

HEALTH AND PSYCHOLOGY

COURSE SYLLABUS

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Office Hours: Tue & Wed 10-12, also by appt.

Course: Psychology 511
Day/Time: Tuesday 5-8pm
Room: Byrne 402
Winter 1999

I. Required Textbooks:

Glanz, K., Lewis, F. M., & Rimer, B. K., (Eds.) (1997). Health Behavior and Health Education: Theory, Research, and Practice.(2nd ed.). San Francisco: Jossey-Bass Publishers.

Davis, M., Eshelman, E. R., & McKay, M. (1995). The Relaxation and Stress Reduction Workbook. (4th ed.). Oakland: New Harbinger Publications, Inc.

Belar, C. D., & Deardorff, W. W. (1995). Clinical Health Psychology in Medical Settings: A Practitioner's Guidebook. (rev. ed.). Washington, DC: American Psychological Association.

II. Recommended Textbooks:

Resnick, R. J., & Rozensky, R. H. (Eds.) (1996). Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

Kato, P. M., & Mann, T. (Eds.) (1996). Handbook of Diversity Issues in Health Psychology. New York: Plenum Press.

Shumaker, S. A., Schron, E. B., Ockene, J. K., & McBee, W. L. (Eds.) (1998). The Handbook of Health Behavior Change.(2nd Ed.) New York: Springer Publishing Company.

III. Supplemental Textbooks (child and adolescent specific):

DiClemente, R. J., Hansen, W. B., & Ponton, L. E. (Eds) (1996). Handbook of Adolescent Health Risk Behavior. New York: Plenum Press.

Glenwick, D. S., & Jason, L. A. (Eds.) (1993). *Promoting Health and Mental Health in Children, Youth, and Families*. New York: Springer Publishing Company.

Millstein, S. G., Petersen, A. C., & Nightingale, E. O. (Eds) (1993). *Promoting the Health of Adolescents: New Directions for the Twenty-First Century*. New York: Oxford University Press.

Phelps, L. (Ed.) (1998). *Health Related Disorders in Children and Adolescents: A guidebook for Understanding and Educating*. Washington, DC: American Psychological Association.

Roberts, M. C. (Ed.) (1995). *Handbook of Pediatric Psychology*. (2nd ed.). New York: The Guilford Press.

Wilson, D. K., Rodrigue, J. R., Taylor, W. C. (Eds.) (1997). *Health-Promoting and Health-Compromising Behaviors among Minority Adolescents*. Washington, DC: American Psychological Association.

IV. Required Non-Textbook Readings:

Copies of non-textbook required readings will be placed in the PSY 511 bin in the Psych office.

V. Course Objectives:

Students will gain an understanding of the history and foundation of the field of health psychology and its connection to related disciplines (e.g., behavioral medicine, public health). Students will then learn about various theories and models that have been developed to explain and modify health behaviors. The theories and models will be explored from a multidisciplinary perspective and will be applied to an array of health behaviors. Students will not only understand the framework of the health behavior change theories, but will also apply this understanding to the development of theory-based interventions that can be applied at both the individual and community level to a diverse array of populations. After gaining this understanding of the foundations and applications of health behavior change theories, students will learn about various individual-level techniques and methods that are used in clinical health psychology settings. Students will not only understand the underlying theoretical basis for the techniques, but will also practice utilizing the various interventions.

VI. Course Requirements:

A. Class Participation [10% of your grade]

You are expected to read the required readings for each week and come to the class ready to discuss the topics for the day. It will make for a much more fulfilling learning experience if everyone is adequately prepared and willing to engage in dialogue regarding the various topics.

B. Experiential Health Simulation [25% of your grade]

You will have two options for this exercise—either a (1) Chronic Health Problem/Disease Simulation or a (2) Personal Health Behavior Change Program. If you want to do both of them, one will count as extra credit.

Option B-1. Chronic Health Problem/Disease Simulation. The purpose of this assignment is to increase your understanding of the daily stressors experienced by individuals who experience chronic health problems. You will need to select one chronic disease or health problem that requires a daily regimen of care (e.g., diabetes, kidney failure/dialysis, HIV disease, etc.). Select a health problem that requires at least two types of daily monitoring and/or manipulation (e.g., injections, special diet, medication, blood glucose measurement, ambulatory dialysis, etc.). After you have selected your health problem, you will then need to create a plan for how you will simulate living for **one to two weeks** with that health problem. During your disease simulation, you will need to keep a daily journal of your experiences and reactions to living with the health problem. In addition to the journal, you will need to write a brief paper (1-3 pages) talking about your personal reactions to the intervention including any insights that you gained from participating in the exercise. Each student will make an individual contract with the instructor for this assignment. The contract should be typed and include the following information:

1. The health problem/disease that you are going to simulate. Give a brief description of the health problem and the special needs of individuals with that health problem/disease (1-2 pages).
2. Your plan for how you are going to simulate the health problem. Be specific and include what materials you are going to use (e.g., Tic-Tacs for medication) and how often you will be doing the monitorings and/or manipulations. Present the information on the frequency of monitoring/manipulation in the form of a schedule for the week that includes the time at which each event will occur.
3. Your anticipated start date and end date for the simulation. You can do it at any point in the quarter, just as long as the journal and final paper are turned in by the last day of class.

The last day to turn in your contract for this assignment will be February 2, and early contracts will be accepted. Any deviations from the assignment should be approved by the instructor.

Option B-2. Personal Health Behavior Change Program. The purpose of this exercise is to give you an understanding of what it is like to be the target of a health behavior change intervention. Another purpose is to increase your understanding of how to translate health behavior change theories into practical applications. Each student will select a personal health behavior (e.g.,

exercise, eating, smoking) that they would like to change. You will monitor the baseline frequency of this behavior for **at least one week** (two weeks is preferable) and then implement a brief health behavior change intervention for **at least one week**. You will continue to monitor the health behavior during your intervention. Then you will need to monitor the health behavior for **at least one week** after you have terminated the intervention to see if there are any lasting effects of the brief intervention. Upon completion of your data collection, graph the frequency of the health behavior, clearly marking the point at which the intervention started and ended. Also, write a brief paper (1-3 pages) talking about your personal reactions to the intervention. Each student will make an individual contract with the instructor for this project. Contracts should be typed and include the following information:

1. The specific targeted health behavior (e.g., eating high fat foods, doing 20 minutes of aerobic exercise). This can be either a health-threatening behavior you want to decrease or a health-enhancing behavior you want to increase. You should state why you chose this particular behavior.
2. A preliminary health behavior change strategy. This may be modified prior to the actual implementation of the intervention since you will have a greater understanding of health behavior change strategies, but try and sketch out an approximate plan.
3. The dates on which you will begin monitoring the baseline behavior, implement the intervention, and terminate the post-intervention monitoring. You can do it at any point in the quarter, just as long as the journal and final paper are turned in by the last day of class.

The last day to turn in your contract for this assignment will be February 2, and early contracts will be accepted. Any deviations from the assignment should be approved by the instructor.

C. Theory Exam. [25% of your grade]

There will be one exam where you will be asked to outline the principle of various health behavior change theories. You will select from a list of theories and be required to give descriptions or draw diagrams, and discuss some of the assumptions and unique components.

D. Clinical Health Psychology Intervention/Exercise. [10% of your grade]

The purpose of this assignment is to give you practice in utilizing the various clinical health psychology techniques discussed in class. On the last day of class each student will be responsible for directing the class in a 10-15 minute intervention/exercise. You can choose among the various techniques discussed in class, or select an appropriate alternative that is approved by the instructor.

E. Final Paper. [30% of your grade]

You will have two options for your final paper. The paper should be 5-8 pages and will be due on the date scheduled for the final exam (this is your final exam).

Option E-1: Group or Community-Based Health Behavior Change Intervention Proposal. For this final project you will develop a group or community-based health behavior change intervention that is grounded in one or more of the theories discussed in class. This will be written in the style of an abbreviated grant proposal with the following sections: a) Specific

Aims, b) Background and Significance, c) Research Design and Methods. The purpose of this project is to give you a chance to integrate what you have learned in the class and to formulate a proposal that can be used in your later work. You must have your topic/idea approved prior to writing the proposal.

Option E-2: Health Issue Paper. For this final project, you will write a paper on a particular health issue with a specific focus on some psychosocial aspect of the health issue. The purpose of this project is to go into greater depth on a particular health psychology topic that is of interest to you so that you can acquire a level of expertise in this area, and to integrate the information that you have learned in the class. You can be somewhat creative with how you approach the paper, but you must have your topic/idea approved prior to writing the paper.

VII. Tentative Course Schedule

Required readings are marked with an asterisk (*). Some unavoidable overlap does occur in the readings, especially with regard to the various models, so focus on the unique aspects of the readings when this does occur. Readings should be completed prior to the day of class during which they are listed.

January 5

Course Introduction

Health Psychology: Foundations, Practices, and Policies

*Belar & Deardorff. Chapter 1 (Introduction to Clinical Health Psychology)

*Kato & Mann. Chapter 1 (Diversity Issues in Health Psychology)

*Taylor, S. E. (1986). Health Psychology. New York: Random House. (pp. 3-14).

*Newman, R. & Reed, G. M. (1996). Psychology as a Health Care Profession: Its Evolution and Future Directions. In R. J. Resnick & R. H. Rozensky (Eds.) Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

*Belar, C. D. (1996). A proposal for an expanded view of health and psychology: The integration of behavior and health. In R. J. Resnick & R. H. Rozensky (Eds.) Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

DeLeon, P. H., Howell, W. C., Newman, R., Brown, A. B., Keita, G. P., & Sexton, J. L. (1996). Expanding Roles in the Twentieth-First Century. In R. J. Resnick & R. H. Rozensky (Eds.) Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

Gchwartz, G. E. (1982). Testing the biopsychosocial model: The ultimate challenge facing behavioral medicine? Journal of Consulting and Clinical Psychology, *50*, 1040-1053.

Epidemiology and Public Health

*Epidemiological Definitions (hand out)

Ewart, C. K. (1991). Social action theory for a public health psychology. American Psychologist, *46*, 931-946.

Hennekens, C. H., & Buring, J. E. (1987). Epidemiology in medicine. Little, Brown, and Company: Boston. Chapter 1 (pp. 3-15) and Chapter 4 (pp. 54-100)

January 12

Models and Theories of Health Behavior Change: How Do They Help?

*Glanz, Lewis, & Rimer. Chapter 2 (Linking Theory, Research, and Practice)

The Magic Ingredient for Change?: Self-Efficacy

*Maddux, J. E., Brawley, L., Boykin, A. (1995). Self-efficacy and health behavior: Prevention, promotion, and detection. In J. E. Maddux et al., (Eds), Self-Efficacy, Adaptation, and Adjustment: Theory Research, and Application. New York: Plenum Press.

The Health Belief Model

*Glanz, Lewis, & Rimer. Chapter. 3 (The Health Belief Model: Explaining Health Behavior Through Expectancies)

*Mainan, L. A., & Becker, M. H. (1974). The health belief model: Origins and correlates in psychological theory. Health Education Monographs, *2*, 336-353.

*[skim] Janz, N. K., & Becker, M. H. (1984). The health belief model: A decade later. Health Education Quarterly, 11, 1-47.

Rosenstock, I. M. (1960). What research in motivation suggests for public health. American Journal of Public Health, 50, 295-302.

Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1994). The health belief model and HIV risk behavior change. In R. J. DiClemente & J. L. Peterson (eds.). Prevention AIDS: Theories and methods of behavioral interventions. New York, NY: Plenum Press. [pp. 5-24]

January 19

Transtheoretical Model and Stages of Change

*Glanz, Lewis, & Rimer. Chapter 4. (The Transtheoretical Model and Stages of Change)

*Prochaska, J. O. (1992). A transtheoretical model of behavior change: Learning from mistakes with majority populations. In D. M. Becker, D. R. Hill, J. S. Jackson, D. M. Levine, F. A. Stillman, & S. M. Weiss (eds.). Health behavior research in minority populations: Access, design, and implementation. U. S. Department of Health and Human Resources, NIH Publication No. 92-2965

*Levine, F. Stillman, A. & Weiss, S. M. (eds.). Health behavior research in minority populations: Access, design, and implementation. U. S. Department of Health and Human Resources, NIH Publication No. 92-2965, pp. 105-110.

*Prochaska, J. O., DiClemente, C. C., & Norcorss, J. C. (1992). In search of how people change: Applications to addictive behaviors. American Psychologist, 47, 1102-1114.

Prochaska, J. O., Redding, C. A., Harlow, L. L., Rossi, J. S., & Velicer, W. F. (1994). The transtheoretical model of change and HIV prevention: A review. Health education quarterly, 21, 471-486.

Protection Motivation Theory

*Maddux, J. E., & Rogers, R. W. (1983). Protection motivation and self-efficacy: A revised theory of fear appeals and attitude change. Journal of experimental social psychology, 19, 469-479.

*Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. T. Cacioppo & R. E. Petty (eds.). Social psychophysiology: A sourcebook. New York: Guilford Press.

Block, L. G. & Keller, P. A. (1998). Beyond protection motivation: An integrative theory of health appeals. Journal of Applied Social Psychology, 28, 1584-1608.

January 26

Theory of Reasoned Action & Theory of Planned Behavior

*Glanz, Lewis, & Rimer. Chapter 5. (The Theory of Reasoned Action and the Theory of Planned Behavior)

*Ajzen, I. & Fishbein, M. (1980). Understanding attitudes and predicting social behavior. Englewood Cliffs, NJ: Prentice Hall [required pp 5-9; also skim 79-91]

*Ajzen, I. & Madden, T. J. (1986). Prediction of goal-directed behavior: Attitudes, intentions, and perceived behavioral control. Journal of experimental social psychology; 22, 453-474.

Fishbein, M., Middlestadt, S. E., & Hitchcock, P. J. (1994). Using information to change sexually transmitted disease-related behaviors: An analysis based on the theory of reasoned action. In R. J. DiClemente & J. L. Peterson (eds.). Prevention AIDS: Theories and methods of behavioral interventions. New York, NY: Plenum Press. [pp. 61-69]

Diffusion of Innovations

*Glanz, Lewis, & Rimer. Chapter 13 (Diffusion of Innovations)

*Dearing, J. W., Meyer, G., & Rogers, E. M. (1994). Diffusion theory and HIV risk behavior change. In R. J. DiClemente & J. L. Peterson (eds.). Prevention AIDS: Theories and methods of behavioral interventions. New York, NY: Plenum Press. [pp. 79-92]

February 2

Social Cognitive Theory

*Glanz, Lewis, & Rimer. Chapter 8. (How Individuals, Environments, and Health Behaviors Interact: Social Cognitive Theory)

*Bandura, A. (1994). Social Cognitive Theory and exercise of control over HIV infection. In R. J. DiClemente & J. L. Peterson (eds.). Prevention AIDS: Theories and methods of behavioral interventions. New York, NY: Plenum Press. [pp. 25-46]

Tobin, D. L., Reynolds, R. V. C., Holroyd, K. A., & Creer, T. L. (1986). Self-management and social learning theory. In K. A. Holroyd & T. L. Creer (eds.). Self-management of chronic disease: Handbook of clinical interventions and research. Orlando: Academic Press, Inc.

Greene, W. H., & Simons-Morton, B. G. (1984). Social learning theory: An integrated approach. In W. H. Greene & B. G. Simons-Morton. Introduction to health education. Prospect Hgts., IL: Waveland Press, Inc. pp. 179-192

Social Marketing

*Glanz, Lewis, & Rimer. Chapter 18 (Social Marketing)

*Lefebvre, C. R., & Flora, J. A. (1988). Social marketing and public health interventions. Health education quarterly, 15, 299-315.

*Williams, J. E. (1992). Using social marketing to understand racially, ethnically, and culturally diverse audiences for public health interventions. In D. M. Becker, D. R. Hill, J. S. Jackson, D. M. Levine, F. A. Stillman, & S. M. Weiss (eds.). Health behavior research in minority populations: Access, design, and implementation. U. S. Department of Health and Human Resources, NIH Publication No. 92-2965, pp. 130-140.

Ecological Model

*Glanz, Lewis, & Rimer. Chapter 19. (Ecological Models)

Ewart, C. K. (1991). Social action theory for a public health psychology. American Psychologist, 46, 931-946.

February 9

Theory Midterm

Experiential Course Assignment Discussion

Prevention Program Planning and Development

*Greene, W. H., & Simons-Morton, B. G. (1984). Planning, implementing, and administering programs. In W. H. Greene & B. G. Simons-Morton. Introduction to health education. Prospect Hgts., IL: Waveland Press, Inc. pp. 229-259.

*McElhaney, S. J. (1995). Getting started: The NMHA guide to establishing community-based prevention programs. National Mental Health Association. pp. 3-23.

*Robertson, A., & Minkler, M. (1994). New health promotion movement: A critical examination. Health education quarterly, *21*, 295-312.

Fincham, S. (1992). Community health promotion programs. Social science and medicine, *35*, 239-249.

Diversity Considerations in Health Psychology Interventions

- Kato & Mann.
- *Chapter 3 (Issues of Age and Health)
 - *Chapter 10 (Why Do We Need a Health Psychology of Gender or Sexual Orientation?)
 - *Chapter 15 (On Nothing and Everything: The relationship Between Ethnicity and Health)
 - Chapter 21 (Socioeconomic Status and the Health of Racial Minority Populations)

Experiential Course Assignment Discussion

Clinical Health Psychology: Collaboration within Interdisciplinary Teams

*DeNelsky, G. Y. (1996). Collaborative practice: Psychologists and internists. In R. J. Resnick & R. H. Rozensky (Eds.) Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

Schroeder, C. S. (1996). Psychologists and pediatricians in collaborative practice. In R. J. Resnick & R. H. Rozensky (Eds.) Health Psychology Through the Life Span: Practice and Research Opportunities. Washington, DC: American Psychological Association.

Clinical Health Psychology: Assessment

Belar & Deardorff. *Chapter 3 (Clinical Health Psychology Assessment)
*Chapter 5 (Special Issues in Assessment and Intervention)
Chapter 2 (Becoming a Clinical Health Psychologist)

Intervention Strategies: General Introduction, Body Awareness, & Breathing

Belar & Deardorff. *Chapter 4 (Intervention Strategies in Clinical Health Psychology)
Chapter 2 (Becoming a Clinical Health Psychologist)

Davis, Eshelman, & McKay
*Chapter 2 (Body Awareness)
*Chapter 3 (Breathing)

March 2

Experiential Course Assignment Discussion

Case Study Analyses

Intervention Strategies: Progressive Muscle Relaxation & Meditation

Davis, Eshelman, & McKay
*Chapter 4 (Progressive Relaxation)
*Chapter 5 (Meditation)

Intervention Strategies: Visualization & Applied Relaxation Training

Davis, Eshelman, & McKay
Chapter 6 (Visualization)
Chapter 7 (Applied Relaxation Training)

Intervention Strategies: Applied Relaxation, Self-Hypnosis, & Autogenics

Davis, Eshelman, & McKay
Chapter 8 (Self-Hypnosis)
Chapter 9 (Autogenics)

March 2

Experiential Course Assignment Discussion

Case Study Analyses

Student Directed Intervention Exercise Assignment

Course Wrap Up