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Introduction to the Special Section on the Future of Health Psychology

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Following 25 years of landmark progress, health psychology faces even greater change in the foreseeable future. Evolving patterns of health and illness and developments in medicine and related fields will shape the future of health psychology. The articles in this special section discuss these future issues in several areas: the biopsychosocial model, changes in demographics, prevention, clinical health psychology interventions, health care financing, and new technologies. In every case, the future holds a variety of important challenges and opportunities in research, practice, training, and policy.

Key words: health psychology, biopsychosocial model, training, interventions, diversity

The Division of Health Psychology (38) of the American Psychological Association (APA) was founded 25 years ago. At the time, leading scholars and practitioners from a variety of areas within psychology outlined a common vision of the potential contribution of psychological research and practice to understanding and promoting physical health (Wallston, 1997). Two years ago, the Council of Representatives of APA voted to expand the organization's mission statement, and it now includes the advancement of psychology as a "means for promoting health, education, and human welfare" (APA, 2004). For the founders of health psychology and those who later found a home there, this recent event acknowledged the tremendous progress in the field's brief history and validated a once revolutionary idea.

In many ways, the founders' vision has been realized. The last 25 years have provided compelling and growing evidence of the importance of application of psychological science and practice to issues of physical health. Developments in medical research ranging from growth in public and private funding for behavioral studies, to establishment of the Office of Behavioral and Social Sciences Research at the National Institutes of Health, to the regular publication of behavioral studies in premier medical journals illustrate the impact of this progress outside psychology. The recent change in the APA mission statement provides a succinct summary of the impact of this progress within psychology. Yet, everyone working in health psychology clearly recognizes the vast work remaining and the ever increasing opportunities.

This moment of undeniable accomplishment and continuing challenge provides an ideal occasion for considering the future of health psychology—the focus of the six articles in this special section. At a time when so much progress has been made and the parent field has explicitly endorsed our original and previously unique mission as its own, where do health psychologists go from here? If they do not elect to simply declare success and hold a closing celebration or final victory party, what developments and challenges will shape the next era in health psychology?

The origin of these articles was the Future of Health Psychology Conference, initiated by Division 38 and held in Pittsburgh, Pennsylvania, in March 2000.[1] The conference included six working groups, created by the original conference steering committee: evolution of the biopsychosocial model, advances in medicine and medical technology, changes in population demographics, health care economics and the health psychology marketplace, prevention, and clinical health psychology interventions. Representatives of each of these working groups were invited to base an article on the Pittsburgh proceedings and to update that conference report with additional relevant information, perspectives, and developments—including the field's 25-year anniversary and the change in the APA mission statement. Recognizing that a changing field raised questions about the Division of Health Psychology's own organizational mission, the Executive Committee of Division 38 held a long-range planning meeting in the winter of 2002. Given their role as the organizers of that meeting, Division 38 Presidents James Blumenthal and Francis Keefe were also invited to comment on the collected articles (Keefe & Blumenthal, 2004).

We believe the articles and commentary provide a thoughtful review of what lies ahead in the field's foreseeable future, although it is clearly impossible to predict the next 25 years. Although celebrations of progress in health psychology may indeed be in order, closing up shop is not an option, as there is simply too much important work under way. The authors identify critical issues that will shape the evolving agenda in research, application, training, and policy. In what follows here, we note some of the themes that

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[1] The Future of Health Psychology Conference was initiated by Ken Wallston during his presidency of Division 38 and occurred during the presidency of Jan Kiecolt-Glaser. The conference steering committee consisted of Cynthia Belar, Martita Lopez, Nathan Perry, Pat Saab, Timothy W. Smith, and cochairs Andy Baum and Perry Nicassio. Andy Baum and the Pittsburgh Cancer Center provided generous support, coordination, and local arrangements for the conference.

emerged across several of the articles and in related recent developments.

Maintaining and Enhancing Scientific Foundations: Basic and Applied

From the outset, health psychology has involved both basic and applied psychological science (Matarazzo, 1979). Initially, theories and methods from other basic areas of psychology were used to address issues in physical health, and assessments and interventions from other areas were applied and studied in health contexts. A variety of developments in biomedical science (e.g., advances in medical imaging, molecular genetics) and psychological science (e.g., ambulatory monitoring with experience sampling) have provided new and better opportunities to address long-standing basic questions in health psychology in more compelling ways (see Saab et al., 2004).

At the same time, applied science in health psychology has matured sufficiently to support the field's claim that psychosocial assessments and interventions are valuable additions to traditional health care (Smith, Kendall, & Keefe, 2002; also see Nicassio, Meyerowitz, & Kerns, 2004; Smith, Orleans, & Jenkins, 2004). This comes at a unique moment in the history of health care. Rising costs and a growing emphasis on evidence-based medical practice create an opportunity for health psychology interventions to compete with traditional medical approaches on a level playing field. This new and possibly more fair arena comprises established empirical methods for evaluating interventions (Kendall, Flannery-Schroeder, & Ford, 1999), comprehensive assessments of health outcomes (Kaplan, 1994), and consideration of associated costs (Kaplan & Groessl, 2002). This opportunity increases the importance of methodologically sophisticated intervention outcome studies and related methodological issues, such as evaluation of the clinical significance of intervention effects (Kendall, 1999) and the relation of such effects to the cost of producing them (Kaplan & Groessl, 2002).

Even though randomized controlled trials and other research designs demonstrating the benefits of health psychology interventions are essential in this current context, the growing emphasis in applied research on treatment efficacy and effectiveness also provides new opportunities for basic research. For example, these interventions are often based on theories tested primarily through observational research. Intervention studies provide rare opportunities for experimental tests of such theories, but only if the outcome research is designed in such a way as to permit tests of mediational or mechanism hypotheses (Smith, 2003a).

However, the primary focus of controlled intervention trials is the difference between treatments (or between treatments and control conditions). At least in psychotherapy research in mental health settings, specific treatments account for a small proportion of change over the course of treatment. Other factors (e.g., therapist characteristics, therapy alliance) account for a larger portion of outcome variance (Lambert & Barley, 2002). The current incentives to produce evidence of the value of health psychology treatments should not lead researchers to forgo tests of embedded conceptual questions about change mechanisms and determinants of change that are not unique to specific treatments. That is, in a climate of increased emphasis on evidence of practical intervention effects, continuing attention to related basic research questions can produce equally important knowledge about mechanisms underlying treatment outcome and general principles of change. Such basic research can shape the evolving intervention research and practice in ultimately highly useful and practical ways. Even as the field matures to the point where a growing emphasis on application is clearly warranted, the reciprocal synergy between basic and applied science in health psychology that has served the field so well for 25 years should not be shortchanged in the future.

Moving Targets

Much has changed since the formal beginnings of the field of health psychology. In addition to the accumulation of an impressive body of research and the dramatic growth in related clinical services and other applications, the focus of health psychologists' work is changing. Much of this change reflects changes in population demographics and associated changes in patterns of health (Siegler, Bastian, Steffens, Bosworth, & Costa, 2002; Whitfield, Weidner, Clark, & Anderson, 2002; Yali & Revenson, 2004). In the United States, the population is rapidly becoming more ethnically diverse and older. As a result, health psychology must continue to develop and refine conceptual models, research methods, and application resources that are sensitive to these potentially influential contextual variations in several domains: sources of morbidity and mortality, behavioral risks for and consequences of those health conditions, modifiable determinants of their psychosocial risks and effects, and related interventions. Meeting this challenge will require additional types of collaborations (e.g., life span developmental psychologists, experts in ethnically and culturally appropriate research methods) as well as an increased emphasis on the training of "contextually competent" (Yali & Revenson, 2004) researchers and practitioners.

Rapid advances in communication technologies also present new opportunities in the delivery of health psychology interventions (Saab et al., 2004). By increasing the reach of interventions, such technologies could lead to larger population-based effects (Glasgow, Vogt, & Boles, 1999). Here too, however, new collaborations and new components of training will be necessary to take advantage of these opportunities. This emerging emphasis on health behavior change at the level of larger groups illustrates a shift in the historical emphasis within the biopsychosocial model (Engel, 1977) that has been so influential in health psychology (Suls & Rothman, 2004). Early in its history, the field emphasized connections between psychological processes and levels of analysis at the microlevel, such as those involved in the pathophysiology of disease and medical treatments. That is, connections have been emphasized from psychological processes to those down in the multiple, hierarchically arranged systems in the biopsychosocial model. Although this direction of transdisciplinary research will continue to grow, increased attention will likely be devoted to transdisciplinary research and application at the macrolevel—that is, up the hierarchy of systems to organizational, cultural, and economic levels of analysis. This is because the evidence of the importance of broader cultural and socioeconomic influences on health continues to mount and opportunities continually emerge for more population-based interventions (Smith et al., 2004). Again, such trends will require new partnerships in research and application as well as new emphases within health psychology training programs.

Giving Health Psychology Away—But Still Getting Paid

One of the overarching future challenges illustrated in the articles in this special section involves education. As noted above, the future trends will require additions to current training programs and the expansion of training models. Current training curricula are already extensive, given all of the knowledge required for optimal functioning as a health psychologist. Adding to this already demanding course of study will force difficult choices for those charged with designing, implementing, and evaluating training programs. Here, the appropriate concern with accreditation and other processes intended to insure public safety could come into conflict with the need for the flexibility required to take advantage of a rapidly changing set of opportunities and challenges.

Given the ever changing nature of health psychology and the interfacing fields of medicine, public health, and health care economics, additional resources in continuing education will be necessary. Developments within health psychology and related fields will be critical influences on research and practice, and health psychologists must make sure the information is sufficiently available to other health psychologists throughout their careers. This is especially true if psychologists originally trained outside of health psychology programs follow the shift in the larger field that was acknowledged by the recent APA mission statement revision. Experts have already suggested valuable frameworks for self-guided continuing education as psychologists expand their prior traditional practices to include health populations and issues (Belar et al., 2001), but the feasibility and success of such approaches should be evaluated carefully rather than assumed (Smith, 2003b).

Beyond psychologists in their initial and continuing education, there are other audiences to whom health psychology must be given away more effectively. A growing presence of health psychology content in the initial and continuing education curricula in related fields (e.g., medicine, public health, health education) would promote awareness of the common mission and potential benefits of increased collaboration in research and health care. Public education can also be a useful vehicle for growing the demand for health psychology services among those navigating the complex marketplace in health care financing (Tovian, 2004). Finally, education of policymakers could lead to increased mandated support for health psychology research, training, and services. The troubling growth in health care expenditures was an important part of the initial interest in the nascent field 25 years ago (Matarazzo, 1980), and it will continue to be a driving force in the future. These rising costs will make efforts to mandate support for health psychology more difficult but also more essential for continued progress in the field. To secure a robust future for the application of health psychology, coverage of such services in health care financing must be expanded (Tovian, 2004).

A Look Forward and an Appreciative Look Back

On the occasion of a 25-year anniversary with so many accomplishments to celebrate, one might expect that a review of the field's progress and future would provide the leisurely pleasure of watching a small town parade on Independence Day. The following articles in this special section, however, illustrate the rapid expansion and changing opportunities and challenges of a dynamic field that is even more relevant now than when it began. Hence, a review of the progress and consideration of the future feel more like watching runways at a major airport during rush hour or even the running of the bulls.

This is an excellent occasion to congratulate the founders of Division 38 for their foresight, pioneering spirit, and ultimate success. It is also an excellent time to remind those currently involved in the field of the importance of their efforts and the complexity of what lies ahead. Finally, it is a superb time to invite an ever widening range of prospective students, colleagues, and collaborators to join in on a demanding and rewarding future.

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Call for Papers on Childhood Chronic Illness: Reciprocal Impact on Parent and Child Relationships

Health Psychology is requesting empirical papers that focus on children or adolescents with chronic illness. The focus of this special section is on the reciprocal impact between parent and child. That is, papers must in some way address the effect of the family on the child as well as the effect of the child on the family. Studies must present both family and child outcomes. One of the major outcomes must represent either physical health or health behavior (e.g., adherence). Parental reports of child outcomes are not sufficient. Studies that have developed innovative methodologies to study these issues will be given priority. Longitudinal studies are especially welcome. The deadline for submission is July 1, 2004. All manuscripts will go through the standard peer-review process.

Some examples of topics that fit the theme of the special section are the following:

- outcomes of family therapy interventions
- studies of family interactions
- studies that address the effcts of parent mental health on the child as well as
- effects of child characteristics on the parent
- studies that examine the effects of the illness on both children and families
- studies that examine the parent–child relationship from both perspectives
- studies that examine the effects of the marital relationship on the child as well as the effects of the child on the marital relationship