Canadian Psychological Association Health Section Newsletter

Health Notes

May 2014 Volume 3/ Issue 2

Message from the chair

Inside this issue:

By KIM LAVOIE, Ph.D.
(Montreal)

On behalf of the Health Psychology Section Executive, I would like to inform you of several exciting initiatives the section is holding for the upcoming meeting in Vancouver, June 4-7!

CONFERENCE ACTIVITIES

Keynote Speaker: We are thrilled to announce our Keynote Presentation will be given by Dr. Michael Vallis (Dalhousie) on Thursday June 5th 4-5pm. He will be speaking on How to Motivate Patients for Change: Theory, Applications and Training Implications of Motivational Communication (Plaza A – Hyatt Regency).

New Investigator Awards Presentation and Reception: We are also pleased to host our annual New Investigator Award presentation (2014 awardee: Dr. Cathy Sabiston, who will be presenting; 2013 awardee: Dr. Tavis Campbell) and WINE and CHEESE reception. This will be held on Thursday June 5th from 5-6pm (Plaza A – Hyatt Regency).

Student awards competition: We will be giving out three STUDENT AWARDS (one for best oral presentation - $250, and two for best poster presentations - $150 each).

Come meet the Health Section executive committee at the various conference activities!

Awardees will be notified after the conference.

Symposia: Health Section symposia will be held on Friday June 6th from 11:30 – 1pm (Plaza B), Saturday June 7th from 12:30 – 2pm (Oxford – joint with Sport and Exercise Psychology), and Saturday June 7th from 3pm-4pm (Plaza A).

Posters: Health Section posters will be presented on Friday June 6th from 10am – 12pm(Regency A/B/C).

Business Meeting: The section's annual business meeting will take place on Saturday June 7thfrom 2-3pm (Plaza A).

Looking forward to seeing you all at the conference!

The New Investigator Award

2013 Winner: Dr. Tavis Campbell

By KIM LAVOIE, Ph.D. (Montreal)

Our winner for 2013 is Dr. Tavis Campbell, PhD, who is an Associate Professor in the Dept. of Psychology at the University of Calgary. Dr. Campbell's program of research focuses on understanding the physiological and behavioral mechanisms involved in the progression and prevention of chronic illnesses (e.g., cardiovascular disease and cancer), as well as on the development and testing of behavioral interventions aimed at improving lifestyle behaviours in patients with chronic illnesses (e.g., mindfulness-based stress reduction among cancer patients). Dr. Campbell has an impressive record of obtaining competitive research funding, holding over $2 million in grants since 2007. He also has an outstanding publication record, with over 55 peer-reviewed papers in some of the highest impact journals in our field (*Psychosomatic Medicine, Health Psychology, Pain*). He also has an impressive teaching record, having mentored over post-doctoral, graduate, and undergraduate students since 2003. Most importantly, he has demonstrated outstanding leadership and contributions to the field of health psychology and behavioral medicine through his work as Chair of the Adherence Committee for Hypertension Canada, past Chair of the Health Section of the Canadian Psychological Association (CPA), and Editorial positions at the International Journal of Hypertension. We are very pleased to award the Health Psychology Section New Investigator Award of 2013 to Dr. Tavis Campbell.

Dr. Tavis Campbell

2014 Winner: Dr. Catherine Sabiston

By WOLFGANG LINDEN, Ph.D. (Vancouver)

As Chair of the career award committee for the Health Psychology section of CPA, it gives me great pleasure to congratulate Dr. Sabiston who emerged as the deserved award winner from a very competitive pool of five outstanding nominees. This recognition is based on her extensive contributions to Health Psychology research and practice in Canada. Her work can be seen as clustering around three main themes: body image and self-conscious emotions, psychological growth and mental health more broadly. She is particularly interested in female populations who are at-risk for chronic illness, including adolescent girls, overweight women, and cancer survivors. These sub-groups are the least active in the Canadian (and arguably International) population and suffer from the highest levels of emotional distress.

Currently she is an Associate professor in Kinesiology and Physical Education at the University of Toronto. Prior to this appointment she has literally criss-crossed Canada in search of the best learning and research opportunities: starting with a B. Sc. at Dalhousie University, she moved to Windsor for the Master's in Sport and Exercise Psychology, and then rounded out the training with a Ph.D. (2006) in the same discipline at UBC. Her first academic appointment was at McGill University (2007 to 2011).

Dr. Catherine Sabiston

Although only 8 years post-Ph.D., she has already assembled over 100 papers and book chapters and tapped just about all major granting agencies (36 grants as principal or co-investigator amounting to nearly $13 million dollars). A particularly exciting recent award reinforces the promise of Dr. Sabiston; she obtained a Canadian Fund for Innovation to develop the first Mental Health and Physical Activity Research Center in Canada. Last but not least, she supervises a large group of graduate students and is a strong role model, being very actively involved as a mentor in the Women's Health Collaborative at the University of Toronto, and two CIHR training programs (psychosocial oncology – PORT, and chronic disease – PICDP).

We hope that many section members will attend the section meeting in June in Vancouver and enjoy the chance to meet Dr. Sabiston in person !

Export Report

A novel targeted couple intervention for treating vulvodynia

By SOPHIE BERGERON, Ph.D.
(Montreal)

Vulvodynia, a persistent idiopathic vulvovaginal pain condition, is a major health concern in women of childbearing age, with a population prevalence of 7-8%. It is often misdiagnosed, neglected or ignored, with over two thirds of afflicted women remaining without treatment. Controlled studies have shown that vulvodynia can adversely affect women and their partners' general psychological well-being, relationship adjustment and overall quality of life. These women have significantly lower levels of sexual desire, arousal, and satisfaction, as well as a lower intercourse frequency than normal controls. They also report more anxiety and depression. Spouses also suffer from the negative impacts of vulvodynia as they report higher levels of sexual dysfunction than men from a control group and fluctuating levels of sexual satisfaction. Empirical studies indicate that specific psychological and relationship factors may increase vulvovaginal pain intensity and its psychosexual sequelae. Randomized clinical trials have shown that psychological interventions, namely cognitive-behavioural therapy (CBT), are efficacious in reducing vulvovaginal pain and improving associated psychological and sexual outcomes. Despite the growing evidence for the bidirectional relations between vulvodynia and romantic relationship factors, current treatments typically focus solely on the woman. No intervention involving the partner has been validated to date.

We have developed a targeted 12-session cognitive-behavioural couple therapy (CBCT) intervention aimed at improving pain, sexuality and relationship satisfaction in couples coping with vulvodynia. This intervention comprises, among other components, psychoeducation about the multidimensional aspects of pain and sexuality, communication skills training, discussion and expansion of the couple's sexual narratives, mindfulness and cognitive defusion exercises, and pain journaling. Interventions are rooted in third generation cognitive-behavioural approaches, with an emphasis on engaging both partners, reducing experiential and behavioral avoidance and identifying relevant relational patterns of the couple. Our prospective pilot work showed significant pre- to post-treatment changes in pain, pain-related cognitions, as well as sexuality outcomes for both women and partners. Women also reported significantly less anxiety and depression at post-treatment. Participating couples reported high participation rates and treatment satisfaction. We are currently conducting a randomized clinical trial comparing our CBCT intervention to a first-line medical treatment option. Findings may improve the health and quality of life of couples grappling with a neglected and distressing pain problem. This work is done with Dr. Natalie Rosen from the Department of Psychology and Neuroscience at Dalhousie University in Halifax, graduate students Serena Corsini-Munt and Kate Rancourt, and Drs. Mayrand and Steben from Montréal and Drs. Delisle and Baxter from Halifax as collaborating physicians.

"Despite the growing evidence for the bidirectional relations between vulvodynia and romatic relationship factors, current treatments focus solely on the woman."

- Dr. S. Bergeron

Students in Health Psychology

Building community research connections as a health psychology student

By JENNIFER LAY, M. A.
(Vancouver)

Too often in our graduate studies in psychology, we conduct research solely within an academic community, with our collaborators, methods, facilities, and participants coming from our own or other university departments. Health psychology provides important opportunities to reach out of this academic bubble: to connect with the broader community of people most invested in the implications of our research.

Jennifer Lay, Vanier scholar

One of the key things that drew me to the Health and Adult Development lab at UBC was the prospect of working with populations that are underrepresented in psychological research and marginalized in society: specifically, community-dwelling older adults. The main project I am working on seeks to combat social isolation and promote healthy aging through community intergenerational programs and the social opportunities they provide for seniors. I am particularly interested in how to overcome self-imposed barriers to social engagement (such as shyness and solitude seeking).

"It is never a bad idea to practice presenting your theories, methods, and findings to a wider audience..."

- J. Lay

By its very nature, our project involves collaborating with local partners including Kitsilano Neighbourhood House, UBC Learning Exchange, and Vancouver Coastal Health. These partnerships let us get closer to the lived experiences of older adults from a variety of ethnic and socioeconomic backgrounds, while contributing to community educational and social engagement programs for seniors. For example, our participants learn to use new technology (iPad minis) to capture photos and voice memos and to complete daily life measures for the study. Beyond this, we are providing workshops on other iPad mini functions that have been shown to improve seniors' health, independence, and social engagement. Seniors thus take something away from their participation in the study. Similarly, other studies in our lab provide participants with information about their own physical activity levels and health.

This kind of community-based research also provides ample, natural opportunities for knowledge translation when communicating with community organizations and participants. It is never a bad idea to practice presenting your theories, methods, and findings to a wider audience, and I have found health psychology to be particularly conducive to this. I encourage other grad students in health psychology to take these opportunities to engage with the wider community that is invested in our research!

Interventions in Health Psychology

Could self-administered psychological interventions replace face-to-face psychotherapy? The example of insomnia comorbid with cancer

By JOSÉE SAVARD, Ph.D. (Quebec City)

Insomnia is a widespread problem in cancer patients, affecting between 30 and 60% of them. Cognitive-behavioural therapy (CBT) is considered to be the treatment of choice for chronic insomnia, and its efficacy in specifically treating insomnia comorbid with cancer has received support by several randomized clinical trials. However, the accessibility to this treatment is extremely limited in routine care. There are only a few cancer centers that have mental health care professionals formally trained to administer CBT for insomnia (CBT-I). Even when such resources are available, they are largely insufficient to meet all of patients' needs. Hence, it is crucial to develop methods of treatment delivery that serve as practical alternatives to standard face-to-face therapy.

Our research team has developed a video-based CBT-I (+ short booklets) whose efficacy was compared to that of a professionally-administered CBT-I in a recent RCT (Savard et al., in press, *Sleep*). The results showed that the video-based CBT for insomnia was more efficacious in improving sleep than a no-treatment condition. An interesting finding of this study was that the video-based treatment produced similar improvements as did the face-to-face treatment on some variables, but not all.

These results suggest that a self-administered form of CBT for insomnia can successfully treat some patients, perhaps those with less severe insomnia or with no comorbidity (we are currently pursuing our analyses to identify predictors of treatment response). However, for many patients this will not be sufficient. That is why we think that these low-intensity treatments should ideally be used as part of a stepped care model of care, in which self-administered treatments are offered first and, if necessary, are then followed by more intense forms of intervention (e.g., face-to-face psychotherapy). The stepped care model is a highly cost-effective avenue because it offers the maximum probability that any given patient will be treated effectively at the lowest costs possible and maximizes resource allocation.

Self-administered psychological treatments will never completely replace therapies delivered by experienced therapists. However, they can function as a very useful complement to traditional methods when offered within an integrated model of care, such as a stepped care model.

International Behavioural Trials Network

By SIMON BACON, Ph.D. (Montreal)

Given the role of health behaviours, notably physical activity, diet, smoking, medication adherence, and alcohol consumption, in the development and progression of chronic non-communicable diseases, it is unsurprising that there has been a significant increase in the number and size of randomised controlled trials which have used health behaviours as the basis of their active intervention group in recent years. However, unlike pharmacological and device based RCTs, there is very little guidance and structure around developing behavioural interventions and conducting behavioural RCTs. It has been suggested that this lack of well-defined process has led to a series of large scale negative trials which are hard to interpret and near impossible to replicate. To some degree, this problem has also plagued positive trials.

Unsurprisingly, our community has tried to develop a number of tools and frameworks to help move this process forward and there are some excellent pockets of information that currently exist, starting with Greenwald & Cullen's seminal article in 1985 (1) through to the recent ORBIT model for developing behavioral treatments (2). One can also look to other examples, such as the work on Behavior Change Technique Taxonomy (3), the CONSORT extensions for Non-Pharmacological Trials (4) and Social and Psychological Interventions (5), and the MRC's complex intervention guidance (6) as support for the amount of resources available.

In spite of this work, there seems to be minimal translation of knowledge into practice, and several prominent funding agencies in North America have anecdotally commented on the poor quality of behavioural intervention proposals and on the lack of coherence amongst them. An additional concern has been that many of the efforts undertaken thus far to (insert) disagree on (insert). With this in mind, we recently conducted a meeting in April 2014 in Montreal, which was funded by a Canadian Institutes of Health Research's planning grant (MPE: 132280), with a number of world experts on behavioural trials (see list of participants below) to start the process of putting together an International Behavioural Trials Network. There are a number of proposed goals for the network, but the key features are to review all the existing work, identify the current deficiencies and controversies in behavioural trial design and methodology (setting the research agenda), develop a knowledge dissemination strategy to distribute this information, and explore a funding plan to ensure the perennity of the Network.

Following the meeting we have started work on drafting exact terms of reference, putting together a number of discussion documents (including this one), and creating a website (IBTNetwork.org). As things develop, we will keep our community abreast of developments of this Canadian led International effort.

Original Members of the Montreal IBTN meeting:
Dr. Simon Bacon, Co-Lead, Concordia University and Hôpital du Sacré-Cœur de Montréal (Canada); Dr. Kim Lavoie, Co-Lead, Université du Québec à Montréal & Hôpital du Sacré-Cœur de Montréal (Canada); Dr. Gregory Ninot, Co-Lead, Université de Montpellier I & Epsylon Lab (France); Dr. Jean Bourbeau, Montreal Chest Institute & McGill University (Canada); Dr. Tim Caulfield, University of Alberta (Canada); Dr. Susan Czajkowski, National Heart, Lung &Blood Institute, NIH (US); Dr. Ken Freedland, Washington University in St. Louis (US); Dr. Susan Michie, University College London (UK); Dr. David Moher, Ottawa Hospital Research Institute (Canada); Dr. Paul Montgomery, Oxford University (UK); Dr. Lynda Powell, Rush University (US); Dr. David Secko, Concordia University (Canada); Dr. Bonnie Spring, Northwestern University (US)

Additional members of the IBTN who were not able to participate in the Montreal meeting:
Dr. Isabelle Boutron, University Paris Descartes & INSERM U738 (France); Dr. Karina Davidson, Columbia University (US); Dr. Gaston Godin, Laval University (Canada); Dr. Lise Rochaix, Universités Aix-Marseille (France); Dr. Stan Shapiro, McGill University (Canada)

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Memorable Talks in International Health Psychology

Society of Behavioural Medicine

By LOUISIA STARNINO (Montreal)

As a psychology undergraduate at the University of Montreal, I felt very privileged to present at the 35th Annual Meeting & Scientific Sessions of the Society of Behavioral Medicine in Philadelphia. One presentation that particularly kept me on my toes all afternoon was delivered by Kevin E. Vowles, PhD. (University of New Mexico), an avid researcher in the use and development of empirically supported psychological treatments for individuals with physical health conditions, such as Acceptance and Commitment Therapy (ACT). His seminar was entitled: "Working with Acceptance, Mindfulness, and Values in Chronic Pain: An introduction and Skills Building Seminar".

Although it is often thought that disability reduction occurs when pain is reduced, approaches such as ACT posit that pain reduction is *not* necessary for reduced disability. During the seminar, Dr. Vowles provided a brief theoretical overview of the ACT model and its effectiveness, explaining how it is possible for people suffering from pain to set aside struggles for control over pain (acceptance), attend to present experiences (mindfulness) and engage in meaningful activities (valued-based actions). It is thought that these coping mechanisms result in less suffering and better functioning, even while the pain persists. In line with this, Dr. Vowles' recent research shows that disability is reduced when responses to pain are changed.

In addition to presenting his work, the researcher engaged us in various case-conceptualization exercises and practice/role play that focused on being in the present moment. It was a highly informative seminar, and by the end of it, I felt competent in selecting treatment targets and applying ACT interventions for people suffering from chronic pain.

"In some ways suffering ceases to be suffering at the moment in finds meaning"

- Viktor E. Frankl

Upcoming Events in Other Health-Related Societies

By LUCIE GOUVEIA, B.Sc.H. (Montreal)

- The 27th International Congress of Applied Psychology will be taking in Paris on July 8-13, 2014. The event, entitled 'From crisis to sustainable well-being', will be held at the Palais des Congrès. You may register online at http://www.icap2014.com/.

- The International Society of Behavioral Medicine invites you to attend its 13th Congress on August 20-23, 2014. Researchers, professionals and students from all over the world will be meeting in the old city of Groningen, the Netherlands. This year's theme is 'Innovation in Behavioral Medicine'. Please visit http://www.icbm2014.com/ for more details.

-The 28th Conference of the European Health Psychology Society will be held at the University of Innsbruck, Austria, on August 26-30, 2014. 'Beyond prevention and intervention: increasing well-being' is this year's theme. An early bird registration fee is available until May 25th. See http://www.ehps2014.com/ for more details.

- The Eating Disorders Research Society will be holding its 20th Annual Meeting in San Diego, California this fall. It will be taking place on October 9-11, 2014, at the Hotel Del Coronado. Registration is available at http://www.edresearchsociety.org/2014/.

CPA Health Section

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Help Make our Section (even) Better

By SERGE SULTAN, Ph.D.
(Montreal)

In the last months, the section has taken important steps to enhance its development and visibility. Namely, we have capitalized on the extraordinary diversity of individuals and institutions involved in health psychology practice and research in our country. Our team views this diversity as an invaluable asset for Canadian health psychologists. We hope that the current issue of Health Notes reflects this endeavor. Our goal for the following months is to be even more inclusive; professionals, researchers and students from all Canadian provinces and from universities, hospitals, colleges, and health care centres of all sizes and reputations, are invited to participate. Please come and join us! We need new members who will take part in the promotion of health psychology, integrating both practice and research. We also encourage you to contribute to Health Notes by sharing the novelties and improvements that arise in your working environment. As shown by the number of highly successful health psychology researchers, Canadians are at the forefront of scientific progress in this field. Let us share this with our community, and demonstrate that health psychology has strong clinical impacts.

We encourage you and your team to contact us and help us develop our health psych network. E-mail the Chair : Kim Lavoie at kiml_lavoie@yahoo.ca, or myself at : serge.sultan@umontreal.ca.

We look forward to meeting you in person at the next convention in Vancouver.

CPA ANNUAL CONVENTION 2014 (Vancouver, June 5th-7th)
REGISTER ONLINE: www.cpa .ca/convention