

Behavioral Medicine I  
Psych 7016/8016  
Fall Semester 1998

Instructor: Sydney Ey, Ph.D.  
Meets: Wednesdays 8:30-11:30  
Office Hours: Tuesdays 9:30-10:30 or by appointment (Office: 318; Phone: 678-5569)

Overview:

Behavioral medicine is a multi-disciplinary field on which psychology, public health, epidemiology, medicine, public policy, and other health related professions intersect to promote emotional and physical well-being in adults. This course will introduce you to some of the core aspects of research and practice in this field. Although specific diseases and other medical conditions will be discussed, a broader, cross-disease perspective on behavioral medicine will be emphasized. Topics covered will include:

1. Psychological factors such as stress, emotions, and coping related to health
2. Relationships among health attitudes, behaviors, and physical well-being
3. Psychological assessment and differential diagnosis of medical disorders from psychological disorders
4. Health behavior modification through motivational interviewing
5. Community intervention to promote health
6. Quality of life issues among adults with chronic illness
7. Treatment adherence & patient satisfaction
8. Health care utilization and medical training issues

Due to the large number of students enrolled in this course, there will not be a practicum component. It is essential that in the future you get direct experience with clients in medical settings if you plan to specialize in behavioral medicine. During the class, you will be introduced to some clinical techniques used in behavioral medicine settings. Learning will occur during the semester through readings, discussion, video, and demonstrations. This course is intended to be an advanced graduate seminar in which prior course work on clinical psychopathology, case conceptualization, ethical issues in the practice of psychology, and research design is highly recommended.

Required Readings:

The following texts are required and are available through the University Bookstore:

Albom, M. (1997). Tuesdays with Morrie. New York: Doubleday.

Belar, C.D. & Deardorff, W.W. (1995). Clinical health psychology in medical settings: A practitioners' guidebook. Washington, D.C.: American Psychological Association.

Morrison, J. (1997). When psychological problems mask medical disorders: A guide for psychotherapists. New York: Guilford.

Nicassio, P.M. & Smith, T.W. (1995). Managing chronic illness: A biopsychosocial perspective. Washington, D.C.: American Psychological Association.

Additional readings are required and are assigned to supplement what the texts do not adequately cover. These readings may be purchased from Kinko's at 4691 Poplar Avenue (near Perkins). Ask for "Behavioral Medicine I packet on hold." Note: Readings listed for each class are the ones you need to have read for that class.

### Evaluation:

Students will be evaluated on the following work:

1. You will be required to turn in a reaction paper of 1 page (typed please) based upon all of the readings each week. Its ok if you want to focus on one reading more than the others. Sometimes they hang well together, sometimes they don't. Just as long as you read all of them and come prepared to discuss them. The reaction paper might consist of questions that you have about the readings, thoughts you have about the proposed treatment, personal reactions to these cases, and future research directions you might propose etc... As the ability to express oneself well in writing is an essential skill as a psychologist, I will consider the quality of written expression in the reaction papers. I will provide you with feedback by the next class. (12 papers worth 6 points each are due over 14 classes—you may skip 2 classes' papers = 72 points total)
2. Regular attendance of classes is required. If you cannot attend due to a conflict, please let me know. Try to arrange to borrow notes from another student. You will be encouraged to participate in class discussions and exercises such as role plays. It will be important to be prepared to discuss the readings in class. Grading is based upon whether you have prepared for classes (done the readings, come with questions or comments) and whether you add to the class discussion in a meaningful way (quality of comments will be appreciated more than quantity). (30 points total)
3. Academic detailing assignment: prepare 2 behavioral medicine handouts that could be given out by primary care physicians to their patients. Each of these handouts might identify a different target behavior to change and list ways to change the behavior. Grading is based upon whether this handout is in easy to understand patient-language and effectively communicates the latest behavioral medicine findings on changing this health behavior. You are welcome to work with other

students and turn in a team handout. (Handouts will be shared with the class and are due Dec. 2). (20 points)

4. Conduct a relaxation induction with a classmate and record the session. (More instructions will be presented in class about this assignment. Turn in the audiotape on Nov. 18. (20 points)
5. Early in the semester, pick one of your health behaviors that you would like to change. Create a journal in which you 1.) document how often the behavior occurs, in what situations, the consequences, 2.) the pros and cons of this behavior, 3.) a plan for changing the behavior. Then, implement the plan for 1 week and record how successful you are each day. Turn in the journal for review by October 28. (18 points)
6. 10 quizzes (each worth 4 points) will be given every week starting on 9/30. These quizzes will test your ability to detect core symptoms of the 60 medical disorders reviewed by J. Morrison (see his text). Each quiz will cover 6 disorders. (Worth 40 points.)

#### Additional Opportunity:

We may have the opportunity to observe the support and educational therapy groups conducted by the Head Injury Association of the Mid-South. The groups are for patients and families dealing with the long-term effects of head injury. More details will be given in class. If this is possible, students' attendance of these groups will earn them 5 extra points.

#### Policy on Late or Missed Assignments or Exams:

In order for me to consider a makeup exam or assignment, you must experience a serious event (e.g., death in the family) and submit a letter, preferably in advance of the exam day, briefly stating your reason for missing the exam and proposing a time for a substitute exam.

Reaction papers are due at the beginning of each class. Other assignments' due dates are listed. Late assignments and papers will be deducted one point for each day that they are turned in after the due date.

#### Final Grades:

A 180-200, B 160-179, C 140-159, D 120-139, F < 119 points

## Class Topics & Homework

### Sept. 2            **On the Importance of Behavior**

- Review of Class Syllabus
- Introductions, sign ups
- Defining Behavioral Medicine

- G Rimer, B. (1997). Toward an improved behavioral medicine. Annals of Behavioral Medicine, 19, 6-10.
- G Belar & Deardorff, chapter 1 & 2 (you can just skim over these chapters)

### Sept. 9                            **Stress, Coping, Emotion and Health: Direct or Indirect Relationships**

- Stress and coping theory
- Emotion and health

- G Aldwin, C.M. (1997). Theories of coping with chronic stress: Illustrations from the health psychology and aging literatures. In B.H. Gottlieb (Ed.), Coping with Chronic Stress (pp. 75-103). New York: Plenum Press.
- G Compas, B.E., Connor, J., Osowiecki, D., & Welch, A. (1997). Effortful and involuntary responses to stress: Implications for Coping with Chronic Stress. In B.H. Gottlieb (Ed.), Coping with Chronic Stress (pp. 105-130). New York: Plenum Press.
- G Pennebaker, J.W. (1995). Emotion, disclosure, & health: An overview. In J.W. Pennebaker (Ed.) Emotion, disclosure, and health (pp. 3-10). Washington, D.C.: American Psychological Association.
- G Petrie, K.J., Booth, R.J., & Davison, K.P. (1995). Repression, disclosure, & immune function: Recent findings & methodological issues. In J.W. Pennebaker (Ed.) Emotion, disclosure, and health (pp. 223-237). Washington, D.C.: American Psychological Association.
- G Dominguez, B. et al. (1995). The roles of disclosure and emotional reversal in clinical practice. In J.W. Pennebaker (Ed.) Emotion, disclosure, and health (pp. 255-270). Washington, D.C.: American Psychological Association.

### Sept. 16            **Theories of Health Attitudes and Behaviors**

- Guest speaker: Lisa Klesges, Ph.D. "Epidemiological Methods/Design Related to Public Health Research" (8:30-10)
- Health Belief Model, Protection Motivation Theory as applied to HIV

- G Notzon, F.C. (1998). Causes of declining life expectancy in Russia. JAMA, 279, 790-800.
- G Smith & Nicassio text, chapter 1
- G Gerrard, M., Gibbons, F.X., & Bushman, B.J. (1996). Relation between perceived vulnerability to HIV and precautionary sexual behavior. Psychological Bulletin, 119, 390-409.
- G Other epidemiological readings to be announced.

### **Sept. 23        Psychological Assessment in Medical Settings**

- Overview of psychological assessment
  - Communicating within Multidisciplinary Team
- G Belar & Deardorff text, chapter 3, 5
  - G Smith & Nicassio text, chapter 5 (chapter 3 is optional—you may want to skim through it)
  - G Morrison text, pp. 1-44.

### **Sept. 30    Living with Illness/Ethical Issues in Behavioral Medicine**

- Guest Speakers: Leslie Robinson, Ph.D., “Ethical Issues in the Practice of Behavioral Medicine”
- The Patient’s Perspective: “Morrie”
- The Family’s Perspective

#### **Quiz 1: Morrison text: Adrenal insufficiency through Brain abscess**

- G Albom text (entire book)
- G Belar & Deardorff text, chapter 6 & 7

### **Oct. 7        Intervention Strategies: Focus on Head Injury**

- Guest Speaker: Russ Bolyard, Ph.D., Assessment and Psychosocial Intervention with Patients with Head Injury (8:30-10:30)
- Psychosocial interventions that work

#### **Quiz 2: Morrison text: Brain tumor through Chronic obstructive lung disease**

- G Long, C.J. (1991). A model of recovery to maximize the rehabilitation of individuals with head trauma. The Journal of Head Injury, 11, 18-28.
- G Compas, B.E., Haaga, D.A., Keefe, F.J., Leitenberg, H., & Williams, D.A. (1998). Sampling of empirically supported psychological treatments from health psychology: Smoking, chronic pain, cancer, & bulimia nervosa. Journal of Consulting and Clinical Psychology, 66, 89-112.
- G Belar & Deardorff text, chapter 4

**Oct. 14            More on Intervention: Focus on Sexual Dysfunction/  
Relaxation Techniques**

- Guest Lecturer: Connie Paul, Ph.D., “Assessment and Treatment of Sexual Dysfunction” (8:30-10)
- Guest Lecturer: Kenneth Lichstein, Ph.D., “Relaxation” (10:15-11:30)

**Quiz 3: Morrison text: Congestive heart failure through epilepsy**

- G O'Donohue, W., Dopke, C.A., & Swingen, D.N. (1997). Psychotherapy for female sexual dysfunction: A review. Clinical Psychology Review, *17*, 537-566.
- G Rosen, R. (1996). Erectile dysfunction: The medicalization of male sexuality. Clinical Psychology Review, *16*, 497-519.
- G Lichstein, K.L. (in press) Relaxation training. In A.E. Kazdin (Ed.), Encyclopedia of psychology. Washington, D.C.: American Psychological Association.

**Oct. 21            Quality of Life Issues: Mood Management with Cancer Patients**

- Guest Speaker: C. Michael Jones, M.D., “Physician’s Perspective on Adult Cancer Patients’ Behavior” (8:30-9:30)
- Guest Speaker: Arthur Houts, Ph.D., Coping with Cancer Intervention (10-11:30)

**Quiz 4: Morrison text: Fibromyalgia through hyperparathyroidism**

- G Anderson, B.L. (1992). Psychological interventions for cancer patients to enhance the quality of life. Journal of Consulting and Clinical Psychology, *60*, 552-568.
- G Frisch, M.B. (1998). Quality of life therapy and assessment in health care. Clinical Psychology: Science & Practice, *5*, 19-40.

**Oct. 28            Stress Management & Treatment Adherence**

- Motivational Interviewing for Behavioral Change
- Treatment Adherence to Medical Protocols
- Stress Management Tools

**Quiz 5: Morrison text: Hypertensive encephalopathy through Klinefelter’s syndrome**

**Journal of Personal Health Change due in class**

- G Nicassio & Smith text, chapter 8, 9
- G Kelly, J.A. (1997). HIV risk reduction interventions for persons with severe mental illness. Clinical Psychology Review, *17*, 293-309.
- G

- G Solomon, L. et al. (1998). Assessment of self-reward strategies for maintenance of breast self-examination. Journal of Behavioral Medicine, 21, 83-102.

**Nov. 4 Behavioral Medicine in Medical Training: “Academic Detailing”**

- Guest Lecturer: Chris Hendrix, D.P.M., “Issues with Diabetic Patients” (8:30-9:15)
- Medical Training Issues
- “Giving Psychology Away”

**Quiz 6: Morrison text: Liver failure through mitral valve prolapse**

- G Wagner, J. (1998). Improving adherence to diabetes blood glucose monitoring regimens with prompts and unit dose packaging. The Behavior Therapist, 21, 157-159.
- G Bartlett, S.J. (1998, February). Motivating patients. The Educator, Baltimore, MD: Johns Hopkins Bayview Medical Center newsletter.
- G Goldstein, M.G., Ruggiero, L., Guise, B.J., & Abrams, D.B. (1994). Behavioral medicine strategies for medical patients. In A. Stoudemire (Ed.). Clinical psychiatry for medical students (2<sup>nd</sup> edition) (pp. 671-693).
- G Marcus, B.H. et al., (1997). Training physicians to conduct physical activity counseling. Preventive Medicine, 26, 382-388.

**Nov. 11 Sleep Disorders/Genetic Counseling**

- Guest Lecturer: Kenneth Lichstein, Ph.D., “Assessment and Treatment of Sleep Disorders” (8:30-10)
- Guest Speaker: Maureen Smith, M.S. C.G.C., “Genetic Counseling” (10:30-11:30)

**Quiz 7: Morrison text: Multiple sclerosis through pellagra**

- G Lichstein, K.L. & Riedel, B.W. (1994). Behavioral assessment and treatment of insomnia: A review with an emphasis on clinical application. Behavior Therapy, 25, 659-688.
- G Sack, C. (1997). Washington Diarist: Tropic of Cancer. The New Republic, 1-2.
- G Lerman, C. (1997). Psychological aspects of genetic testing: Introduction to the Special Issue. Health Psychology, 16, 3-7.
- G Lerman, C. et al., (1997). Incorporating biomarkers of exposure and genetic susceptibility into smoking cessation treatment: Effects on smoking-related cognitions, emotions, and behavior change. Health Psychology, 16, 87-99.
- G Croyle, R.T., Smith, K.R., Botkin, J.R., Baty, B., & Nash, J. (1997). Psychological responses to BRCA1 mutation testing: Preliminary findings. Health Psychology, 16, 63-72.

**Nov. 18            Community Intervention to Promote Health**

- Guest Speaker: David Murray, Ph.D., “Community Trials for Health Promotion and Disease” (8:30-11:15)

**Quiz 8: Morrison text: Pernicious anemia through premenstrual syndrome**  
**Relaxation tapes due in class**

- G Murray, D.M. (1998). Design & analysis of group-randomized trials. New York: Oxford University Press, 1998. Chapter 1.
- G Forster, J., Murray, D.M., Wolfson, M., Blaine, T.M., Wagenaar, A.C., & Hennrikus, D.J. (1998). The effects of community policies to reduce youth access to tobacco. American Journal of Public Health, 88(8), 1193-1198.

**Nov. 25            Class cancelled (instructor out of town)**

**Dec. 2              Behavioral Medicine Research Directions**

- Guest Speaker: Robert Kores, Ph.D., “Treating Pain” (8:30-10)
- Guest Speaker: Robert Klesges, Ph.D., “Intervention and Prevention: Individual and School Approaches” (10:15-11:30)
- Other Research Directions: Reaching Medically Under-served Populations

**Quiz 9: Morrison text: Prion disease through sickle cell disease**  
**Academic Detailing Handouts due in class**

- G Keefe, F.J. & Lefebvre, J.C. (1997). Introduction to the Featured Section: Pain—From mechanisms to management. Health Psychology, 16, 307-309.
- G Christenfeld, N. (1997). Memory for pain and the delayed effects of distraction. Health Psychology, 16, 327-330.
- G Wilson, J.J. & Gil, K.M. (1996). The efficacy of psychological and pharmacological interventions for the treatment of chronic disease-related and non-disease-related pain. Clinical Psychology Review, 16, 573-597.
- G Klesges, R.C., Ward, K.D., & DeBon, M. (1996). Smoking cessation: A successful behavioral/pharmacologic interface. Clinical Psychology Review, 16, 479-496.

**Dec. 9              Patient Satisfaction & Health Care Utilization**

- Outcome Evaluation
- Policy Implications
- Summary

**Quiz 10: Morrison text: sleep apnea through Wilson’s disease**

- G Belar & Deardorff text, chapter 8.
- G Additional readings to be announced.