# PY0130: BEHAVIORAL MEDICINE

## SPRING 2000

Instructor: Teresa K. King, Ph.D., Adjunct Associate Professor, Brown University
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Class: Monday, Wednesday, Friday: 9:00 - 9:50 a.m., Hunter 265

Office Hours: Fridays (10-12), Hunter 104

Grading: Exam 1 (20%); Exam 2 (20%); Final Exam (20%); Writing assignments (20%); Health Behavior Change Project (20%)

**Week Topic and Readings**

## The Basics

1 What is Behavioral Medicine?

*McGinnis, J.M., Foege, W.H. (1993). Actual causes of death in the United States. JAMA, 270(18), 2207-2212.(1)*

*Taylor, S.E. (1997). Health psychology: What is an unhealthy environment and how does it get under the skin? Annu Rev Psychol,48,411-47.*

*Engel, G.L. (1980). The clinical application of the biopsychosocial model. American Journal of Psychiatry, 137(5), 535-544.*

*Friedman, R., Sobel, D., Myers, P., Caudill, M., & Benson, H. Behavioral medicine, clinical health psychology, and cost offset. Health Psychol, 14(6),509-18.*

2 Research Methods; Ethics

*Prokop, C.K., Bradley, L.A., Burish, T.G., Anderson, K.O., Fox, J.E. (1991). Research Methods in Health Psychology. In Health Psychology: Clinical Methods and Research (pp.18-47). MacMillan: New York.*

**Videos:** *Integrity in Scientific Research: Only a Bridge & The Whole Story*

**2/4 - health behavior due**

## Health Behavior Change: Theories, Strategies, and Techniques

3 Health Behavior Change Theories: health belief model, theory of reasoned action, health decision model, self-regulation model, social cognitive theory, transtheoretical model, relapse prevention

**2/7 - - research analysis #1 due**

*Clark, N.M. & Becker, M.H. (1998). Theoretical models and strategies for improving adherence and disease management. In S.A. Shumaker, E. Schron, J. Ockene & W.L. McBee (Eds.), The Handbook of Health Behavior Change, 2nd ed. (pp. 5-32). New York: Springer.*

4 Health Behavior Change Interventions: behavior modification, social support, cbt, stress management, motivational interviewing

**2/14 - biopsychosocial formulation #1 due**

**Scott Haltzman, M.D.,** Medical Director, NRI Community Services and Clinical Assistant Professor, Brown University School of Medicine **(2/16)**

*Marcus, B.H., King, T.K., Clark, M.M., Pinto, B.M., & Bock, B.C. (1996). Theories and techniques for promoting physical activity. Sports Medicine, 22(5),321-331.*

*Goldstein, M.G., DePue, J., Kazura, A., & Niaura, R. (1998). Models for provider-patient interaction: Applications to health behavior change. In S.A. Shumaker, E. Schron, J. Ockene & W.L. McBee (Eds.), The Handbook of Health Behavior Change, 2nd ed. (pp. 85-113). New York: Springer.*

**2/18 - journals due**

## Behavior and Illness

5 Exam 1 **(2/23)**; Pulmonary Disease and Transplantation

**Melissa Napolitano, M.S.,** Postdoctoral Fellow, Brown University School of Medicine and The Miriam Hospital **(2/25)**

*Psychological aspects of organ donation: a critical review and synthesis of individual and next-of-kin donation decisions. Health Psychol 1997 Mar;16(2):183-95*

**2/25 - journals due**

6 Cardiovascular Disease, HIV/AIDS, Cancer

**2/28 - research analysis #2 due**

**John Todaro, B.A.,** Psychology Intern, Brown University School of Medicine **(2/28)**

*Carhart, R.L. & Ades, P.A. (1998). Gender differences in cardiac rehabilitation. Cardiology Clinics, 16.*

*Lantz,PM, Stencil, D, Lippert, MA, et al. (1995). Breast and cervical cancer screening in a low-income managed care sample: The efficacy of physician letters and phone calls. American Journal of Public Health,85(6),834-836.(**3**)*

*Courneya, K.S. & Friedenreich, C.M. (1999). Physical exercise and quality of life following cancer diagnosis: A literature review. Annals of Behavioral Medicine,21(2),171-179.*

**3/03 - journals due**

7 Headache, Chronic Pain, HIV

**3/06 - research analysis #3 due**

**Justin Nash, Ph.D.,** Assistant Professor, Brown University School of Medicine and The Miriam Hospital **(3/06)**

*Rapoport, A. & Sheftell, F. (1996). Diagnosis and classification of headache disorders. In Headache Disorders: A Management Guide for Practitioners, pp. 5-20,W.B. Saunders Company: Philadelphia.*

*Sampling of empirically supported psychological treatments from health psychology: smoking, chronic pain, cancer, and bulimia nervosa. J Consult Clin Psychol 1998 Feb;66(1):89-112.*

**Kate Morrow, Ph.D.,** Assistant Professor (Research), Brown University School of Medicine and The Miriam Hospital **(3/10)**

*Sikkeman, K.J. & Kelly, J.A. (1996). Behavioral medicine interventions can improve the quality-of-life and health of persons with HIV disease. Annals of Behavioral Medicine,18(1),40-48.*

*Eitel, P. & Friend, R. (1999). Reducing denial and sexual risk behaviors in college students: A comparison of a cognitive and a motivational approach. Annals of Behavioral Medicine,21(1),12-19.* ***(4)***

**3/10 - journals due**

## Behavioral Health

8 Exam 2 **(3/13)**, Nutrition and Exercise

**Terry Jerominek, R.D.,** The Miriam Hospital **(3/15)**

*McCann, B.S. & Bovbjerg, V.E. (1998). Promoting dietary change. In S.A. Shumaker, E. Schron, J. Ockene & W.L. McBee (Eds.), The Handbook of Health Behavior Change, 2nd ed. (pp. 166-188). New York: Springer.*

*Abrams, D.B., King, T.K., Clark, M.M., Forsyth, L., Pera, V. (1999). Behavioral medicine strategies: Management of nicotine dependence, obesity, and cardiopulmonary rehabilitation exercise. In A. Stoudemire, B.S. Fogel, & D. Greenberg (Eds.), Psychiatric Care of the Medical Patient (2nd ed.). Oxford University Press: New York.*

**3/17 - journals due**

9 Substance Abuse: Nicotine, alcohol, illegal drugs

**3/20 - research analysis #4 due**

*King, T.K., Borrelli, B., Black, C., Pinto, B.M., & Marcus, B.H. (1997). Minority women and tobacco: Implications for smoking cessation interventions. Annals of Behavioral Medicine, 19(3), 301-313.*

*Kaplan, R.M., Sallis, J.F., & Patterson, T.L. (1993). Injury, violence, and substance abuse. Health and Human Behavior (pp.291-319). McGraw-Hill: New York.*

*Marlatt, G.A., Larimer, M.E., Baer, J.S., & Quigley, L.A. (1993). Harm reduction for alcohol problems: Moving beyond the controlled drinking controversy. Behavior Therapy, 24, 461-504.*

**3/24 - journals due**

10 Spring Recess

11 Other Health Behaviors - sexual dysfunction, body image, sexual abuse; sleep; stress and coping

**4/03 - biopsychosocial formulation #2 due**

*Werlinger, K., King, T.K., Clark, M.M., Pera, V., & Wincze, J.P. (1997). Perceived changes in sexual functioning and body image following weight loss in an obese female population: A Pilot Study. Journal of Sex and Marital Therapy, 23(1), 73-77.*

*King, T.K., Clark, M.M., & Pera, V. (1996). History of sexual abuse and obesity treatment: An outcome study. Addictive Behaviors, 21(3), 283-290.* ***(5)***

*Heinberg, L.J. (1996). Theories of body image disturbance: Perceptual, developmental, and sociocultural factors. In J.Kevin Thompson (Ed.), Body Image, Eating Disorders, and Obesity. (pp.27-47). American Psychological Association:Washington, D.C.*

**Mark Aloia, Ph.D.,** Assistant Professor, Brown University School of Medicine **(4/05)**

*Bootzin, R.R. Manber, R., Perlis, M. L, Salvio, M., & Wyatt, J.K. (1993). Sleep disorders. In P.B. Sutker & H. E. Adams (Eds.) Comprehensive Handbook of Psychopathology, (2nd ed.),pp. 531-557. Plenum Press: New York.*

**Laura Stroud, Ph.D.,** Postdoctoral Fellow, Brown University School of Medicine **(4/07)**

**4/07 - journals due**

12 Eating Disorders

**4/10 - research analysis #5 due**

*Pike, K.M., Loeb, K.,& Vitousek, K. (1996). Cognitive-behavioral therapy for anorexia nervosa and bulimia nervosa. In J.Kevin Thompson (Ed.), Body Image, Eating Disorders, and Obesity, pp.253-302. American Psychological Association: Washington, D.C.*

*Johnson, W.G. & Torgud, L.J. (1996). Assessment and treatment of binge eating disorder. In J.Kevin Thompson (Ed.), Body Image, Eating Disorders, and Obesity, pp. 321-343. American Psychological Association: Washington, D.C.*

**4/14 - journals due**

13 Obesity, Diabetes

**4/17 - biopsychosocial formulation #3 due**

*King, T.K., Lloyd, E.E., & Clark, M.M. (1999). Behavioral approaches to enhancing weight loss and maintenance. In J. Rippe (Ed.), Lifestyle Medicine, pp. 531-537. Blackwell Science, Inc.*

*Glasgow, R.E., Wagner, E.H., Kaplan, R.M., Vinicor, F., Smith, L., & Norman, J. (1999). Diabetes is a public health problem, why not treat it as one? A population-based approach to chronic illness. Annals of Behavioral Medicine,21(2),159-170.*

**4/21 - journals due**

14 Women's Health

**4/24 - biopsychosocial formulation #4 due**

*Rodin, J. & Ickovics, J.R. (1990). Women's health: Review and research agenda as we approach the 21st century. American Psychologist, 45, 1018-1034.*

*Greil AL. Infertility and psychological distress: a critical review of the literature. Soc Sci Med. 1997 Dec;45(11):1679-704.*

**4/28 - journals due**

15 Wrap up, review personal health behavior change project

**5/01 - biopsychosocial formulation #5 due**

**5/05 - health behavior change evaluation due**

5/15 **Final Exam**

**Student Projects:**

**Personal Health Behavior Change Journal**: Identify a health behavior (smoking, diet, exercise, etc.) that you would like to change. Projects must include 1) a self-observation log on which you record or monitor the identified behavior on a **daily** basis; 2) observable, measurable goals for the week; 3) techniques utilized to modify the behavior; and 4) evaluation of progress *(did you reach your goal?, how did the strategies work?, what should you do different? – e.g., modify goals, modify strategies,*

*etc.).* Journals will be collected every Friday. Towards the end of the semester you will share the results of your self-modification study with the class.

**Writing Assignments:** There will be two types of writing assignments: research analyses and biospyschosocial formulations. There are five assignments which call for students to read and analyze an article which describes research on a behavioral medicine topic. Each **research analysis** consists of a paper in which you are expected to:

1. Explain the theoretical background, i.e., the rationale of the study (what theory and/or logic led up to the present study?).

2. Explain the hypotheses being tested (what specifically is being tested?).

3. Summarize the methodology (who were the participants? What was done to assess the key variables? What is the research design?).

4. Summarize the results in relation to the hypotheses.

5. Summarize the implications of the study, according to the discussion presented by the author(s).

6. Comment on the findings in relation to the material covered in class and other readings.

Students will also complete five **biopsychosocial formulations**. Biopsychosocial formulations need to fully address the biological, psychological and social aspects of a case to the extent these factors can be understood based on the required readings and lectures. The more a student can integrate topics and concepts from these sources to appropriately illustrate understanding of the various aspect of a case, the higher the student's grade. Be sure to note your sources using the author's or presenters last name to distinguish research based facts from your own thoughts and ideas. Present your impressions as impressions not absolutes. Consider what we don't know about the person and his/her family. What important questions would you want to pursue to get the information you need and why are these questions important? Be very tentative in your conclusions and state your assumptions. Don't spend a lot of time restating the case.