

Psy 474: Health Psychology

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Fall Semester 2002, CSUF
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Course Description/Objectives:

This course focuses on health psychology, which attempts to understand the psychological influences on how people stay healthy, why they become ill, and how they respond when they get ill. Health psychology focuses on issues related to social psychology, health promotion, prevention, and evaluation. Lecture and readings will comprise of current theoretical issues and research models in health psychology. In addition, broader models of social change will be examined (e.g., diffusion of innovations, ecological perspectives).

The overall goal of the course is to provide students a rigorous emersion into health psychology, with an addition emphasis on social psychology & health-related issues. Students will also be introduced to research methods specific to health settings, including methods from public health and epidemiology. This course is associated with select Psychology Department student-learning objectives (linked to our Program Goals), including self-understanding, writing skills, understanding theoretical perspectives in psychology and related areas, critical analysis of research, research skills, applying knowledge to real world problems/applications, and working with others.

Required Texts: (all at Little Professor Bookstore)

- Taylor, S. E. (2003). *Health psychology* (5th ed.). Boston: McGraw-Hill.
- Shilts, R. (1995). *And the band played on: Politics, people, and the AIDS epidemic*. Penguin.
- Course Reader

Exams:

There will be a midterm and a final exam.

Task Diary:

You will be asked to keep a task diary that will be used for class-related tasks (e.g., pill regimen task, health-center task, etc.). You will use the diary to record your thoughts/feelings on specific tasks assigned during the course.

Group Presentations:

Depending on class size, students (working in groups of up to 3 people) will produce a formal presentation on a health psychology related topic. The presentations will be approximately 15 minutes in length and may utilize any appropriate media presentation tools. Grading of the presentations will be on a 12-pt scale (12 = excellent, 10 = good, 8 = adequate, 6 = poor).

Grading:

Midterm	25%
Final Exam	35%
Group Presentation	15%
Task Diary	25%
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	100%

Grading Procedure, late papers, absences:

Grades will be assigned based on total points from exams and section assignments. Grades will be broken down by the following percentages:

- 90% - 100% = A
- 80% - 89% = B
- 70% - 79% = C
- 60% - 69% = D

Late assignments will be penalized 1 pt each week late. It will benefit students to turn in all assignments no matter how late because grades are based on total points. In addition to attending class, students are expected to stay the entire class period.

Reader References:

Social Behavior & Health, Medicalization, and Health Outcomes

Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science*, 196, 129-136.

Conrad, P. (1975). The discovery of Hyperkinesis: Notes on the medicalization of deviant behavior. *Social Problems*, 23, 12-21.

Kaplan, R. M. (1990). Behavior as the central outcome in health care. *American Psychologist*, 45, 1211-1220.

Sociology, Public Health, and Epidemiology Overviews

Brown, P. (1991). Themes in medical sociology. *Journal of Health Politics, Policy and Law*, 16, 595-604.

Mullan, F. (2000). Don Quixote, Machiavelli, and Robin Hood: Public health practice, past and present. *American Journal of Public Health*, 90, 702-706.

Lilienfeld, A. M., & Lilienfeld, D.E. (1980). *Foundations of epidemiology* (2nd ed.). NY: Oxford Univ. Press. [Chapter 1 -- pp. 1-22]

Lilienfeld, A. M., & Lilienfeld, D.E. (1980). *Foundations of epidemiology* (2nd ed.). NY: Oxford Univ. Press. [Chapter 2 -- pp. 23-45]

MacDonald, K.L., Spengler, R.F., Hatheway, C.L., et al. (1985). Type A botulism from sauteed onions: Clinical and epidemiologic observations. *Journal of the American Medical Association*, 253, 1275-1278.

Behavior Change (Individual)

Larson, E.B., Bergan, J., Heidrich, F., et al. (1982). Do postcard reminders improve influenza vaccination compliance. *Medical Care*, 20, 639-648.

Hausenblas, H.A., Carron, A.V., & Mack, D.E. (1997). Application of the theories of reasoned action and planned behavior to exercise behavior: A meta-analysis. *Journal of Sport and Exercise Psychology*, 19, 36-51.

Wulfert, E., & Wan, C.K. (1993). Condom use: A self-efficacy model. *Health Psychology*, 12, 346-353.

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

Behavior Change (Group & Community)

Gladwell, M. (1996, June 3). The tipping point: Why is the city suddenly so much safer – Could it be that crime really is an epidemic? *The New Yorker*, pp. 32-38.

Kelly, J.A., Lawrence, J.S.S., Diaz, Y.E., et al. (1991). HIV risk behavior reduction following interventions with key opinion leaders of population: An experimental analysis. *American Journal of Public Health*, 81, 168-172.

Escamilla, G., Cradock, A.L., & Kawachi, I. (2000). Women and smoking in Hollywood movies: A content analysis. *American Journal of Public Health*, 90, 412-414.

Stokols, D. (1992). Toward a social ecology of health promotion. *American Psychologist*, 47, 6-22.

Behavior Change (Messages)

Rothman, A. J., Martino, S.C., Bedell, B.T., Detweiler, J.B., & Salovey, P. (1999). The systematic influence of gain- and loss-framed messages on interest in and use of different types of health behavior. *Personality and Social Psychology Bulletin*, 25, 1355-1369.

Patient Behavior/Hospital Settings

Taylor, S.E. (1979). Hospital patient behavior: Reactance, helplessness, or control? *Journal of Social Issues*, 35, 156-184.

Erger, J., Grusky, O., Mann, T., & Marelich, W.D. (2000). HIV health care provider/patient interaction: Observations of the process of providing antiretroviral treatment. *AIDS Patient Care and STDs*, 14, 259-268.

Marelich, W.D., Roberts, K. J., Murphy D.A., Callari T (2002). HIV/AIDS patient involvement in antiretroviral treatment decisions. *AIDS Care*, 14, 17-26.

Akerstrom, M. (1997). Waiting: A source of hostile interaction in an emergency clinic. *Qualitative Health Research*, 7, 504-520.

HIV/AIDS, Stigma, & Ecology

Herek, G.M., & Glunt, E.K. (1988). An epidemic of stigma: Public reactions to AIDS. *American Psychologist*, 43, 886-891.

Rotello, G. (1997). *Sexual ecology: AIDS and the destiny of gay men*. NY: Dutton.
[Introduction – pp. 1 - 18]

Rotello, G. (1997). *Sexual ecology: AIDS and the destiny of gay men*. NY: Dutton.
[Chapter 2 – pp. 38- 64]

Coates, T.J. (1990). Strategies for modifying sexual behavior for primary and secondary prevention of HIV disease. *Journal of Consulting and Clinical Psychology*, 58, 57-69.

Class Schedule and Reading Assignments

<u>Dates</u>	<u>Topic</u>
Week 1-3	<u>Introduction to Health Psychology, Biopsychosocial Model, Systems</u>
Week 4-6	<u>Health Behaviors, Behavior Change</u>
Week 7-9	<u>Patients in the Treatment Settings</u>
Week 10-11	<u>Stress & Coping</u>
Week 12-14	<u>Chronic & Terminal Illness, Focus on HIV/AIDS</u>
Week 15	<u>Future of Health Psychology, Presentations</u>
Week 16	<u>Final Exam</u>

The above schedule and procedures in this course are subject to change in the event of unforeseen circumstances. Midterm will be sometime in week 8 or 9. Presentations will occur over the course of the semester.