PS 353 HEALTH PSYCHOLOGY & COMMUNICATION SKILLS
IES Abroad Freiburg

DESCRIPTION:
This course provides a general introduction to the field of health psychology including a theoretical basis and different practical approaches of health behavior change. It follows two different paths to explain and explore human health issues in order to identify effective methods to enhance the general and individual quality of life.

In the first half of the course, the main concepts of Health Psychology will be introduced and put into a practical context by addressing questions such as: How healthy (or unhealthy) is the German population in an international comparison? What are the most prevalent health risks? Which specific health issues can be promoted by public health policies? A strong focus will be on symptoms and interventions concerning specific health behaviors.

In the second half of the course, students will be given an overview on communication models and counseling guidelines before undertaking a short practical training (mostly via role plays) in communication skills to learn how to explore, counsel and intervene effectively by respecting and improving patients' health resources.

CREDITS: 3 credits

CONTACT HOURS: 45 hours

LANGUAGE OF INSTRUCTION: German

PREREQUISITES: none

ADDITIONAL COST: none

METHOD OF PRESENTATION:
- Lectures
- Video-demonstrations
- Self-assessment-scales and role-play
- Discussions
- Oral presentations
- Role plays
- Online-resources
- Excursions

REQUIRED WORK AND FORM OF ASSESSMENT:
- Participation and Discussion - 10%
- Oral Presentation - 30%
- Midterm exam - 25%
- Written Analysis- and Reflection-Paper - 35%

Class Participation
Students are expected to participate in class discussions with questions and points related to the readings and with their own ideas related to the course topic in general. This also includes active participation in role plays.

Oral Presentations: Oral presentation on one specific health issue (e.g. addiction) using different medias (power point, videos etc.) and moderation of a critical group discussion about the topic.
Midterm evaluation: Multiple Choice Questions

Written Analysis and Reflection Paper: Over the course of the semester, each week students are required to critically reflect on different course topics, generate own ideas and turn them in as a written assignment (max. 500 words/week). At the end of the semester students are asked to turn in a summary of these weekly assignments (max. 12 pages).

LEARNING OUTCOMES:

By the end of the course students will be able to:

- Explain the main theoretical concepts of Health Psychology and communication
- Critically reflect different intervention models promoting health behavior
- Identify the symptoms and intervention programs of specific health issues (dehabituation of smoking, healthy diet etc.)
- Understand various pathways through which cultural surrounding, cognitions and behaviors influence health and illness
- Follow guidelines of best practice communication and counselling
- Interact effectively and sensitively with people of diverse health status
- Critically self-reflect on communicative abilities

ATTENDANCE POLICY:

IES Abroad courses are designed to utilize the unique contribution of the instructor; the lecture/discussion format is regarded as the **primary mode of instruction**. Therefore, attendance is mandatory. Any unexcused absence will incur a penalty on your final course grade. Deductions from grades due to absences are based on sessions (= 90 minutes). Any unexcused absence will incur a penalty on your final course grade (1 absence - 1%, 2nd absence -2%, 3rd absence – 3%).

Any student who has more than three (3) unexcused absences will receive an "F" as the final grade in the course. Any student who misses more than 25% of a course, whether the absences are excused or are unexcused, will receive an "F" as the final grade in the course. Students in the LAS program can excuse themselves once per course - to do so, they must notify the instructor and the Academic Dean in writing by e-mail before the start of the session. Any further excused absences must be excused by IES.

If you miss a class, it is **your responsibility** to make up on everything that was covered in class. Tests/presentations missed during unexcused absences **cannot be made up**.

Arriving late for class: Punctuality is important for the planned course schedule. If you are late for class, the late time will be recorded and added up at the end of the course. You will receive a grade reduction based on the accumulated amount of missing contact hours, according to the rule above (i.e., if you were late by 15 minutes for 6 sessions, your grade would be reduced by 1%).

LATE OR FAILURE SUBMISSION OF ASSIGNMENTS: Late submission of assignments or failure of submission of assignment results in the grade F of that particular assignment. This does not apply to late or non-submission due to illness with an excused absence.

Excused absence: Please call the IES Center before the start of your first class if you are ill and would like to be excused from your course, as outlined in the "Cell Phone and Attendance Policy" handed out during orientation. Student Affairs staff will decide whether your absence can be excused directly or whether a doctor's note is necessary. Absences due to religious observances and family emergencies may be excused at the discretion of the Center Director, with written approval. A petition for an excused absence due to a religious holiday needs to be submitted 2 weeks in advance. If permission is granted, the student needs to inform the Academic Dean, the Student Affairs Team and their instructors. Absences due to private travel or travel delays cannot be excused, even with advanced notice

ACADEMIC INTEGRITY CODE:

Students are expected to abide by the IES Abroad Code of Academic Integrity. The detailed IES Abroad academic integrity code can be accessed on Moodle.

All work submitted by a student for academic credit should constitute the student's own original work. Regardless of the quality of work, plagiarism will result in a failing grade for the course and/or an academic review and possible expulsion from the program. Plagiarism may be broadly defined as "copying of materials from sources, without acknowledging having done so, claiming other's ideas as one's own without proper reference to them, buying materials such as essays/exams, and using AI-generated content without disclosure."

As AI tools continue to evolve, learning how to use them responsibly is an important emerging skill. Some of our courses allow students to explore the use of generative artificial intelligence (GAI) tools such as ChatGPT for some assignments and assessments. The instructor of each course will communicate whether GAI may be used in a course and provide specific guidelines and procedures for its appropriate use.

Updated information on your course and readings, including additional readings from journalistic articles, can be found on the Moodle platform at https://moodle.iesabroad.org/login/index.php

CONTENT:

Week	Content	Assignments
Week 1	• Introduction to the seminar: Structure, content & learning goals • Check on individual skills and expectations • Lecture on basics of Health Psychology	• Schwarzer R. et al. (2002) Gesundheitspsychologie von A bisZ, ein Handwörterbuch. Hogrefe pp.175 – 204 • Renneberg B. & Hammestein P. (2006) Gesundheitspsychologie. Springer pp. 3 – 28

Week 2	• Presentation of the main concepts of Health Psychology via lecture, readings, self- assessment and test-interpretation, focusing on:
	  ○ the bio-psycho-social model of health
	  ○ the model of Salutogenesis by Antonovsky
	• Overview of general health variables
		• Ehlert U. (2016) Verhaltensmedizin. Springer Verlag pp. 13 - 41
		• Schwarzer R. et al. (2002) Gesundheitspsychologie von A bisZ, ein Handwörterbuch. Hogrefe pp.175 – 204
		• Lorenz R. (2004) Salutogenese. Ernst Reinhard Verlag pp. 21 - 40
		• Antonovsky's Sense of Coherence (SOC) scale – self- assessment and analysis
		• Lindström, B and Eriksson M. (2007). Contextualizing salutogenesis and Antonovsky in

		public healthdevelopment. Health Promotion International, Vol 21, Issue 3, pp 238-244
Week 3	• Main characteristics of public health policies in Germany in an international comparison • Overview of theoretical measurements and statistics of health status in different countries • Methods how to practically acquire and compare available data	• OECD-studies on Public Health Data • 2017. http://www.oecd.org/els/health-systems/health-data.htm • World Health Organization. Germany Data & Statistics http://www.euro.who.int/en/countries/germany/data-and- statistics • Preusker, U. (2008) Das deutsche Gesundheitssystem verstehen. Econimica Verlag. pp. 60 - 92 • Bundesgesundheitsministerium; Grundprinzipien der GKV https://www.bundesgesundheitsministerium.de/themen/krankenversicherung/grundprinzipien.html • World Health Organization. Der Europäische Gesundheitsbericht 2009 pp. 8 – 108 • http://www.euro.who.int/ data/assets/pdf_file/0018/82413/E93 103g.pdf?ua=1 • Mental Health Systems in OECD countries http://www.oecd.org/health/mental-health-systems.htm • World Health Organization (2015). Mental Health Atlas-2014 Country Profiles • http://apps.who.int/iris/bitstream/handle/10665/259161/WHO- MSD-MER-17.6-eng.pdf;jsessionid=088AC5F021F03C38A6CED5625CC6856D?seque nce=1

Week 4	• Prevention and treatment methods in Heath Psychology, such as:
	  ○ Psychoeducation
	  ○ Counseling
	  ○ preventive target group oriented programs etc.
		• Hurlemann et. al. (2014) Prävention und Gesundheitsförderung. Huber Verlag. Chapter 1
		• Renneberg B. & Hammestein P. (2006) Gesundheitspsychologie. Springer. Chapter 5, 7, 8 & 9
		• Ehlert U. (2016) Verhaltensmedizin. Springer Verlag pp 100 – 110

Weeks 5-6	• The general knowledge of health variables acquired in week 1-4 will be the basis for further readings and oral presentations on specific health issues regarding:
	  ○ unhealthy eating habits
	  ○ stress
	  ○ sexuality (HIV)
		• Renneberg B. & Hammestein P. (2006) Gesundheitspsychologie. Springer. Chapter 10 (Tabak, Alkohol und illegale Drogen), 11 (Ernährung), 13 (Stressbewältigung), 14 (Sexuelles Kontaktverhalten)
		• Hurlemann et. al. (2014) Prävention und Gesundheitsförderung. Huber Verlag. Chapter

	○ Addictions (smoking, alcohol) ○ chronic diseases ○ Suicidality • Presentations are supposed to include: ○ Epidemiology, Statistics, Definition and Classification ○ Symptoms and Consequences on an individual and a community level ○ Prevention and Treatment both on an individual and a public health level	10 (Prävention von Krebserkrankungen), 11 (Prävention von Adipositas), 20 (Prävention chronischer Stressbelastungen), 22 (Prävention von Substanzbezogenen Störungen), 23 (Prävention von Anorexia Nervosa), 24 (Prävention von Suiziden) • Ehlert U. (2016) Verhaltensmedizin. Springer Verlag. Chapter 9 (Krebserkrankungen), 11 (Autoimmunerkrankungen HIV/Aids), 13 (Adipositas) • Schwarzer R. et al. (2002) Gesundheitspsychologie von A bisZ, ein Handwörterbuch. Hogrefe pp. 16 – 19; 52 – 60; 72- 79; 98 – 102; 277 – 281; 292 – 300; 318 – 338; 432 – 443; 528 - 532; • 558 - 586
Week 7	• Midterm exam • Theoretical overview of counselling methods in Health Psychology	• Warschburger P. (2009). Beratungspsychologie. Springer Verlag. Chapter 1 – 4 • Sander K. & Ziebertz T. (2010). Personenzentrierte Beratung, Ein Lehrbuch für Ausbildung und Praxis. Juventa Verlag. Chapter 2 • Fuller C.& Taylor P. (2012) Motivierende Gesprächsführung. Belz. Chapter 1 • Bamberg G. (2001). Lösungsorientierte Beratung, Praxishandbuch. Beltz. Chapter 2
Week 8	• practical guidelines of different communication skills • Introduction, overview and preparation for the practical exercises in the following weeks	• Nelson-Jones R. (2005) Practical Counselling & Helping Skills: Text and Activities for Lifeskills Counselling Model. Sage Publications Ltd. pp.1- 42 • Warschburger P. (2009). Beratungspsychologie. Springer Verlag. Chapter 7
Weeks 9-12 • In small groups students will analyze and reflect their individual communicative styles • Guided role plays will be the framework to a) actively apply, demonstrate and experience communication and counselling techniques (exploration, first interventions, difficult conversations etc.) and b) reflect, evaluate and compare different professional client-practitioner-relations • The focus will be on role plays and exercises to assess emotions and physical reactions • We will also include professional best practice examples and film clips for demonstration • Further readings and professional practice guidelines in counseling psychology will be announced as decided upon.		
Weeks 9-10	• Focus of practical exercises will be on the relating and understanding stages of the counseling process	• Nelson-Jones R. (2005) Practical Counselling & Helping Skills: Text and Activities for Lifeskills Counselling Model. Sage Publications, Chapter

	• Skills regarding listening, understanding, assessment of emotions, cognition and physical reactions	2 & 3 • Warschburger P. (2009). Beratungspsychologie. Springer Verlag. Chapter 4, pp. 165- 167
Weeks 11-12	• Focus of practical exercises will be on the changing stage of the counseling process • Different practical intervention methods • Final written Analysis- and Reflection-paper • Final Exam	• Nelson-Jones R. (2005) Practical Counselling & Helping Skills: Text and Activities for Lifeskills Counselling Model. Sage Publications, Chapter 4 • Fuller C.& Taylor P. (2012) Motivierende Gesprächsführung. Belz. Chapter 5, 7, 8, 12 & 13 • Bamberg G. (2001). Lösungsorientierte Beratung, Praxishandbuch. Beltz. Chapter 2 & 3

COURSE-RELATED TRIPS:

- To be announced

REQUIRED READINGS:

- Renneberg B. & Hammestein P. (2006) Gesundheitspsychologie. Springer
- Nelson-Jones R. (2005) Practical Counselling & Helping Skills: Text and Activities for LifeskillsCounselling Model. Sage Publication

RECOMMENDED READINGS:

- Fuller C.& Taylor P. (2012) Motivierende Gesprächsführung. Belz
- Warschburger P. (2009). Beratungspsychologie. Springer Verlag.
- Hurlemann et. al. (2014) Prävention und Gesundheitsförderung. Huber Verlag.