount of extra time.

-Technology is a powerful asset to conducting health research, but it can be accompanied by unanticipated setbacks. To help counter delays, students using psychophysiological technology in their research should consider thoroughly researching the equipment before beginning, asking for help, and permitting ample time to complete the project.

Understanding Cyclical Changes in Women's Alcohol Use

AMANDA HUDSON, PhD
(Halifax)



Traditionally, addictions research has focused solely on men, despite the fact that addictions are a prevalent issue for both men and women. Fortunately, over recent years, there

has been a push to include men and women in order to examine potential sex differences in biological and psychological aspects of addictions. This work has revealed sex differences in various features of substance use, from craving, to problematic use, to risk of relapse following quit attempts, highlighting a need to identify sex-specific factors that influence addictions-relevant outcomes.

One factor that shapes addictive behaviors in women is menstrual cycle phase. In terms of alcohol use, several studies suggest that drinking varies over women's menstrual cycles, with increased intake occurring premenstrually and during menses and more moderate intake occurring at other phases. These patterns of alcohol use overlap with well-

documented fluctuations in mood. Negative affect, anxiety, and depression tend to peak in the premenstrual and menstrual phases, whereas mid-cycle is an emotionally more positive time.

Motivational models of alcohol use posit that people drink to achieve a desired emotional state. Hence, given the overlapping cycle-related changes in mood and alcohol use, it seems likely that women may drink for particular emotion-focused reasons at specific points in their cycles. Cyclical changes in drinking motives may help explain why women's alcohol consumption is increased at particular phases and reduced at other times.

Thus, my post-doctoral work is examining cyclical changes in drinking motives, as well as the interplay between mood, drink-

ing motives, and alcohol use, over the menstrual cycle. Participating women provide daily diary entries (via smartphone surveys) about their mood, alcohol use, and reasons for drinking each day over the course of a full cycle. Although data collection is ongoing, drinking to cope with negative affect is expected to characterize the (pre)menstrual portion of the cycle, leading to elevated alcohol intake. Women are expected to report more social reasons for drinking mid-cycle, as well as more positive mood and moderate alcohol consumption. It is difficult to predict when women will drink to get a “high”, “rush” or “buzz”. Women may avoid this type of risky drinking around ovulation when they are fertile to create a

safe environment for conception. Alternatively, this type of drinking may rise mid-cycle, as women experience positive moods and may favor drinking in partying contexts.

Study outcomes may have important clinical implications, helping us predict when and why women are likely to engage in risky alcohol use and when they are most in need of motivation-matched interventions. Menstrual phase has proven to play an important role in clinical outcomes in other areas of addictions (i.e., smoking cessation), and may also warrant consideration when treating reproductive age women with alcohol use disorders. From a health promotion perspective, this line of re-

search may inform initiatives to help women gain awareness of their moods and propensities for risky drinking across their monthly cycles.

Author note: Dr. Hudson is a CIHR-funded post-doctoral fellow with IMPART (Intersections of Mental Health Perspectives in Addictions Research Training) - a [Strategic Training Initiative in Health Research](#). Her post-doctoral project is funded through a grant from the Dalhousie University Department of Psychiatry Research Fund. She is co-supervised by Drs. Sherry Stewart and Roisin O'Connor, members of the health, addictions, and/or clinical psychology sections of CPA.



Memorable Talks in International Health Psychology

Déconstruire pour mieux construire...

GRÉGORY MOULLEC, PhD
(Montréal)

Je voulais partager avec vous un compte rendu d'une excellente présentation donnée par le Dr Bruno Falissard* lors du dernier congrès international sur l'efficacité des interventions non médicamenteuses (INM) à Montpellier (France).[#] Cette conférence portait sur l'évaluation des INM et la place de l'essai randomisé contrôlé (acronyme anglais RCT) au sein des modalités d'évaluation.

Selon le Dr Falissard, nous assistons à un tournant au niveau de l'évaluation des prises en charge en général. Les INM seraient un catalyseur de ce changement. Selon lui, la communauté scientifique persiste à croire que le RCT en double aveugle est, sans exception, le *gold standard* parmi les techniques d'évaluation. La recherche, selon lui, est restreinte par l'idéal du RCT. Tout au long de sa présentation, le Dr Falissard a insisté sur la nécessité de conserver un esprit scientifique à l'égard du RCT, en se posant un certain nombre de ques-

tions : Pourquoi l'allocation d'un traitement est-elle aléatoire ? Pourquoi cette méthode est-elle la meilleure ? Y a-t-il des situations où cela pourrait engendrer des problèmes ? En somme, quels sont les avantages et les inconvénients du RCT ?

Le Dr Falissard soutient que le RCT est une stratégie particulièrement efficace pour l'évaluation rigoureuse et convaincante de questions thérapeutiques simples. Le problème, d'après lui, c'est que la plupart des questions thérapeutiques ne sont pas simples, a fortiori dans le domaine des INM. Ainsi, les RCT présenteraient trois principaux inconvénients. (1) Ils ne répondent pas bien à la question de l'influence du contexte sur l'efficacité des INM. Les caractéristiques personnelles du thérapeute, par exemple, ont un impact potentiellement important sur l'effet d'un traitement. (2) Il est difficile, dans le cadre d'un RCT, d'explorer le profil des patients qui ne répondent pas au traitement. Statistiquement, cela implique des tests d'interaction et une puissance

statistique très faible. (3) Il y a aussi un problème majeur de généralisabilité des résultats. Par exemple, ce sont principalement les grands militants des INM qui font les essais. Ces militants sont en général de grands spécialistes des INM, venant de grands centres hospitaliers universitaires. Mais des résultats comparables seraient-ils obtenus avec un intervenant lambda (non spécialiste)? Se posent aussi des questions au niveau du choix des groupes de comparaison et des critères d'efficacité, qui peuvent rendre très compliquée l'évaluation d'une INM.

À l'issue de cette présentation très éclairante, le Dr Falissard a proposé des approches complémentaires aux RCT visant l'évaluation des INM. Il encourage les chercheurs à enrichir leur travail en s'inspirant de l'anthropologie médicale, et en exploitant de grandes bases de données administratives. Cette présentation s'inscrivait dans le cadre d'un riche programme de conférences du congrès international organisé tous les deux ans depuis 2011 à Montpellier,

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et destiné notamment à réfléchir sur les nouveaux défis méthodologiques posés par l'évaluation des INM. Rendez-vous en 2017 !

#Congrès international sur l'efficacité des interventions non médicamenteuses, *iCEPS* Conference, 19-21 mars 2015, Montpellier, Corum, France.

*Dr Bruno Falissard, Équipe INSERM U669, Maison de Solenn, Université Paris-Sud.

Upcoming Events in Other Health-Related Societies

LUCIE GOUVEIA,
PhD candidate
(Montreal)

The **2015 World Congress of Psycho-Oncology** will be taking place in Washington, DC from July 28th to August 1st. The event, entitled *From National to Global: Implementing the Standard of Psychosocial Care in Oncology*, will be jointly hosted by the International Psycho-Oncology Society and the American Psychosocial Oncology Society. You may register online at <http://www.apos-society.org/2015/registration.html>.

The **29th Conference of the European Health Psychology**

Society will be held in Limassol, Cyprus, on September 1st - 5th, 2015. *Principles of Behaviour Change in Health and Illness* is this year's theme. An early bird registration fee is available until June 1st. See <http://www.ehps2015.org/> for more details.

The **International Association for the Study of Pain** invites you to attend its 16th World Congress on September 26th - 30th, 2016. Researchers and clinicians from all over the world will be meeting in Yokohama, Japan. Please visit <http://www.iasp-pain.org/Yokohama?navItemNumber=593> for more details.

The **Research Society on Alcoholism** will be holding its 38th Annual Scientific Meeting in San Antonio, Texas this summer. It will be taking place on June 20th - 24th, 2015. Registration is available at <http://www.rsoa.org/2015meet-indexPre1.htm>.

Help Make Our Section Better!

... A sharing team!

SERGE SULTAN, PhD
(Montreal)

The section has been expanding recently thanks to the constant efforts of its members and the board's unwavering dedication. Our members come from a wide variety of horizons. Practitioners and researchers working in the area of metabolic, pulmonary and cardiac diseases, as well as cancer, have never been as active in the section as they are today. Importantly, we encourage professionals to explore new avenues, for example by adapting their work to children and adolescents. This allows us to develop growing domains of research such as transition to self-care or promoting health literacy in the youth.

Much work lies ahead of us. To

push the field of health psychology/behavioral medicine to the next level, we need team work and sharing. We need to be even more inclusive and promote our research and practice in English and French. Far from the "two solitudes" described by Hugh Mac Lennan, health psychology science exemplifies how bridges are built between Canadian communities. Our goal is to speak to and for psychologists interested in health issues wherever they are throughout Canada.

Please join the section to make it stronger and let us work as a team to promote our discipline. We need you as contributors to Health Notes, to testify the novelties and improvements you experience in your working environment.

Contact us to develop our health psych network. Send an e-mail to the Chair : Kim Lavoie at

kiml_lavoie@yahoo.ca,
or myself at :
serge.sultan@umontreal.ca

Nous avons hâte de vous retrouver à Ottawa !

Serge Sultan, secretary for the health psych section CPA.



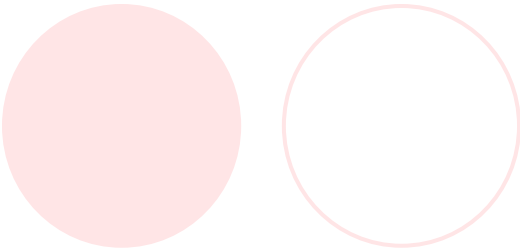
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CPA ANNUAL CONVENTION 2015 (Ottawa, June 4th-6th)

REGISTER ONLINE: www.cpa.ca/Convention/



Students - Want to get involved in the CPA Health Section?

We are presently looking to recruit post-doctorate and undergraduate student representatives. As members of the executive committee, these individuals will be responsible for providing guidance to students at their level of education. If interested, please send us your CV and a letter of intent at serge.sultan@umontreal.ca.