Number 8 June 1994

EHPS Newsletter

Newsletter of the European Health Psychology Society

Contents

Editor's Foreword

This issue of the Newsletter begins with a draft statement of the EFPPA Task Force on training needs of professional health psychologists.

For the rest this is a truly European issue: it includes a description of the situation of health psychology in Spain, the host country of the 8th EHPS Conference (in Alicante) and of the 23rd IAAP Conference (in Madrid). Furthermore, we present information on health psychology training in Budapest.

Our Italian and Austrian colleagues sent us information on health psychology publications in their country and a paper from our Romanian colleagues was brought to our attention.

Also we can congratulate our Finnish colleagues with the foundation of a Finnish Division of Health Psychology.

Finally, we give the list of national representations as it is known to us and a list of new members.

Meanwhile our colleagues from Alicante are ready to welcome us for another exiting EHPS Conference.

We are looking forward to meeting all of you in this beautiful city in a couple of weeks (13-15 July).

Jan Vinck, editor

The Training Needs of Professional Health Psychologists

Report from the EFPPA Task Force on Health Psychology

by David MARKS, Convener

In 1992 the European Federation of Professional Psychological Associations (EFPPA) established a Task Force on Health Psychology. The terms of references and objectives of the Task Force are as follows:

1. To define the nature and scope of health psychology and its possible future development to the year 2000.

2. To specify training needs and objectives for health psychologists consistent with the definition agreed under (1) above.

3. To examine different models and options for the training of health psychologists meeting the needs and objectives agreed under (2) above and to select from among them suitable models for EFPPA countries.

4. To develop agreed training programmes for EFPPA countries meeting the needs and objectives specified under (2) and using models selected under (3) above.

5. To implement the training programme(s) agreed under (4) above.

The Task Force members are Frank Donker (Netherlands), Jacques Donnen (Germany), Zenia Jepson (Denmark), Marie Johnston (representing the European Health Psychology Society), David Marks (UK; Task Force Convener), Jesus Rodriguez-Marin (Spain), Sylvaine Sidot (France), and Brit Wallin (Norway).

The Task Force has successfully reached preliminary agreement on the first two of its five objectives. It was agreed to define health psychology as "The application of psychology to health, health problems and health care".

In regard to objective 2, it is accepted by the Task Force that some of the training needs are already well met through existing applied psychology training programmes. The Task Force agreed to concentrate on the remaining training needs which will be defined as the training needs of professional health psychologists.

The Task Force has listed the training needs of health psychologists within the following six categories:

- Psychological academic knowledge base,
- Other academic knowledge base,
- Application of psychological skills to health care delivery,
- Research skills,

Round Table Discussion on Health Psychology Training

The Task Force is keen to ensure that psychologists interested in the future development of professional health psychology are provided with the opportunity to comment on the definition and list of training needs.

A round Table discussion on health psychology training is being held at the EHPS Conference in Alicante.

All EHPS members interested in training issues are invited to participate in the Round Table. You are also welcome to send any preliminary comments or thoughts to me at the address below.

David Marks, Convener
EFPPA Task Force on Health Psychology
Health Research Centre - Middlesex University
Queensway
Enfield

• Teaching and training skills,
• Professional and ethical issues.

A set of topics within each of these categories has been drawn up and is given below.

DRAFT STATEMENT ON THE TRAINING NEEDS OF PROFESSIONAL HEALTH PSYCHOLOGISTS

The purpose of this document is to define the training needs of professional health psychologists working in European countries. It is assumed that psychologists entering such training will already have an appropriate level of education in psychology (equivalent to a minimum of three years full-time higher education) as specified and recognised by EFPPA. It is anticipated that health psychologists will complement the roles provided by other applied psychologists (e.g. clinical psychologists, education psychologists, work and organisational psychologists, psycho-therapists) and the proposed training is specifically designed to fulfil this objective.

There will be overlapping competencies between health psychology and other applied psychology training and thus there may be some shared components of training. Psychologists wishing to have a qualification in health psychology will receive accreditation of prior training.

The ultimate objective of any training programme should be professional autonomy and independence. However it is recognised that practitioner training passes through stages in which the person will, at first, practice under supervision of another fully experienced practitioner. Following an appropriate level of supervised placement experience with a range of settings and client groups, the psychologist will be competent to practice in his/her own right. However training is never final and practitioners require continuous professional development through the acquisition of new skills as new technologies develop and the updating of knowledge with the advancement of research.

The training needs of professional health psychologists fall into the following six categories:

(1) ACADEMIC KNOWLEDGE BASE (PSYCHOLOGY)

Professional health psychologists need an in-depth understanding of the following:

- Health related behaviour
- Risk factors
  - Behavioural (e.g. smoking, eating, drinking)
  - Environmental (e.g. pollution)
  - Genetic
- Health-related cognitions
  - attributions
  - beliefs
  - representations
- Social and ethnic factors
  - social class
  - ethnic group
  - social networks
  - social support
- Life-span perspectives
- Psychophysiological processes
  - theory
  - measurement
- Personality and disease
- Stress
- Health care professional-patient communication
- Medical procedures
  - adherence
  - uptake
  - preparation
- Pain
- Coping
- The workplace, health, and illness
- Group and family processes

(2) ACADEMIC KNOWLEDGE BASE (OTHER)

Professional health psychologists need some understanding of the relevant aspects of the following disciplines:

- Biology
- Physiology
- Pharmacology
- Neuroendocrinology
- Immunology
- Epidemiology
- Health policy
- Health sociology
- Health economics
- Health education
- Understanding medical literature

(3) APPLICATION OF PSYCHOLOGICAL SKILLS TO HEALTH CARE DELIVERY

Professional health psychologists need a working knowledge of the following:

- Problem formulation and assessment
- Choosing the type and level of intervention individually tailored or clinic standard
- Psychological approaches to behaviour change
- Interventions aimed at behavioural change in systems (e.g. couples, families, groups, etc.)
- Interventions within organisations
- Establishing relationships
- Working with groups
- Planning and organising community and worksite interventions
- Communications skills
- Presentational and teaching skills
- Producing written, audio, video, and other media-based interventions
- Baseline and follow-up assessment
- Transcultural understanding: working with ethnic minorities

(4) RESEARCH SKILLS

Professional health psychologists need a working knowledge of the following research skills in specific application to health and health care:

- Experimental design
- Cross-sectional and longitudinal design
- Single case-study designs
- Intervention evaluation skills
- Problem solving skills
- Theory, model, and hypothesis development
- Measurement issues
- Statistics
  - univariate
  - multivariate
- Working knowledge of at least one statistical software package
- Conducting literature reviews and searches
- Writing skills
  - journal papers

(continued on page 7)

Spain

by
Jesus Rodriguez-Marin
Department of Health Psychology
University of Alicante.

The current Spanish National Health System (INSALUD, Sistema Nacional de Salud) was created by the General Health Act (Ley General de Sanidad, LGS) enacted in 1986. This Act actually constitutes a reform of the health care system, on the basis of five basic principles; 1) health for every Spanish citizen; 2) health as an integral concept; 3) the participation of community; 4) health education and 5) the rights of patients in their role of consumers. According to LGS, the Spanish health system should be oriented in priority to health promotion, prevention of illness and to the functional rehabilitation and social re-insertion of patients, as well as the guarantee of health assistance in all cases of loss of health (art. 3, 6 and 18 of the Spanish Constitution). It is easy to infer that Health Psychology constitutes one of the applied fields of psychology whose development is tied narrowly to a correct application of the LGS. Nevertheless, to date, the work of applied psychologists in the health system has been fundamentally linked to psychiatric hospitals or psychiatric services of general hospitals or to mental health centres. Their work has been oriented towards mental illness. So, up to date, it is not possible to speak of the practice of Health Psychology in Spain.

The development of Health Psychology in Spain is determined by the expansion of the Behavioural Modification approach during the 7O's, although as a differentiated field it does not appear until the 80's. In 1984, in the 1st National Congress on Psychology, organized by the Colegio Oficial de Psicologos, (Spanish Association of Professional Psychology) appeared for the first time a section called "Psychology and Health". In 1987, several universities created a Department of Health Psychology, the First Spanish Conference on Health Psychology was held in Jaen, and in the Second Conference on Psychological Assessment a section on "Assessment in Health Psychology" was introduced. In 1988, the first professional association dedicated exclusively to Health Psychology was constituted in Alicante (the Sociedad Valenciana de Psicologia de la Salud, Society of Health Psychology of Valencia). In 1989, the Department of Health Psychology of the University of Alicante published the first issue of Revista de Psicologia de la Salud (the Journal of Health Psychology). In 1988, Health Psychology was a very important area included in the Spanish Conference on Social Psychology. In 1990, Health Psychology appeared as a solidly constituted and clearly differentiated field in several conferences, including the Second National Congress on Psychology sponsored by the Colegio Oficial de Psicologos, the Third Spanish Conference on Social Psychology, and the Congress of the Sociedad Espanola de Psicologia (Spanish Psychological Society). Since then Spanish Health Psychology has been growing incessantly.

Research on Health Psychology has had an accelerated development in the last years in Spain, and it is difficult to regroup here the totality of that which was accomplished by Spanish psychologists. Because of that, it is necessary to focus only on some thematic nucleus and research themes that may serve as example of the most important Spanish contributions to Health Psychology. The relationship between behaviour and physical illness, unhealthy behaviours and life styles, biofeedback as a therapeutical instrument, coping with illness and stressful medical and surgical interventions, health promotion and education are the main areas of research.

The relationship between behaviour and physical illness has been studied by some research teams. In Barcelona, Bayes and his colleagues have conducted researches on the influence of psychological variables on the immune system; on the other hand, Valdes and Flores have been interested in behavioural patterns and coronary disease, mainly concerning Type A behaviour. In the same way, the relationship of psychological variables and cardiovascular diseases has been studied by J. Vila and colleagues in the University of Granada, by J. Bermudez in Madrid at the Open University (UNED), and by Fernandez and colleagues in the University of Sevilla.

Different questions related to occupational health have been studied. J. M. Peiro and his collaborators in the University of Valencia have conducted researches on organizational stress in health professionals. In Alicante, Ribera, Reig and Cartagena have explored several aspects related to psychological health of nurses; and J. Rodriguez-Marin and his collaborators have studied the effect of stressful characteristics of hospitals as health care organizations on patients.

Finally, the influence of behaviour on physical illness has been studied in Barcelona, where Nunez, Valdez and others have studied psychogenic pain, and Moix and Penzo have researched on behavioural assessment and treatment of pain. In Alicante Pastor and her colleagues have studied rheumatic chronic pain. In Madrid, Vallejo and Labrador have proposed a psychobiologic model to explain severe headaches, Fernandez Ballesteros and colleagues in Madrid and Ribera and colleagues in Alicante have worked on elderly population, studying the relationships between determined stressful events, health and other physiological and social variables.

Research on **unhealthy behaviours and lifestyles,** is mainly conducted by C. Saldana and her colleagues in Barcelona. Her book Obesidad (Obes-

ity) is an important source of information on the topic. From a practical point of view, another book, Prevencion y Tratamiento de la Obesidad (The Prevention and Treatment of Obesity), written by Vera and Fernandez, is also noteworthy.

Research about **psychological interventions in collaboration or in substitution to medical therapies**, are mainly focused on the use of biofeedback as a therapeutic instrument. In Madrid, J. A. Carrobles has been working in this area on very diverse problems ranging from paedophilia to myopia, from neuromuscular rehabilitation to headaches. In addition, the "placebo effect" is another of the problems that has been studied in the University of Oviedo by Marino Perz and his colleagues. The same group has developed an interesting research concerning the possibility of a psychological treatment in specific health problems (essential hypertension, irritable colon syndrome, and constipation).

Coping with illness has been researched by Spanish psychologists during the last decade. Emotional reactions to, and information on disease have been studied in breast cancer patients by E. Ibanez, P. Barreto and their research group in Valencia. In Alicante, a research on psychosocial variables related to cancer, chronic pain, surgery and hospitalization has been carried out by Rodriguez-Marin and his collaborators. In Alicante also the stressful effects and the physiological concomitants of some birth-control methods (such as IUD) have been studied by J. J. Mira.

In the University of La Laguna (Canary Islands), V. Pelechano and his collaborators have conducted important research about personality dimensions and coping strategies in kidney patients.

Health promotion and health education have been an area of increasing interest to Spanish researchers and practitioners in the last decade. Costa and Lopez have emphasized the agreement of health promotion and health education goals. Health education as a health promotion instrument has also been considered by M. Martinez, J. M. Leon, I. Fernandez and S. Barriga in Sevilla. Arranz and Bayes have considered psychological aspects involved in AIDS prevention programs, and, in Oviedo, C. Fernandez has developed health promotion programs about dental hygiene habits. Models on early prevention of drug and alcohol abuse have been developed by D. Maia in the University of Murcia and J. A. Garcia in Alicante. In the last years, the number of drug-addiction prevention programs has strongly increased, mainly in the school setting.

To promote healthy behaviours concerning sexual intercourse, pregnancy and to prevent gynaecologic problems, Mire and van der Hofstadt have implemented a specific method of work in order to make the nurses information and counselling job possible.

Finally, in Madrid, Fernandez-Ballesteros and her coworkers have conducted a series of research studies in elderly care homes. They have also devised instruments for the assessment of programs and care services and tested through them the quality of programs of geriatric care in the Comunidad Autonoma of Madrid.

With regards to **training in Health Psychology**, programs have been established by a few Spanish university departments or Faculties of Psychology. At present, there is no training in Health Psychology at undergraduate level. However, for graduate students the possibilities are increasing, and we have many Health Psychology master programs. There are Master degree courses in Alicante, Autonoma de Barcelona, Granada, Autonoma de Madrid, Complutense de Madrid, Santiago de Compostela and Sevilla universities. These courses consist of a year of two of general training in Health Psychology, but they do not include a period of internship in a hospital. On the other hand, five universities have Health Psychology doctoral programs : Alicante, Deusto, Granada, La laguna and the Autonoma de Madrid. The requirements for these programs are similar : two years with a total amount of 320 hours and to complete a doctoral dissertation.

In conclusion, Health Psychology in Spain is now in a phase of increasing development, facilitated, on the one hand, by the progressive implementation of the present legislation which stresses public health, health promotion and health education and on the other, by research work being done by psychologists in university departments. The health psychology research done in Spain has mainly been dedicated to the physical illnesses whose incidence or prevalence is significant in European countries, and behaviour modification and behavioural medicine have been the two most important sources of influence in the field. One of the present goals of the Spanish Professional Psychologists Association (C.O.P.) is to institute a Division of Health Psychology that will collaborate in the growth and consolidation of the field. Finally, it is important to mention the support being given by other health sciences and by clinical medicine which are showing an increasing interest in the application of Psychology to health issues.

- Rodriguez-Marin, J. (1991). Psicologia de la Salud: Situacion en la Espana actual (Health Psychology in Spain: Present Issues). *Revista de Psicologia de la Salud* (Journal of Health Psychology), 3 (1), 55-92.
- Rodriguez-Marin, J. (1994). Health Psychology in Spain. *Applied Psychology : An International Journal*, 43 (2), 213- 230.

National Representatives

This is, to the best of knowledge, the complete list of national representatives of EHPS. The Secretary will welcome all corrections.

Austria : R. Schoberberger (Wien)
Belgium : O. Van den Bergh (Leuven)
Czechoslovakia : J. Krivohlavy (Prague)
Denmark : D. Smith (Risskov)
Estonia : H. Rimm (Tartu) (or M. Kreegipuu ?)
Finland : J. Julkunen (Helsinki)
France : M. Chiva (Paris) (or N. Girault ?)
Germany : P. Schwenkmezger (Trier)
Germany : H. Schröder (Leipzig)
Greece : S. Logothetis (Athens)
Hungary : A. Farkas (Budapest) (or M. Kopp ?)
Ireland : H. McGhee (Dublin)
Italy : L. Sibilia (Roma)
Netherlands : E. Seydel (Twente)
Norway : A. Holte (Tromsø)
Poland : K. Wrzesniewski (Warsaw)
Portugal : I. Bothelo-Sardo (Lisboa)
Russia : G. Mosharova (Leningrad)
Spain : J. Rodriguez-Marin (Alicante)
Sweden : A. Rissler (Stockholm)
Switzerland : R. Burckhardt (Renens)
United Kingdom : D. Marks (Enfield)

Hungary

Health Psychology Education at the Semmelweis Medical University

Maria KOPP
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Hungary

The Institute of Behavioural Sciences at the Semmelweis Medical University was established on 1st July 1993, on the 175th anniversary of the birth of Ignac Semmelweis. This anniversary is of special significance because Ignac Semmelweis's discovery - a century ahead of his time - was the first big breakthrough of the behavioural sciences attitude in the field of medical science.

In Hungary it is especially justified to emphasize the significance of the behavioural sciences since the still acknowledged founders of the psycho-somatic approach, which was the forerunner of behavioural science in medicine, included such renowned figures of Hungarian origin as Janos Selye, Franz Alexander, Sandor Ferenczi, Mihaly and Alice Balint. Earlier at the universities, Hungarian doctors were also able to acquire a knowledge of psychology on a high level in keeping with their interest. The present lack of a behavioural perspective could play a role in the fact that although the number of doctors per 10.000 inhabitants in Hungary is acceptable, we have the shortest life expectancy in Europe and the highest mortality rates due to accidents and suicide, gastro-intestinal diseases and neoplasms as well as cardiovascular mortality among middle-aged men.

The aim of behavioural science is to discover and apply the laws of competent (successfully and ethical) coping with changing life situations, and of development of the personality. In medical training, to learn and apply the laws of ethical and effective, that is, competent medical behaviour and shaping of the personality.

The departments of the Institute of Behavioural Sciences teach the different branches of the behavioural sciences in a holistic, man-environmental approach. While each subject has its own traditions and methodology, they are very closely interrelated. Together they shape the attitude which uses the methods of natural sciences , to support the fundamental role of the personalities of the doctor and the patient in healing.

The Institute consists of six departments : Communication Theory and Practice, Health Psychology, Behavioural Medicine, Medical Anthropology, Medical Sociology and Bioethics. Each unit provides 30 hours of compulsory teaching over one semester for medical students. Besides the compulsory subjects the Institute also announces facultative subjects. All units carry out independent clinical work and research, in keeping with the specific characteristics of the subject.

Health Psychology

Health psychology teaching should run parallel with teaching of clinical subjects, especially with the training in internal medicine.

Students should learn about the application of the behavioural laws of physical and mental health; within this the physical and mental health of those in helping professions in medical training, its role in connection with helping; the special role of social support and adaptive coping strategies; doctor-patient relationship, the psychological consequences of sickness, handicap and hospitalization, and coping with these.

Compulsory themes of the practical training:

a. psychodiagnostic methods - as objective tools for assessment of patient and personality :
1. basic psychic functions and their disorders, general overview of assessment methods, with examples (psychometric methods examining attention, memory, intelligence)
2. general overview of theories of the personality, through the example of personality tests and questionnaires
b. the doctor-patient relationship : with the involvement of patients, planning the considerations of the first interview on the basis of the approach of Mihaly Balint : The Doctor, the Patient and the Disease.
c. the psychological consequences of sickness, handicap and hospitalization, and coping with them, through practical examples.

Behavioural Medicine

Behavioural medicine is the broad interdisciplinary area of scientific research and clinical practice which examines the role of psychophysiological regulation, background factors and functions in connection with health and disease.

Subject : The role of behavioural factors in the development, prevention and treatment of disease. The therapeutic effect of the doctor's behaviour and its laws.

Areas : Behavioural medicine significance of anxiety and depression, behavioural medicine of cardiovascular diseases, psychoneuro-immunology, eating and gatrointestinal disorders, the behavioural medicine approach to pain, behavioural disorders in other chronic, non-specific disorders.

The two fields are very closely related : behavioural medicine is built on health psychology.

Compulsory themes of practical training:

a. diagnosis and therapy, as problem-solving, through examples
b. foundations of psychotherapy, behavioural medicine and sociotherapy methods, their effectiveness - possibility of their application in the treatment of somatic symptoms of psychic origin, presented in method(s) applied by the demonstrator.

English language teaching material:

- Weinman, J (1987). *An outline of psychology as applied to medicine.* Wright, Bristol.
- Mathews, A. and Steptoe, A. (1988). *Essential psychology for medical practice.* Churchill, Livingstone.
- Kaptein et al. (1990). *Behavioural medicine.* Wiley
- Pearce & Wardle (1980). *The practice of behavioural medicine.* Oxford Univ. Press.
- Schwarzer, R. (1992). *Psychologie des Gesundheitsverhaltens,* Hogrefe.
- Gatchel, Baum, Krantz & Singer (1989). *An introduction to Health Psychology.* Mc Graw Hill Book Comp.

Health Psychology in Europe

Abstracts of non-English Health Psychology Publications from Austria (Rudolf Schoberberger) and Italy (Lucio Sibilia)

R. Schoberberger & M. Kunze, Erste Ergebnisse mit der Transdermalen Nikotinsubstitution in Osterreich. (First results of transdermal nicotine replacement therapy in Austria). Atemw.-Lungenkrkh. Jahrgang 19, 1, Suppl. Heft 1993, 557-579.

Physical addiction was of main interest during a study we tried to investigate the effectiveness of smoking cessation interventions by general practitioners who used the nicotine replacement therapy to break the habit among their patients. Doctors, from whom we knew their interest in smoking therapy, had been invited to take part in a study. They should recruit patients who are willing to quit smoking and - as shown in the Fagerstrom Tolerance Questionnaire - addicted and therefore suitable to receive nicotine replacement. Nicotine replacement should be done with the nicotine patch. Participating doctors had to fill in a participation protocol which includes a smoking history of each patient and the effects of smoking therapy. This effect had to be documented at least during three follow-ups - one, four and twelve weeks after the onset of the intervention. Out of 283 contacted GP's 64 announced to take part in the study. At the end of the study we got feedback from 47 doctors but only 19 GP's sent us study protocols where we got detailed information on the success of the therapy. All participating doctors already had some experience in smoking cessation. Most attended seminars, where methods of behavioural techniques were explained and trained. So the GP's know, that patients should not only be treated by pharmacological therapy with nicotine patch but should also receive interventions of behaviourally modification. For doctors and patients special brochures were developed, first of all to support their behavioural approaches. 417 patients were asked to quit smoking and got the special motivation that the nicotine patch would be a great help for their attempt. Nevertheless 78 of these patients refused to accept nicotine replacement therapy spontaneously and another 94 patients did so after a short experience with the patch. Out of 245 clients, who started to stop smoking with the help of the nicotine replacement therapy, 55.9 % were successful and 44.1 % did not reach abstinence during the observed period of three months. This study shows that at the same level of nicotine dependence and same degree of compliance with nicotine replacement therapy one group of patients is more successful than the other one. Obviously the successful group has enough support from nicotine patch which can be shown on the lack of craving and the high degree of compliance. Maybe in the other group - the non-abstinents - there are additional mechanisms effective and we need differentiated diagnostic criteria to find out which client is able to quit with nicotine replacement therapy and minimal support by methods of behaviour modification and which group of clients needs a more extensive cessation therapy including psychological and psychotherapeutical measures.

A. Schmeiser-Rieder, R. Schoberberger & M. Kunze, Frauen und Rauchen (Women and smoking), Atemw.-Lungenkrkh. Jahrgang 20, 1, Suppl.-Heft 1994, 531-533.

Of the 300,000 deaths attributable to smoking among women in developed countries in 1985, 21.1 % were coded to lung cancer, 41 % to cardiovascular diseases, primarily coronary heart disease and stroke, and 18.1 % to chronic obstructive pulmonary disease. Overall, female death rates from lung cancer in developed countries increased by almost 200 % between 1957 and 1987. Smoking and tobacco consumption are a health risk for women at all ages. All women, regardless whether they are pregnant or not, performing oral contraception or oestrogen replacement should not smoke; if they are not able to stop on their own, appropriate counselling and therapy should be provided according to the state of the art. Women who smoke typically go through the menopause two or three years earlier than non-smokers. Cigarette smoking increases the risk of oestrogen-deficiency diseases, as well as cardiovascular risk and postmenopausal osteoporosis. Many women want to give up smoking for a number of reasons, such as health, freedom from smoking dependence, financial worries and of course pregnancy. Women find it more difficult to quit than men because of lack of social support, more reliance on cigarettes to cope with stress and anxiety and fear of weight gain. Although many women manage to refrain from smoking for a long period, they may relapse in situations involving negative emotions, such as conflicts, stress, loss. Men, however, tend to relapse in positive situations, such as social events. Smoking cessation programmes have to cover specifically women's need including basic health education, discussion of withdrawal symptoms, strategies to maintain non-smoking and prevent relapse management, nutrition, fitness and exercise. Smoking cessation is a typical example of life style medicine, a combination of pharmaceutical treatment (nicotine replacement) and behavioural treatment.

B. Schwartz, R. Schoberberger, A. Riedel & M. Kunze, Therapie-verzogernde Faktoren bei Herzinfarkt (Factors delaying treatment of myocardial infarction), Soz. Praventivmed., 1993, 38, 64-70.

The time-lag from onset of myocardial infarction to beginning of treatment is significantly correlated with prognosis, especially since introduction of thrombolytic therapy. Based on the last case of 967 Austrian physicians (general practitioners and internists, working in an office or in a hospital) we investigated possible factors delaying the beginning of treatment. On the average it took 111 minutes from onset of symptoms until the patient contacted physicians working in offices. The overall mean from onset of symptoms to hospital admission was 136 minutes. Within the hospital almost no delay was reported. Main factors for delay were repression or suppression and misinterpretation of symptoms. Thus, the biggest potential for an early onset of treatment lies within the patients response to onset of symptoms. Measures improving knowledge about mechanisms of the disease of known or possible coronary heart disease patients are most important. Side-effects such as over-critical or demanding patients should be avoided. In any case they should not distract from the importance of measures improving patients response.

Bertini M. (Ed.) Psicologia e Salute (Psychology and Health). 1988. Nuova Italia Scientifica, Roma. Pages 214.

The volume deals with scattered aspects of health psychology as it comprises a selection of the contributions of Italian speakers to an International Workshop held in Rome (1987) on Health Psychology Perspectives in Europe : analysis of the situation and proposals, together with a long preliminary paper of foreign authors already published in the Bulletin of the W.H.O. The content is split into two halves. In the first one, some general concepts are illustrated, together with a review of the historical background of the field, its potentialities for the prevention of illness and the promotion of health and its future perspectives. In the second half of the book very mixed contributions are presented spanning from intervention programs in chronic diseases to counselling to university students, from theoretical (even psychoanalytic) models of health and health care to psychological interventions in nurseries, from concepts of community psychology to interventions on AIDS patients. Overall, the merits of the volume are in the provision of a window on the current panorama of the professional contributions to this field in Italy in the '8Os, which is rather contrasted and uneven also today. Therefore, the book unavoidably lacks in unity, albeit the efforts of the Editor, who tries to overcome the wide cultural differences among the different chapters by inviting the reader to see an underlying biopsychosocial model. To the scientifically-minded readers it might sometimes be disappointing to search for the evidences provided, which are often hidden under prevailing theoretical, philosophical and sociological considerations.

Cardiovascular Complaints Following the Uprising of December 1989 in Romania

D. L. DUMITRASCU, S. HOPULELE and A. BABAN

Third Medical Clinic, School of Medicine
Institute of Public Health and Medical Research, Cluj Romania

The cardiovascular system may react to stress either by coronary events, such as angina pectoris or myocardial infarction, or by non-coronary responses, such as rises in blood pressure or non specific circulatory disorders and chest pain. There is contradictory information about the cardiovascular system. Cases referred from 21 to 31 December 1989 to the emergency department of the largest university clinic of the Cluj district, and those admitted there, were analysed and compared with cases referred in the same periods in 1988, 1990 and 1991 and from 1 to 10 January 1990. There was a significant increase in non-coronary cardiovascular complaints referred for consultation in the first 10 days from the beginning of the uprising in Cluj and a non-significant increase in the following 10 days from the beginning of the uprising in Cluj and a non-significant increase in the following 10 days, but no increase in consultations for complaints of coronary origin due to unstable angina and acute myocardial infarction or changes in hospital admission. In conclusion, the stress produced by the uprising in Romania was correlated with a higher incidence of non-coronary cardiovascular complaints but no alteration in coronary events (unstable angina, acute myocardial infarction), or in hospital admissions for cardiovascular complaints.

Originally appeared in Medicine and War, Vol. 9, 45-51 (1993).

A Finnish Health Psychology Division

Our Finnish colleagues informed us that a Division of Health Psychology has been established under the Finnish Psychological Society. Juhani Julkunen, who is the national representative of Finland in the EHPS, was nominated as the chairperson and Pilvikki Ylostalo as the secretary of the division.

We wholeheartedly congratulate them.

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Training Needs

abstracts
posters
conference presentations
Preparing grant proposals

(5) TEACHING AND TRAINING SKILLS

Professional health psychologists need the following skills to teach health psychology students, trainees and other professionals involved in health and health care:

Lecturing
Small group teaching
Tutoring
Assessment
Teaching communication skills
Individual supervisory skills
teaching
research

(6) PROFESSIONAL AND ETHICAL ISSUES

Professional health psychologists need a working understanding of the following:

Ethical code of conduct (including freedom of information, data-protection)
The mission of the professional health psychologist
Professional identity and autonomy
The place and status of health psychology in society
Health care organisations: public, private, and voluntary
Legal and statutory obligations and restrictions; registration procedures
The benefits of medical treatments
The role of informal careers
Interprofessional relationships
European and international perspectives on professional health psychology. ❑

New Members EHPS (17.3.94)

from Lothar SCHMIDT (EHPS Membership Officer)

Elsa ALMAAS (Grimstad, NORWAY)
Marnix ARICKX (Diepenbeek, BELGIUM)
Juan Ignacio ARRARAS URDANIZ (Pamplona, SPAIN)
Esben BENESTAD (Grimstad, NORWAY)
Giorgio BERTOLOTTI (Veruno, ITALY)
Jose CACERES (Pamplona, SPAIN)
Chris DE VALCK (Diepenbeek, BELGIUM)
Francoise DRIESENS (Brussel, BELGIUM)
Maria Do Rosario DIAS (Lisboa, PORTUGAL)
Anne HICKEY (Dublin 2, IRELAND)
Fiona JONES (Hatfield, U.K.)
Dieter KLEIBER (Berlin, GERMANY)
Claudia PUT (Diepenbeek, BELGIUM)
Frances Helen QUIRK (London, UK)
Victor RUBIO (Madrid, SPAIN)
Irina TODOROVA, (Houston, U.S.A.)
Claudia THIELE (Salzburg, AUSTRIA)

Announcements

Sibilia L. & Borgo S (Eds.) Health Psychology in Cardiovascular Health and Disease. 1993 C.R.P. Roma . Pages XI -168.

This book is a product of a cooperative teaching enterprise among University medical institutions and departments of psychology throughout Europe starting in 1990. In fact, it comprises a compendium of the lessons held by all the colleagues involved in the teaching in the first Erasmus Postgraduate Intensive Course which was held in Rome in 1991 and in Bilthoven (NL) in 1992, as a part of an Interuniversity Cooperating Programme (ICP) in Health Psychology, started by a few Universities in Italy (Roma, 'La Sapienza') Netherlands (Leiden) Spain (Alicante), England (London), Scotland (St. Andrews), Belgium (Diepenbeek and Bruxelles), and Germany (Trier). Its focus is on cardiovascular diseases. Although conceived as a textbook complementing the course, the volume is also a quick and updated reference book for the professional reader. With this aim, it is in English, it is provided with wide and updated references, and is structured in four easy to consult parts: a. Background, b. Risk factors, c. Interventions on life-styles, and d. Promotion of cardiovascular health.

Future Conferences

6-9 July 1994 - Amsterdam

Third International Congress of Behavioural Medicine: "An Inegration of Biomedical and Behavioural Research"
@Amsterdam, The Netherlands.
Contact: Conference Office, Universiteit van Amsterdam, PO Box 19268, 1000 GG Amsterdam, The Netherlands; tel (010) 31 20 5252690; fax (010) 31 20 5252771.

7-10 July 1994 - Brighton

Second AIDS' Impact International Conference: "Biopsychosocial Aspects of HIV Infection"
@Brighton Centre, Brighton.
Contact: Conference Secretariat, AIDS' IMPACT, PO Box 2877, London W6 7ZJ; tel 071 602 7714; fax 071 603 3216.

17-22 July 1994 - Madrid

23rd International Congress of Applied Psychology
@ Madrid, Spain.
Contact: Colegio Oficial de Psicólogos, 23rd IAAP Congres, Cuesta de San Vicente 4-5°, 28008 Madrid, Spain; tel (010) 34 1 5473097 / 5473157; fax (010) 34 1 5472284.

1-3 September 1994 - Budapest

Eighth Annual Meeting of the European Society for Psychosocial Onclogy (ESPO)
@ Budapest, Hungary.
Contact: Congress Secretariat, IKESOL, 1065 Budapest, Nagymerzö u. 8, Hungary; tel (010) 36 1 122 8951; fax (010) 36 1 268 0735.

4-9 September 1994 - Budapest

Sixth European Conference of Rehabilitation International: "Quality of Life for Everyone"
@ Budapest, Hungary.
Contact: ISM Ltd, The Old Vicarage, Haley Hill, Halifax HX3 6DR, England; tel 0422 359161; fax 0422 355604.

7-9 September 1994 - Sheffield

Eighth BPS Special Group in Health Psychology Annual Conference
@ University of Sheffield, UK.
Contact: Conference Office, British Psychological Society, St Andrews House, 48 Princess Road East, Leicester LE1 7DR; tel 0533 557123; fax 0533 470787.

17 September 1994 - Cambridge

British Association for Cardiac Rehabilitation Annual Conference. Themes: current research and guidelines for clinical practice. Multidisciplinary focus.
Contact: Ms F. Longh, Cardiac Rehabilitation Medical Services, BOX 135, Addenbrooke's Hospital, Cambridge CB 2 2QQ, U.K.

10-14 October 1994 - Balantonfüred

XIII International Conference on the Social Sciences and Medicine
@ Hotel Füred, Balantonfüred, Hungary.
Contact: Dr. P.J.M. McEwan, Glengarden, Ballater, Aberdeenshire AB35 5UB, Scotland; tel 03397 55429; fax 03397 55995.

European Health Psychology Society

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