

Health Psychology Practice in Europe and other countries represented in the EHPS: A first step to Moving Forward Together

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Since 1978, Health Psychology has officially been established as a field within psychology, as Division 38 within the American Psychological Society (APA) (Schwarzer & Gutiérrez-Doña, 2000). Since then, this specialist field in psychology has flourished, with many more professional Health Psychology organisations (e.g., The British Psychological Society Division of Health Psychology, the Australian Psychological Society College of Health Psychologists, the European Health Psychology Society), peer reviewed journals (e.g., *Health Psychology Review*, *Health Psychology*, *Journal of Health Psychology*), Health Psychology training programs and Health Psychology departments in medical schools or at universities. As such, Health Psychology has met the necessary conditions to gain recognition as an independent specialist field within psychology (Matarazzo, 1987). Yet, the exact disciplinary boundaries that define Health Psychology, and the roles and identities held by Health Psychologists in the different settings, remain unclear (Thielke, Thompson, & Stuart, 2011).

One of the first to define Health Psychology was Matarazzo (1987), who defined Health Psychology as “an aggregate field in psychology, involving educational, scientific, and professional contributions of the discipline of psychology to the promotion and maintenance of health, the

prevention and treatment of illness, and the identification of etiologic and diagnostic correlates of health, illness, and related dysfunction.” (Matarazzo, 1980, p.815). Since then, there are many works describing this specialist field of psychology (e.g., Cohen, McChargue, & Collins, 2003; Johnston, 1994; Matarazzo, 1980; Michie & Abraham, 2004; Morrison & Bennett, 2016; Ogden, 2007; Taylor, 1990). Yet, a global consensus on what Health Psychology practice is, and who Health Psychologists are, as well as internationally recognised standards, is lacking. This lacking of global consensus is mirrored by Health Psychologists working in a wide variety of settings: alongside (other) healthcare professionals, in hospitals, clinics, public health departments, etc. on a small-scale basis working with individual patients or on large-scale behavior change and health promotion programs. Consequently, there is much variation in how teaching and training in Health Psychology is delivered (Byrne, Gethin & Swanson, 2017). This might result in a variation in competencies, hindering (future) global mobility and employability of Health Psychologists and the exchange of expertise and knowledge on an international level. Moreover, in being a specialised and unique field of psychology, it would be helpful to develop a framework of standardized Health Psychology skills and competencies (e.g. see Crossier & Parveva, 2013, regarding the Bologna Process). Such standardisation would contribute to promoting the international recognition of Health Psychology curricula within Europe and beyond, warranting the unique identity of Health Psychology, improving global mobility of Health

Psychologists, securing its 'unique selling point', and increasing visibility of the profession.

Health Psychology is a very broad and diverse field, sharing fuzzy borders with several other fields (Freedland, 2017). Health Psychology overlaps with clinical psychology, medical psychology, and behavioral medicine, and can be divided in the following four subdomains: clinical health psychology, public health psychology, community health psychology, and critical health psychology (Thielke et al., 2011), see box 1.1. The difference between Health Psychology and Behavioral Medicine might be the most blurred. Behavioral Medicine, historically based on learning theory, has become a broad interdisciplinary collaborative effort to study all kinds of health- and illness related phenomena (Schwarzer & Gutiérrez-Doña, 2000). Schwarzer and Gutiérrez-Doña (2000) argued that the major difference between Behavioral Medicine and Health Psychology is that the former is interdisciplinary, whereas the latter is a field within psychology. Following this, French, Vedara, Kaptein and Weinman (2010), distinguish between Health Psychology and Behavioral Medicine, by locating Health Psychology in the field of psychology, and Behavioural Medicine in the field of the medical sciences. However, in a recent editorial of Health Psychology, the official journal of the Society for Health Psychology of the American Psychological Association, the new Editor-in-Chief, Kenneth E. Freedland defined Health Psychology as a part of Behavioral Medicine, which in turn is a part of medicine and public health sciences and services, rather than a part of psychology (Freedland, 2017). Although both Behavioral Medicine and Health Psychology have in common that they mainly focus on physical health (French et al., 2010), the medical profession still largely adheres to the biomedical model, whereas Health Psychologists take a biopsychosocial approach, that regards health and illness as resulting from an interplay of biological processes, psychological, behavioral, and

social processes (Schwarzer & Gutiérrez-Doña, 2000). This raises the question as to whether the EHPS-member countries agree to defining Health Psychology as being part of medicine rather than a specialist field of psychology consistent with its long tradition (Johnston, 1994; Ogden, 2007; Weinman, 1990), and urges the need for a European consensus about what Health Psychology is.

This leads to wondering what the definition of Health Psychology is across Europe, and other countries represented in the EHPS. In addition, Byrne and colleagues (2017) have encouraged the EHPS to take the lead in promoting a more coordinated approach and standardized international regulation of Health Psychology at a European and international level. This is especially of importance to guiding training and careers, and improving the further building of Health Psychology at an international level. As a starting point to further enabling this, this special issue of the European Health Psychologist (EHP) will present an overview of the status of Health Psychology in the countries represented in the EHPS with regard to: Health Psychology education, Health Psychology as an applied profession, legislation around Health Psychology and cooperation of Health Psychologists with other professionals.

The articles contained within this special issue are informed by a short online survey that collected information on Health Psychology education, legislation with regard to Health Psychology, the profession of Health Psychology, and cooperation of Health Psychologists with other professionals. The online survey was sent to the National Delegates (NDs) of the EHPS (for survey questions, see box 1.2). The EHPS National Delegates are the national representatives in EHPS member countries that have ten or more EHPS members. Of the 29 NDs that opened the link to the survey, 27 responded. The topics addressed were regarded the most important issues in

Clinical health psychology is the application of scientific knowledge, derived from the field of health psychology, to clinical questions that may arise across the spectrum of health care. Clinical Health Psychology is one of many specialty practice areas for clinical psychologists. It is also a major contributor to the prevention-focused field of *behavioral health* and the treatment-oriented field of *behavioral medicine*. Clinical practice includes education, the techniques of *behavior change*, and *psychotherapy*. In some countries, a clinical health psychologist, with additional training, can become a *medical psychologist*, thereby, obtain prescription privileges.

Public health psychology is population oriented. A major aim of PHP is to investigate potential causal links between psychosocial factors and health at the population level. Public health psychologists present research results to educators, policy makers, and health care providers in order to promote better public health. PHP is allied to other public health disciplines including *epidemiology, nutrition, genetics, and biostatistics*. Some Public Health Psychology interventions are targeted toward at-risk population groups (e.g., undereducated, single pregnant women who smoke) and not the population as a whole (e.g., all pregnant women).

Community health psychology investigates community factors that contribute to the health and well-being of individuals who live in communities. Community Health Psychology also develops community-level interventions that are designed to combat disease and promote physical and mental health. The community often serves as the level of analysis, and is frequently sought as a partner in health-related interventions.

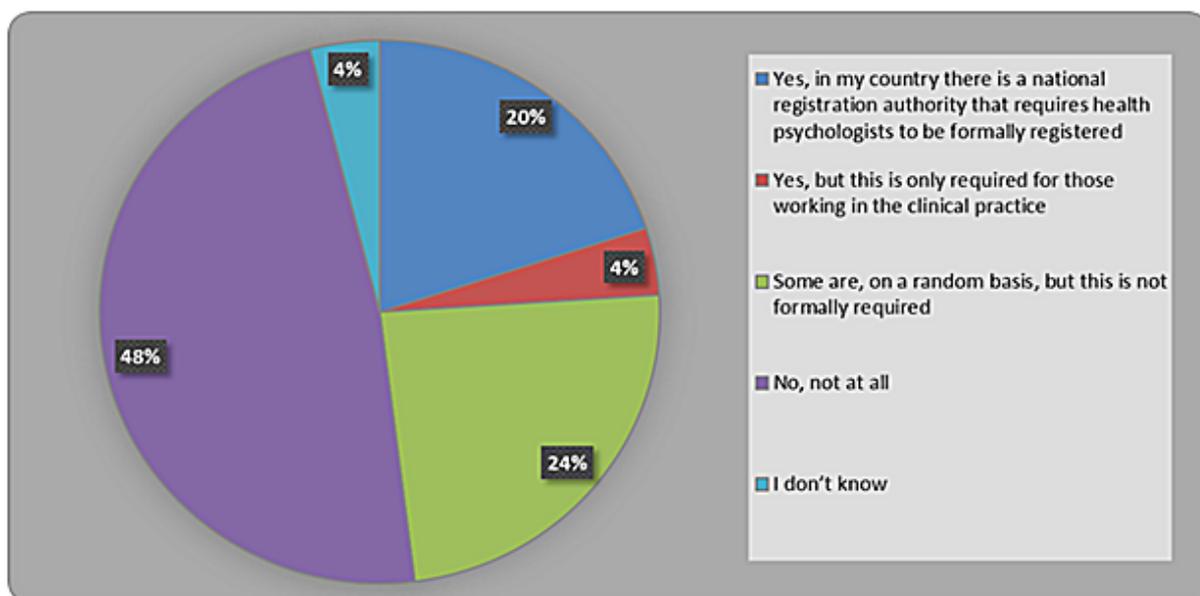
Critical health psychology is concerned with the distribution of power and the impact of power differentials on health experience and behavior, health care systems, and health policy. Critical Health Psychology prioritizes social justice and the universal right to health for people of all races, genders, ages, and socioeconomic positions. A major concern is health inequalities. The critical health psychologist is an agent of change, not simply an analyst or cataloguer.

Box 1.1 Definitions of the four domains that can be identified within Health Psychology (https://en.wikipedia.org/wiki/Health_psychology)

Box 1.2 Online Survey on the current status of Health Psychology in the EHPS-member countries

General	
How is health psychology defined in your country? Please provide the most used definition. (open ended)	
Education	
Are there separate and full programs dedicated only to health psychology in your country at the following levels of education: 1. Undergraduate (BA/ BSc)/ 2. Masters Level (MA/ MSc)/ 3. PhD/ 4. Other programs (please provide details for other programs)? (yes/ no)	
How many colleges or universities in your country offer health psychology programmes? Please indicate for each level of education (Undergraduate (BA/ BSc)/ Masters Level (MA/ MSc)/ PhD/ other programs (please provide details for other programs)) both the number of colleges/universities offering such programmes and the total number of colleges/universities in your country (if known)	
Do... a. undergraduate level (BA/BSc)	0. A combination of both academic and applied training?
.. b. masters level (MA/MSc)	1. Solely academic training (e.g. research methods, theories, etc.)
.. c. PhD	2. Solely applied training/practitioner skills (e.g. communication skills, motivational interviewing etc.)
.. d. other	3. Not applicable
health psychology programmes in your country include:	
Is there a requirement or need for continued education in health psychology in your country once you are qualified as a health psychologist? (Yes/ no). Please provide details (open ended)	
Do you see a need for the development of European-level standards for health psychology training? (yes/ no). Justify your answer choice (open ended).	
What needs do you perceive within your country for future health psychology education / training / continued education programs? (open ended)	

Box 1.2.1 Survey questions concerning the organization of education of health psychology in the EHPS member countries



Box 1.2.2 Survey questions concerning legislation regarding health psychology in the EHPS member countries

Box 1.2.3 Survey questions concerning the profession of health psychology in the EHPS member countries

Employability	
Is a professional title of 'health psychologist' legally protected in your country? (yes/ no)	
Are health psychologists being registered in your country?	<ol style="list-style-type: none"> 0. No, not at all 1. Yes, in my country there is a national registration authority that requires health psychologists to be officially registered 2. Some are, on a random basis, but this is not officially required 3. Yes, but this is only required for those working in the clinical practice 4. I don't know 5. Other, namely....
In your country, what are the requirements to work as a health psychologist?	<ol style="list-style-type: none"> 0. In my country, one has to have training in health psychology in order to work as a health psychologist; 1. In my country, only those working in clinical practice have to have an official training in health psychology to be working as a health psychologist; 2. In my country, everyone can work as a health psychologist regardless their training; 3. Other, namely....
Is it known where most health psychologists end up working in your country?	<ol style="list-style-type: none"> 0. They end up working in the clinical practice (hospital, primary care); 1. They end up working in the non-profit sector (universities, research institutions etc.); They end up working in the Industry; 2. They end up as being self-employed; 3. This is completely unknown);
Please rank: 1 is the highest value.	
What are the main work roles that health psychologists undertake in your country?	<ol style="list-style-type: none"> 0. Clinical health psychologist; 1. Expert of health promotion/ disease prevention interventions; 2. Occupational health psychologist; 3. Academic/ Teacher; 4. Researcher.
Please rank: 1 is the highest value.	

General

Requirements might differ between countries. Could you list below what are the mandatory requirements in your country to obtain the title of health psychologist? (Please think of education, legislation, work etc.) (open ended)

Cooperation with other professions	
What professions do health psychologists cooperate with in your country? More than one answer allowed.	<ol style="list-style-type: none"> 0. Other psychologists 1. Nurses 2. Pharmacologists 3. Physicians 4. Psychotherapists 5. Public healthcare workers 6. Social workers 7. Sociologists 8. Other, please specify...
In which domains do health psychologists cooperate with other professions in your country? More than one answer is allowed.	<ol style="list-style-type: none"> 0. Research 1. Supervision 2. Teaching 3. Training 4. Other, please specify....
What are the barriers for cooperation with other professions? Please rank: 1 is the highest values	<ol style="list-style-type: none"> 0. Lack of funding 1. Competition between professors 2. Different scientific approaches
What can be done to stimulate cooperation with other professions?	<ol style="list-style-type: none"> 0. Changes in grant rules 1. Funds for interdisciplinary projects only 2. Rewards for cooperation 3. Other, please specify...

General

Additional comments

What country are you a national delegate for?

Box 1.2.4 Survey questions concerning the coordination of health psychologists with other professions in the EHPS member countries

investigating the status of Health Psychology in the EHPS-member countries, following Byrne et al (2017). Two NDs did not participate leaving a final sample of 27 participants representing 27 countries (response rate = 93%). For countries represented in this study, see table 1.1. The first question in this survey was for NDs to provide the most used definition of Health Psychology in their country. Although definitions used varied widely, from no definition, to Health Psychology being exchangeable to medical psychology or clinical psychology, all NDs described Health Psychology as belonging to psychology. Further, health promotion, and disease prevention were utilized in describing the uniqueness of Health Psychology, as was the case for health behavior, and health behavior change, see figure 1.1.

To define Health Psychology more globally, and



Figure 1.1: Key issues to defining Health Psychology as mentioned by NDs

highlight its unique characteristics, more insight is needed into the educational standards, the possible legal regulations concerning Health Psychology, and to what is needed to work as a Health Psychologist in the various countries represented in the EHPS. These questions will be addressed in this special issue of the EHP on Health Psychology across Europe and Beyond: 'Who are we, and what do we do?' as a first step to moving forward together.

ANONYMUS	GERMANY	LITHUANIA	SLOVAKIA
AUSTRALIA	GREECE	LUXEMBOURG	SWEDEN
AUSTRIA	IRELAND	NETHERLANDS	SWITZERLAND
CROATIA	ISRAEL	POLAND	TURKEY
CYPRUS	ITALY	PORTUGAL	UK
CZECHREPUBLIC	JAPAN	ROMANIA	UKRAINE
FINLAND	LATVIA	RUSSIA	

Table 1.1: Countries that participated in the online survey

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