**Title of Material** | Health Psychology Tutorial for First Year  
**Author(s)** | Jacquelyn Cranney & Sue Morris  
**Description/Aim** | The aim of this tutorial is to introduce students to health psychology and how as a psychological scientist one might approach health behavior issues and problems. Specifically, the expected specific SLOs are:  
1) understand what health psychology is  
2) appreciate the factors influencing health and illness in individuals  
3) start to think about the factors involved in behaviour modification programs.  
**Benefits of Resource** | Age-relevant health issues.  
**Issues for Consideration** | NA  
**Approximate Duration** | 50 minutes  
**Primary Content/Process Topic** | Health and Wellbeing  
**Other Categories** | Applied psychological concepts, application of research methods  
**Intended student level** | Undergraduate – Introductory  
**Type of Material** | Classroom Practical/Tutorial  
**Format of Material** | Pdf file  
**Further Information Contact (email only)** | j.cranney@unsw.edu.au  
**Review Requested** | Yes  
**Evaluative Data Included** | No
**Description:**
The aim of this first year practical is to introduce students to health psychology, how it might relate to people like themselves, and how as a psychological scientist one might approach health behaviour issues and health behaviour promotion. The two main activities are group activities, where students need to first analyses scenarios, and secondly, play specific roles in order to problem solve a health issue.
Specifically, the expected specific SLOs are:
1) understand what health psychology is
2) appreciate the factors influencing health and illness in individuals
3) start to think about the factors involved in behaviour modification programs.

**Scholarship/Evaluation of Student Learning/Continuous Improvement:**
This has been running in first year psychology at UNSW since about 2003. We usually do not stray long on the deeper analysis of the case studies with the questionnaire and tick-box, but a brief overview of those alternative methods of analysis at least gives students a taste of the variety of methodological approaches that are possible (GA 2). In terms of the binge-drinking prevention exercise, there could be a broad range of experience with this issue in the class, from those who are at college and intimately aware of prevention issues, to those who have no idea of this issue. This different level of experience could be drawn out in the discussion. These activities tap into the UNSW/ALTC Guideline for Learning, “1. Effective learning is supported when students are actively engaged in the learning process”, and “14. Learning cooperatively with peers - rather than in an individualistic or competitive way - may help students to develop interpersonal, professional, and cognitive skills to a higher level” (see http://www.guidelinesonlearning.unsw.edu.au).
Health Psychology Tutorial for First Year

1. Health Psych Definition (5 mins)
2. Case studies (15 mins)
3. Health Promotion video and discussion (25 mins)

Student Learning Outcomes
By the end of this tutorial, students should
1) understand what health psychology is
2) appreciate the factors influencing health and illness in individuals
3) start to think about the factors involved in behaviour modification programs

Definition
Start with asking students what they think health psychology is. Then give this definition:

“Health psychology is the study of the relation between psychological variables and health, which reflects the view that both mind and body are important determinants of health and illness” (Baron, 2000, p. 490).

Now ask students to come up with some psychological variables that impact health. Later, we will be showing them a model from Myers, but for now they should think about a few key variables that help them with the case studies.

Case studies. Divide class into groups of 3 (sitting next to each other). Give them one case study each.
Aim: Introduce students to the main factors influencing health/illness in individuals (like themselves).
Materials: OH of instructions, Myers diagram, and each case study, and paper copies of case studies.
Instructions:

“Given the following (hypothetical) descriptions of first year university students, estimate how many colds they will have this year (average is about two per year; assume no genetic differences in susceptibility, and equal exposure to virus). General assumption: the higher/longer the level of stress experienced, the more compromised the immune system, and the greater the likelihood of catching a cold.”

Vincent
Vincent is a first year student living in college, and he has been having a great time. The college has almost compulsory social activities every night. He does not smoke, but he has been drinking a lot during the college social occasions, and experimenting with other drugs. His study has been sporadic, and his grades have been variable—that is, he is scraping by. He plays squash and football for the college, and thus has been getting regular exercise. He eats mostly healthy food. He does not have to worry too much about money. When faced with a new situation, he either rushes in head first, or adopts a “don’t care” attitude. He has made a lot of friends at college, and generally has a very positive outlook on life.
Andy
Andy lives at home with his parents, and works in their shop on the weekends. His parents have high expectations of him, and he focuses a lot on his studies. He spends most of his time on the computer—working, exploring the internet, or communicating with old high school friends (whom he rarely sees anymore). He hasn’t really made any new friends at the university, and he feels relatively isolated. He has a slightly negative outlook on life. He gets no exercise, other than essential walking. He eats enough good food, supplied by his parents. When away from his parents, he smokes a lot (average one pack a day).

Karen
Karen is a first year university student. Her parents, who do not live in Sydney, have bought her a studio apartment close to the university. She does not exercise, and eats mostly junk food. She is slightly overweight. She has very quickly thrown herself into the club scene, and is drinking and smoking heavily and experimenting with drugs. She only gets about 5 hours of sleep each night. She does not enjoy the challenges of tutorial work, and skips a lot of her classes. So far she is just scraping by in terms of grades. She often wakes up feels very low, but quickly deals with that by hanging out with her club friends.

Lee
Lee lives in an apartment with one friend and one other person. Each week-day, she walks 30 minutes to and from university. She is finding the course relatively demanding, but interesting. Her grades so far have been reasonably good. Although initially nervous about going to university, she has adapted well, because she enjoys thinking about different ways to handle new situations. She works as a waitress much of the weekend, in order to pay the rent. Occasionally the work is very stressful, but most of the time it is okay. She feels tired a lot, but often has difficulty going to sleep. She is sometimes a bit lonely, because her other friends are out having fun while she has to work. She tries to catch up with them on her free days. She does not smoke or take illegal drugs, and when she drinks, she rarely gets plastered. She eats reasonably healthy food. She has a relatively positive outlook on life.

Discussion. Put the groups’ initial estimates up on the board, for each case study. Then show the Myers overhead and discuss (a) how many of these factors they included in their decisions, and which they omitted (b) where ONE of the case studies fall on these dimensions, and its relevance to health risk as per Myers diagram. If time permits you can critically discuss eg difference between threat/challenge and optimistic/pessimistic (which are probably the factors they failed to consider).

Their estimates can be further refined by using the following questionnaire, which quantifies the impact of each of the variables in the model. It should be possible to calculate a score for their case study, which can be compared to their estimate (NB: we probably won’t have time to do the calculation, simply to explain that this can be done).
Write down your rating of your student case study on the following dimensions:

1. Amount of regular exercise:
   None/very little (0)------moderate (5)------ a lot (10)

2. Amount of social support:
   None/very little (0)------moderate (5)------ a lot (10)

3. Amount of smoking/drinking/drug use:
   None/very little (0)------moderate (5)------ a lot (10)

4. Positive/optimistic vs negative/pessimistic view of life:
   Positive/optimistic (0)------average/realistic (5)------negative/pessimistic (10)

5. Reaction to new situations/tasks/events:
   See as challenge (0)------assess realistically (5)------see as threat (10)

Reverse your scores on questions 1 and 2. Add to obtain a total for each of the student case studies. How do the ratings compare with your “cold” estimates, particularly in terms of the rank-order of the case studies?

Health Promotion

Aim: Stimulate students thinking re: theoretical and practical factors involved in behaviour change programs.

Materials: video, OHs with table, scenario.

Video (5 min): Show drink driving TV ad (we used the “lights out in brain” ad; a copy of this or similar is likely available from the NSW Roads & Traffic Authority). Put up the table overhead. Tell students to make notes as they watch, to answer the questions on the overhead. Ask them to describe the nature/structure of the program. Ask them to identify who is the target audience? Who are the other stakeholders? What do you think would be the barriers to those individuals “taking on” the message? How might you evaluate the effectiveness of the program? Any other comments (eg how you might improve the ad or the campaign as a whole)? Can do this with another existing program if time permits (e.g. slip, slop, slap; Norm; microsleeps; mental health; smoking; grim reaper (AIDS)).

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<thead>
<tr>
<th>Component</th>
<th>Drink Driving</th>
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<tr>
<td>Program/structure (What?)</td>
<td>Late night TV commercial</td>
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<td>Target (Who?)</td>
<td>Drink drivers (especially those only slightly over the limit)</td>
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<td>Stakeholders (Who Else?)</td>
<td>Publicans; Alcohol Companies; Hospitals/Health Care system; Police; Victims</td>
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<tr>
<td>Barriers (Why Not?)</td>
<td>Social pressure; Culture (“she’ll be right mate”)</td>
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<tr>
<td>Evaluation (How Well?)</td>
<td>Change in BAL readings; Police incidents; Self report</td>
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<tr>
<td>Comments</td>
<td>Effective “everyman” approach (ie a couple of beers will do it) Explicit link to brain function very effective</td>
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</table>
**Health Promotion Design (20 min):** Divide into groups of 6. Put up the *binge-drinking scenario* on the OH projector. Ask them to (a) choose a leader, (b) adopt roles of relevant stakeholders (eg have a student resident on the working party), (c) think up a program, keeping in mind the main categories in the overhead. They will have 10 min to discuss it as a group (working party), and 2 min for each group to talk to the class about what they devised and/or two issues about their program. If they ask, tell them they have a budget of $9,000 for the year (300 students). They should complete the table (above) for their program.

**Scenario: Binge drinking in a university residential college**

You are the director of a university residential college. The college has a culture of heavy drinking, particularly as part of the initiation of first year students. You realize that there are certain positive aspects to such behaviour in terms of socialization. The negatives include the mess that is often made, as well as the possible temporary effects on the cognitive functioning of the drinkers, such as compromised problem solving and general lack of organization. Over the past year, however, there have been some serious incidents involving police investigations, such as one incident of alleged gang rape, and the permanent brain injury to one drunken resident who fell down some stairs. You are obliged to implement a strategy that will decrease the probability of such incidents occurring again.

**Your task:** Put together a working party, come up with a strategy, including a way in which you can evaluate that strategy, and be prepared to give a 2-minute oral presentation to the Board of Governors of the College about your strategy or about at least two issues regarding your proposed program.

Some dimensions to keep in mind when instituting a program to modify people’s health-risk behaviour:

- initial analysis of the short- and long-term positive and negative consequences of engaging in healthy behaviours (vs. maintaining unhealthy behaviours)-- focus on the barriers to behaviour change (eg financial/physical constraints)
- involvement of respected or popular individuals in program
- training in skills needed
- adequate social support
- the necessity of **program evaluation**
- tailoring the program to meet needs of target population
- manipulations to increase individual commitment/self-determination/self-efficacy
- motivations/constraints/involvement of ALL stakeholders
- effective methods of information/message delivery
- resource constraints
“Health psychology is the study of the relation between psychological variables and health, which reflects the view that both mind and body are important determinants of health and illness” (Baron, p. 490).

Case Studies

**Aim:** An introduction to some of the main factors influencing health/illness in individuals like ourselves.

Given the following (hypothetical) descriptions of first year university students, estimate how many colds they will have this year

- average is about two per year
- assume no genetic differences in susceptibility
- assume equal exposure to virus

General assumption: the higher/longer the level of stress experienced, the more compromised the immune system, and the greater the likelihood of catching a cold.
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Lee lives in an apartment with one friend and one other person. Each week-day, she walks 30 minutes to and from university. She is finding the course relatively demanding, but interesting. Her grades so far have been reasonably good. Although initially nervous about going to university, she has adapted well, because she enjoys thinking about different ways to handle new situations. She works as a waitress much of the weekend, in order to pay the rent. Occasionally the work is very stressful, but most of the time it is okay. She feels tired a lot, but often has difficulty going to sleep. She is sometimes a bit lonely, because her other friends are out having fun while she has to work. She tries to catch up with them on her free days. She does not smoke or take illegal drugs, and when she drinks, she rarely gets plastered. She eats reasonably healthy food. She has a relatively positive outlook on life.
Life events

Personal appraisal
- Challenge
- Threat

Personality type
- Easy going
  - Nondepressed
  - Optimistic
- Hostile
  - Depressed
  - Pessimistic

Personal habits
- Nonsmoking
  - Regular exercise
  - Good nutrition
- Smoking
  - Sedentary
  - Poor nutrition

Level of social support
- Close, enduring
- Lacking

Tendency toward
- Health
- Illness

Now, for each of the questions below, write down your rating of each of the student case studies on the following dimensions:

1. Amount of regular exercise:
   None/very little (0)------moderate (5)------ a lot (10)

2. Amount of social support:
   None/very little (0)------moderate (5)------ a lot (10)

3. Amount of smoking/drinking/drug use:
   None/very little (0)------moderate (5)------ a lot (10)

4. Positive/optimistic vs negative/pessimistic view of life:
   Positive/optimistic (0)------average/realistic (5)------
   negative/ pessimistic (10)

5. Reaction to new situations/tasks/events:
   See as challenge (0)------assess realistically (5)------
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Reverse your scores on questions 1 and 2. Add to obtain a total for each of the student case studies. How do the ratings compare with your “cold” estimates, particularly in terms of the rank-order of the case studies?
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HEATH RISK INTERVENTION PROGRAM

Aim: Consideration of theoretical and practical factors involved in behaviour change programs.

Procedure:

- Divide into groups of 6.
- Randomly choose one person in each group to be the leader. Give them the scenario.
- The others will take on roles advised by the leader (and/or agreed to by the group).
- At the end, one group will be chosen to discuss their program.

Scenario: Binge drinking in a university residential college

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Your task: Put together a working party, come up with a strategy, including a way in which you can evaluate that strategy, and be prepared to give an oral presentation to the Board of Governors of the College. Be prepared to talk about at least two issues regarding your proposed program.
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- initial analysis of the short- and long-term positive and negative consequences of engaging in healthy behaviours (vs. maintaining unhealthy behaviours)-- focus on the barriers to behaviour change (eg financial/physical constraints)
- involvement of respected or popular individuals in program
- training in skills needed
- adequate social support
- the necessity of program evaluation
- tailoring the program to meet needs of target population
- manipulations to increase individual commitment/self-determination/self-efficacy
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