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# About the Editor-in-Chief

*Editor's Note: Neil Schneiderman passed away on October 6, 2023, after a brief illness.*

**Neil Schneiderman, PhD**, was the James L. Knight Professor of Psychology, Medicine, Psychiatry and Behavioral Sciences, Public Health Sciences, and Biomedical Engineering at the University of Miami. He was also principal investigator (PI) of the Miami Field Center of the National Institutes of Health (NIH) National Heart Lung and Blood Institute (NHLBI) longitudinal, multicenter Hispanic Community Health Study/Study of Latinos (2006–2023) conducted with 16,000 participants, as well as a member of the Steering Committee, Ancillary Studies Committee (Chair), and Publications Committee. He directed the University of Miami Behavioral Medicine Research Center; the Department of Psychology's Division of Health Psychology; and an NIH NHLBI pre- and postdoctoral institutional (T32) training grant (1979–2023). Dr. Schneiderman was Investigator, Executive Committee member, and Director of the Research Education and Career Development Program of the NIH-sponsored Miami Clinical and Translational Science Institute.

Dr. Schneiderman joined the faculty of the University of Miami in 1965 and was continuously funded as the PI of NIH and/or National Science Foundation research grants from 1966 on. He led NIH program projects and clinical trials involving behavioral management of coronary heart disease and HIV, population-based epidemiological studies, as well as basic research in humans and other animals on psychosocial/behavioral contributions of stressors to cardiovascular risk and biological disease processes. Dr. Schneiderman published more than 450 refereed journal articles and edited or wrote 18 books and monographs. He also served as the editor-in-chief of the journals *Health Psychology* and the *International Journal of Behavioral Medicine*.

## About the Associate Editors

**Timothy W. Smith, PhD**, is distinguished professor of psychology at the University of Utah. He received his PhD in clinical psychology from the University of Kansas under the mentorship of Professor B. Kent Houston. After completing a predoctoral internship in clinical psychology and a postdoctoral fellowship in behavioral medicine at the Brown University Program in Medicine, he joined the faculty of the Department of Psychology at the University of Utah in 1983, where he developed the graduate program in health psychology and has also served as director of graduate studies, director of clinical training, and department chair. He is a past president of the Society for Health Psychology (American Psychological Association Division 38) and the Academy of Behavioral Medicine Research, and a past member of the National Institutes of Health (NIH) Behavioral Medicine Study Section.

His research examines psychosocial and psychophysiological aspects of risk for cardiovascular disease and related conceptual and measurement issues. His widely cited research and scholarship have been supported by multiple NIH institutes and have been recognized by awards from the Society for Health Psychology, the Society for Behavioral Medicine, and the American Psychosomatic Society. His teaching, mentorship, and research have also been recognized by awards from the University of Utah. He has served as an associate editor of multiple journals, including *Health Psychology*, *Annals of Behavioral Medicine*, *Journal of Consulting and Clinical Psychology*, and *American Psychologist*.

Professionally, he is most gratified by the opportunity to work with outstanding collaborators at the University of Utah, and by the opportunity to mentor many talented and accomplished graduate students who have gone on to make their own important contributions to research, service, education, and training in health psychology. Personally, he enjoys living in the Wasatch Mountains, hiking, skiing, mountain biking, playing golf, and spending time with his wife and colleague, Paula G. Williams, sons Wyatt and Elliott, and their lovely spouses.

*Editor's Note: Norman B. Anderson passed away on March 1, 2024.*

**Norman B. Anderson, PhD**, was assistant vice president for research and academic affairs and professor of social work at Florida State University (FSU). At FSU, he was also the founding director of the Faculty Leadership Development Program. Before joining FSU, Dr. Anderson served for 13 years as chief executive officer (CEO) of the American Psychological Association (APA) and was the second longest-serving (and first African American) CEO in the 130+-year history of APA. Prior to joining APA, Dr. Anderson was the founding director of the National Institutes of Health Office of Behavioral and Social Sciences Research. In addition to his formal leadership roles, he served as a tenured associate professor at Duke University School of Medicine and as a professor at the Harvard School of Public Health.

He was well-known for his research and writing on racial, ethnic, and economic health inequities. Dr. Anderson was a senior editor of the *Oxford Research Encyclopedia of Global Public Health* covering health equity topics. Dr. Anderson was a Fellow of the APA, the American Association for the Advancement of Science, the Association for Psychological Science, the Academy of Behavioral Medicine Research, and the Society of Behavioral Medicine. He was also a past president of the Society of Behavioral Medicine. Dr. Anderson was an elected member of the National Academy of Medicine and was inducted into the National Black College Alumni Hall of Fame. He served on the board of directors of the Academy of Science, Engineering, and Medicine of Florida and the board of directors of Prosocial World. More information about Dr. Anderson can be found at <https://normanbanderson.com/>.

## About the Associate Editors

**Michael H. Antoni, PhD**, is Sylvester Distinguished Professor of Psychology and Psychiatry and Behavioral Sciences at the University of Miami, a College of Arts and Sciences Cooper Fellow, Cancer Control research program member at the Sylvester Comprehensive Cancer Center (SCCC), and the Center for AIDS Research, and a licensed psychologist in the state of Florida.

He served as interim director of Cancer Prevention and Control at the SCCC, director of the Center for Psycho-Oncology Research, director of a federally funded training grant, director of the Miami Clinical & Translational Science Institute Pilot & Translational Studies Component, and program leader in Biobehavioral Oncology at the SCCC. He received extensive continuous extramural support from the National Institutes of Health (NIH) for more than three decades and published nearly 800 journal articles, books, book chapters, and abstracts on biobehavioral medicine topics including effects of stress factors, social resources, and stress management interventions on psychological adaptation, biological processes, and clinical health outcomes in chronic diseases. He directed federal training grants from the NIH and Department of Defense, mentored multiple faculty K-grant recipients, and mentored over 50 doctoral students and postdoctoral fellows in behavioral medicine. Dr. Antoni led clinical translational work that has adapted the content, format, and delivery of stress management and health behavior change interventions through community-based participatory research methods, linguistic and cultural translation, and remote delivery technologies to reach underserved populations.

Dr. Antoni served as associate editor for two interdisciplinary behavioral medicine journals, *International Journal of Behavioral Medicine* and *Psychology & Health*. Dr. Antoni is a Society of Behavioral Medicine (SBM) Fellow and received Young Investigator Awards from the SBM and the American Psychological Association (Division 38), the Career Research Award from the International Association of Chronic Fatigue Syndrome, the Distinguished Scientist Award from the International Society of Behavioral Medicine, and the Lifetime Achievement Award from SBM's Cancer Special Interest Group. He currently tests telehealth-adapted cognitive behavioral stress management group interventions in women with breast cancer and Hispanic men with prostate cancer in federal- and state-funded trials. He recently worked with Dr. Frank J. Penedo and industry partners to develop and test a cognitive behavioral stress management digital app for cancer patients. He is currently working with national

and international teams conducting biobehavioral translational research on stress processes and the development of remotely delivered stress management interventions in clinical populations.

**Frank J. Penedo, PhD**, is a professor in the Departments of Psychology and Medicine at the University of Miami and Center Associate Director for Population Sciences and director of Cancer Survivorship and Supportive Care at Sylvester Comprehensive Cancer Center. He is also the Sylvester Dolphins Challenge Cancer Living Proof Endowed Chair in Cancer Survivorship. He received his PhD in clinical health psychology at the University of Miami and completed his clinical residency in psychosocial oncology and behavioral medicine at the University of Pittsburgh Western Psychiatric Institute. From 2000 until 2012, he held a faculty position in the Department of Psychology at the University of Miami.

In 2012, he joined Northwestern University in Chicago and was awarded the inaugural Roswell Park Endowed Chair in Medical Social Sciences. There he served as Director of Survivorship and established the Cancer Survivorship Institute. His research program focuses on cancer control and survivorship, including the measurement and management of symptoms burden, the delivery of psychosocial interventions, care delivery and health services research, and community-based and -engaged approaches to optimize health outcomes in cancer survivors. He also leads several epidemiological studies that focus on cancer survivorship and CVD risk in Hispanic communities. He has made significant contributions to the fields of health psychology and behavioral medicine in adapting, implementing, and disseminating evidence-based interventions (in-person, via electronic health/mobile health) and electronic medical record integrated symptom and needs monitoring, triage, and intervention in ambulatory cancer survivors.

Dr. Penedo is past president of the International Society of Behavioral Medicine and elected Fellow of the Academy of Behavioral Medicine Research and the Society of Behavioral Medicine. He has more than 300 peer-reviewed publications, has served as associate editor of several major journals in his field (e.g., *Journal of Consulting and Clinical Psychology*, *Health Psychology*), and has been a standing member of several National Institutes of Health (NIH) studies (e.g., BMIO). His research and mentoring has been recognized by numerous awards from prestigious societies in his field (e.g., Outstanding Senior Cancer Investigator Award, Society of Behavioral Medicine; Excellence in Mentoring in Health Disparities Research, Society of Behavioral Medicine; Distinguished Senior Scientist Award, International Society of Behavioral Medicine). He was recently appointed member of the NIH National Advisory Council on Minority Health and Health Disparities. He has been continuously funded by the NIH for the past 22 years.

## About the Associate Editors

**Tracey A. Revenson, PhD**, is professor of psychology at Hunter College and the Graduate Center of the City University of New York, where she established the doctoral program in health psychology and clinical science. Trained as one of the first generation of health psychologists, her research centers on specifying factors that help and hinder individuals as they adjust to chronic physical illnesses such as cancer, rheumatoid arthritis, chronic obstructive pulmonary disease, and heart disease. She is particularly interested in how psychosocial adaptation is influenced by sociocultural context (e.g., social relationships, gender, race/ethnicity). When individuals and families face serious and chronic illness, what psychological, social, and cultural factors enhance or hamper their well-being and health? How can these research findings be translated into brief interventions?

In addition to numerous chapters and articles, Dr. Revenson is the coauthor or coeditor of 14 titles published by American Psychological Association [APA] Books, including the *Handbook of Health Psychology* (2019), *Becoming a Health Psychologist* (2020), *Caregiving in the Illness Context* (2016), and *Couples Coping With Stress: Emerging Perspectives on Dyadic Coping* (2005). Dr. Revenson is currently the editor-in-chief of the *Annals of Behavioral Medicine* and a past president of the Society for Health Psychology (Division 38) of APA. In 2013, she was awarded the Nathan Perry Award for Career Contributions to Health Psychology from the Society for Health Psychology. She has received two national awards for her mentoring: the Award for Excellence in Mentoring from the Society for Health Psychology (2019) and the Distinguished Mentor Award from the Society for Behavioral Medicine (2020). She is a Fellow of the APA, the Society for Behavioral Medicine, the Academy of Behavioral Medicine Research, and the European Health Psychology Society.

**Ana F. Abraído-Lanza, PhD**, is vice dean and professor of social work at Columbia University's School of Social Work. Her research focuses on cultural, psychological, social, and structural factors that affect health and mortality among Latinos; health disparities between Latinos and non-Latino Whites; and the health of immigrant Latinos. Her research on the Latino mortality epidemiologic paradox and on acculturation have contributed to national and international debates on the health of Latinos. Before joining Columbia's School of Social Work, she was vice dean and professor of social and behavioral sciences at New York University's School of Global Public Health and professor of sociomedical sciences at Columbia's Mailman School of Public Health.

Her honors and awards include the Dalmás Taylor Distinguished Contributions Award from the Minority Fellowship Program of the APA, the Student Assembly Public Health Mentoring Award from the American Public Health Association, and the Mailman School's Teaching Excellence Award. In addition, she was a Columbia University Provost Leadership Fellow. She served on the Community Task Force on Preventive Services of the Centers for Disease Control and Prevention; the National Academies of Sciences, Engineering, and Medicine; and the editorial boards of *Health Education & Behavior*, *Annals of Behavioral Medicine*, and *Preventing Chronic Disease*.



# Introduction

The field of health psychology is now over 4 decades old, no longer finding its identity but in the prime of its life. In a nutshell, health psychology is a specialty area that focuses on how biology, psychology, behavior, and social factors influence health and illness (American Psychological Association [APA], 2014). Among other topics, it examines stress processes and health beliefs among healthy individuals; how individuals, couples, and families cope with pain or the diagnosis of a serious illness; what leads to better or worse adherence to treatment regimens; and how health cognitions, beliefs, and emotions shape health behaviors.

To understand the nature of health psychology, it is important to know what is meant by the term “health.” Both the World Health Organization (WHO) and the Centers for Disease Control and Prevention define *health* as a state of “complete physical, mental and social well-being and not merely the absence of disease or infirmity” (WHO, 1958, p. 459). As the prevalence of long-term chronic illnesses has overshadowed acute illness (see Smith & Anderson, Volume 1, Chapter 1), the complete absence of disease may no longer be an accurate component. Much of health psychology research and practice focuses on how individuals and medical professionals can maintain health and functioning, even in the presence of illnesses such as cancer, HIV, cardiovascular disease, chronic obstructive pulmonary disease, diabetes, and many more. The goal of health psychology is not eradication of these illnesses, but medical management and self-management to maintain an acceptable quality of life.

Health psychologists embrace the biopsychosocial model (Schwartz, 1982) or, more recently, a biopsychosociocultural model of health and illness (Revenson & Gurung, 2019), in which health and disease are conceptualized as having complex multifactorial determinants. Biological factors include physiological, inherited, epigenetic, and temperament variables; psychological factors include cognitions, feelings, and behaviors; social variables include social support from friends and family, social integration into one’s community, and family influences and norms from one’s peer, school, work, and community settings; and cultural values include the beliefs and values of the multiple cultures in which individuals exist, including religious, ethnic, and age cultures.

Health psychologists study and practice within a broad framework, including assessing and reducing stress and risky behavior; understanding diet and food regulation; managing adiposity; assessing and managing pain; preventing injuries; overcoming alcohol, drug, and other addictions; improving adherence to medical advice; and facilitating coping strategies for dealing with challenges to health issues throughout

the lifespan. Health psychologists often work in academic or health care settings, in clinical practice, and in private and government agencies. The *APA Handbook of Health Psychology* is targeted to these professional audiences, as well as scientists and practitioners in other subfields of psychology and professionals from complementary fields, including public health, medicine, nursing, and social work.

The handbook can serve as a primer for both graduate students and postdoctoral fellows in psychology, public health, and allied disciplines starting out in the field or embarking on research, as well as for more veteran scholars who are starting research in a new area. The three volumes contain a rich variety of scientific knowledge in health psychology and its applications to clinical practice and public health, and we encourage professors to select chapters to create a syllabus or a module within a single volume or across all three volumes.

## CONTENTS AND FORMAT

The handbook is composed of three volumes:

**Volume 1. Foundations and Context of Health Psychology**

**Volume 2. Clinical Interventions and Disease Management in Health Psychology**

**Volume 3. Health Psychology and Public Health**

Volume 1 provides an overview of health psychology and an introduction to the primary topics and influences in the field. It serves as an introduction and general review, but also provides foundational material for Volumes 2 and 3. Part I, Introduction and Cross-Cutting Issues in Health Psychology, begins with an introduction and overview, as well as individual chapters on essential cross-cutting issues. These include current medical care and health policy, dimensions of diversity and health disparities, the life course perspective in health psychology, and considerations in training health psychologists. Part II, Methods in Health Psychology, reviews research methods and related issues in the field, including current approaches to research design and quantitative analysis; qualitative methods; measurement and assessment; ambulatory, biological, neuroimaging, and digital technologies; and current systems in the accumulation and evaluation of the evidence base of health psychology. The final three sections follow the structure of the essential biopsychosocial framework of the field. Part III, Biological Bases of Health Psychology, reviews biological bases of health psychology, including stress physiology, the neuroscience of self-regulation, genetics, and the biology of weight and appetite. Part IV, Psychological and Behavioral Bases of Health Psychology, presents psychological and behavioral bases of health psychology, including behavioral risk and protective factors, health cognition, personality and emotional adjustment, adherence to medical regimens, sleep, sexual behavior, adjustment to chronic illness and chronic pain, and religious and spiritual issues in the field. Finally, Part V, Social and Cultural Bases of Health Psychology, reviews social and cultural bases of health psychology, including social relationships, work stress, built environments and neighborhoods, social stratification, cross-cultural perspectives, and the role of health psychology in pandemics.

Volume 2 presents key topics involved in the design, testing, and research applications of health psychology interventions to optimize disease management in those who have been diagnosed with a medical condition. As such, it distinguishes its subject matter

from other volumes of this book focused specifically on health preservation, disease etiology, and risk reduction. The scope of the volume is presented in four broad parts: Part I, Conceptual Foundations of Intervention Research With Medical Conditions in Health Psychology; Part II, Methodological Considerations in Intervention Research in Medical Conditions; Part III, Efficacy and Mechanisms of Health Psychology Interventions in Specific Medical Conditions and Populations; and Part IV, Intervention Effectiveness and Dissemination in Real-World Settings. Part I comprises chapters highlighting the key theoretical perspectives and rationale underlying health psychology interventions used to facilitate adaptation to and management of disease, including internal and external processes that can affect quality of life and health outcomes, and that may be modifiable by behavioral and psychosocial interventions. This section introduces important considerations for dissemination in addressing how these interventions might be adapted to address ethnic and racial health disparities, vulnerable groups, and variations across the lifespan. Part II covers topics relevant in developing the content and format of interventions designed for facilitating adaptation to disease and medical disease management, and procedures for testing the efficacy, mediators, and moderators of these interventions. Part III presents the evidence base for the efficacy of health psychology interventions designed for and evaluated in patients with specific medical conditions or within specific populations and summarizes the evidence for the putative mechanisms underlying their effects and moderating factors. Finally, Part IV summarizes ongoing efforts in implementation science to increase the effectiveness and dissemination of empirically supported health psychology interventions for medical conditions in real-world settings through advances in multiarray electronic data capture, artificial intelligence, and the use of remote technologies for intervention delivery. The section ends with chapters considering logistical, economic, and policy changes that could facilitate dissemination into health care systems and community settings.

Volume 3 focuses outward to examine research, interventions, and policies that integrate health psychology with its sibling field of public health. Health psychology and public health are fields that share a number of conceptual features and areas of interest. For example, consider how biological, psychological, social, and environmental factors are braided together to determine health outcomes; and consider multiple levels of analysis; both fields study the initiation and maintenance of behavior change, and have a keen interest in the social determinants of health, and the value of health equity. Aligned with this, both fields focus on vulnerable populations, such as individuals with low income, underrepresented ethnic minorities, and individuals with chronic illnesses, and use of research and evidence-based practice to inform intervention and policy. Despite these similarities, there are differences revolving around the target for intervention, scope of the intervention, and research methodologies. For example, health psychology interventions typically target individual-level behavior change, whereas public health interventions target populations or communities—although as you will see, this is not always the case. The overarching “purpose” of this volume is to convince health psychologists that “working closely together, the fields of health psychology and public health can achieve more than each field could achieve independently” (Winett et al., 1989, p. xi). Topic areas are organized within four parts: Part I, Foundations of Health Psychology and Public Health; Part II, Settings and Populations for Intervention; Part III, Preventive Interventions at the Population Level; and Part IV, Emerging Issues in Health.

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—Neil Schneiderman, Editor-in-Chief

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—Michael H. Antoni, Associate Editor, Volume 2

—Frank J. Penedo, Associate Editor, Volume 2

—Tracey A. Revenson, Associate Editor, Volume 3

—Ana F. Abraído-Lanza, Associate Editor, Volume 3

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