Invited Speaker Interview

Dr. Michael Vallis

Tell us about yourself

I am not young, having obtained my PhD in 1983 from the University of Western Ontario (now Western). I initially started my career as a research scientist at the Clarke Institute of Psychiatry (now CAMH) in Toronto. My early career work was in the evaluation of the effectiveness of CBT on depression. I then became interested in personality disorders, when I moved to a community hospital in Mississauga (Credit Valley hospital). It was there that I started working with a Gastroenterologist and my interest in health psychology blossomed. In 1988 I returned to Halifax to focus on diabetes, obesity and gastroenterology. I have always bridged research and clinical care. Health psychology taught me about the value of understanding normal human behaviour. My path strayed off of the pillars of diagnosis and psychopathology toward understanding the psychological challenges of chronic disease as normal reactions to abnormal circumstances.

Health psychology is incredibly rich. Psychologists, in my opinion, have tremendous value to add to chronic disease management. This does require some humility, however. While we should be proud of our level of training and preparation, we need to accept that we are not the only helpers. In fact, when you move away from psychopathology you encounter behaviour that is guided by normal psychological processes. For instance, no one wants to be sick (have a chronic disease), so the emotional processing of a diagnosis is important and does not require psychotherapy. If fact, this emotional processing can be done by a wide range of providers providing they have adequate training and support. I have found myself reflecting, in fact, that sometimes the best provider to support disease acceptance (a psychological goal) is a physician, who is the most easily trusted in the discussion of diagnosis, treatment and outcomes of the disease state. This led to another deviation in my path. I switched from providing psychological services to persons with chronic disease directly, to developing a training program to empower other providers in behaviour change counselling. This is what I do now; I "retired" from the Nova Scotia Health Authority in 2018 to now work full time as a consultant to clinical programs, organizations and industry. I literally travel around the world educating providers on the psychology of chronic disease and behaviour change and they tell me they are grateful for this perspective.

What are your interests outside of academia?

During graduate school I took up distance running to help me manage my stress. Running and the running community formed the backbone of my nonprofessional life. I was part of a group that started the Halifax Running Club, which is now over 20 years old. In fact, I met my wife in 2004 at the club.

What aspects of your work do you find the most fulfilling, and which do you find the most challenging?

I can honestly say that being a professional psychologist in the health field is incredibly fulfilling. My experience has been that, as medical providers learn about the psychological impact of chronic disease and how behaviour change interventions promote enhanced disease outcomes, they are grateful to hear what we have to say. Normalizing that change is hard and reflecting that people need support to act on the motivation they have are easy wins for a medical provider. Medical providers are only socialized to psychopathology and when they understand disease-based distress they quickly see their role in helping people manage their conditions.

The challenges I have encountered reflect my profession and my personality. Psychologists are not given a free pass; we must demonstrate our worth and look for our opportunities. And I have struggled working within a large bureaucratic health system. I have a natural curiosity, and this has taken me many places. However, the following is close to a mantra for me; "it is better to beg for forgiveness than ask for permission" (embarrassed emoji here).

Is there a particular project, publication, or initiative that you're especially proud of, and why?

I have had the opportunity to be involved in incredible projects. Working with Dr. Brian Shaw in the early 1980's, we were involved in the first placebo-controlled psychotherapy RCT comparing CBT, Interpersonal Psychotherapy and Imipramine for Depression (The Treatment of Depression Collaborative Research Program; TDCRP). I then was the Canadian lead on the Global Diabetes Attitudes, Wishes and Needs (DAWN2) study, a 16-country, 16,000+ participant, survey study examining the psychological impact of living with diabetes. I am especially proud of a paper I wrote with a UK (Dr. Allan Jones) and a Dutch (Dr. Frans Pouwer) Psychologist on managing fear of hypoglycemia. Why this paper stands out is that patients found it helpful. It may be the only paper I have written that I know has been read by the public. I heard how people struggling with hypoglycemia were using the paper to educate their diabetes providers on the importance of managing fear before managing hypoglycemia.

Looking ahead, what impact do you hope your work will have—on the field, on practice, or on policy?

I am in the last lap of my career (some may say beyond my best before date in fact) and I have been able to stand together with physicians, nurses, dietitians, pharmacists, social workers and others. I think I am seen as representing an important aspect of care; managing the psychological impact of disease and promoting behaviour change. I think the model of behaviour change counselling I have developed is being recognized and adopted by my colleagues. I am also proud to have been involved in a group of Canadian health psychologists with a similar focus; we have organized ourselves under the umbrella CanChange (check it out: https://can-change.ca). What encourages me is when I hear feedback from learners to the effect of "I cannot unknow this" (when providers learn of the demotivating impact on people of "teaching and telling").

What advice would you give to early career researchers or students who are hoping to make a meaningful contribution in your area of expertise?

I think I can make two comments here. First, don't be defensive. I see many of us trying to make sure everyone knows how skilled we are. I have witnessed sentiments like "you need to have a PhD to do that", or "we are the most trained mental health provider". I think that we should have more confidence in ourselves. Let's be humble and let our work do the talking for us. Second, don't expect doors to open for you. Within health systems I do not believe that nonpsychologists really understand our scope and potential contribution. So you will require some resilience. Your career path will mimic a research program. You must put in the preliminary work in order to achieve meaningful outcomes. So, I encourage you to reflect on how we encourage the people we serve; find what is important to you, use those values as your guiding star and learn from the challenges you face.

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