



**PS 354 HEALTH PSYCHOLOGY AND COMMUNICATION SKILLS TRAINING**  
IES Abroad Vienna

**DESCRIPTION:** This course provides a general introduction to the theoretical basis and practical approach to issues of psychology of health and health behavior change. It therefore 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.

On the one hand main concepts of Health psychology will be introduced and connected to the question of how healthy or unhealthy Austrians in European and in international comparison live and which specific health issues can be promoted by public health policies. The symptoms and interventions concerning specific health behaviors and illness experiences will build the core of the course.

On the other hand students will be given an overview on communication models and counseling guidelines before undertaking practical training through role-playing within class and analyzing best practice videos. They will learn main communication skills as how to explore, counsel and intervene effectively by respecting and improving clients' health/y resources. The importance of adequate Psychologist-Client-Communication for any health behavior change will be addressed.

The course will include course-related trips to institutions of public health care and counseling.

**CREDITS:** 3 credits

**CONTACT HOURS:** 45 hours

**LANGUAGE OF INSTRUCTION:** English

**PREREQUISITES:** Students should have taken at least one introductory course in psychology.

**METHOD OF PRESENTATION:**

- Lectures
- Video-demonstrations
- Self-assessment-scales
- Role-playing
- Discussions
- Oral presentations
- Online resources
- Course-related trips

**REQUIRED WORK AND FORM OF ASSESSMENT:**

Participation in discussions and role play, oral presentation in class on a weekly topic in Health Psychology, written paper on reflection of specific health issue (midterm exam), written paper on analysis of a self-conducted conversation (role-playing).

- Participation and discussion - 10%
- Oral Presentation - 20%
- Participation in Role-Playing - 20%
- Midterm Paper - 20%
- Final Paper: Analysis of Role-Play - 30%

**Class participation and discussion, participation in role-playing:**

- Class participation:  
Class-discussion of specific topics on the basis of the compulsory readings and **occasional voluntary reflection exercises in Moodle**. Being ready to actively participate in role-playing.



- **Participation policy:**

Students differ in character and in their habits of communication and this will be highly respected. No arbitrary “points” for participation will be assigned. Class atmosphere will be encouraging and not competitive. However, not making an effort to contribute to the discussions or to participate in the role-playing at all or simply skipping classes unexcused will result in lowering the final grade (also see Attendance Policy).

### **In-class Presentation**

Students are expected to do an oral presentation of about 20 minutes, in small groups of 2-4 (student’s choice), on one special topic of their choice (e.g. Smoking, Alcohol, Physical Activity, Coping with Cancer, Suicide,).

The presentation should be accompanied by visual aids (e.g. Powerpoint, the Whiteboard,...) and include a handout of the key facts for class, including sources.

### **Midterm paper**

The midterm paper will be a take-home-essay based on the readings and on all material covered and discussed in class (2500 words).

### **Final paper**

The final paper will be a written analysis of a role-play conducted with fellow students, demonstrating understanding of the content of the course including critically analyzing one’s own counseling skills and the interpersonal interactions in the role-play (3000 words).

### **LEARNING OUTCOMES:**

By the end of the course students will be:

- Acquainted with the main theoretical concepts of health psychology and communication
- Able to distinguish between health promotion policies and health promoting treatment methods
- Familiar with the symptoms and intervention programs of specific health issues (de-habituating of smoking, psycho-oncology etc.)
- Understanding various pathways through which cultural surrounding, cognitions and behaviors influence health and illness
- Able to follow guidelines of best practice communication and
- Able to interact effectively and sensitively with people of diverse health status
- Willing to critically self-reflect communicative abilities

### **ATTENDANCE POLICY:**

IES Vienna requires attendance at all class sessions, including field study excursions, internship meetings, scheduled rehearsals, and all tests and exams. Attendance will be taken for every class. If a student misses more than one class without an excuse, the final grade will be reduced by one-third of a letter grade (for example, A- to B+) for every additional unexcused absence.

**Excused absences** are permitted only when:

- 1) a student is ill (health issues),
- 2) when class is held on a recognized religious holiday traditionally observed by the particular student, or
- 3) in the case of a grave incident affecting family members;
- 4) exceptions may be made for conflicting academic commitments, but only in writing and only well in advance of missed class time.

*Any other absences are unexcused.*



### Documentation of Excused Absences

- 1) Ill. If you are absent from class for physical health reasons, you will need to obtain a doctor’s note; for mental health reasons, please consult the Health & Safety Coordinator, Meral Köblinger (office on the ground floor past the reception).
- 2) Recognized religious holiday. If you plan to miss any holidays not already recognized by IES Vienna, please notify Ginte ([registrar@iesvienna.org](mailto:registrar@iesvienna.org)) in writing at the **beginning of the semester.**
- 3) Grave family incident. Submit a note from the attending doctor or comparable documentation of incident.
- 4) Conflicting academic commitments. You must petition the Center Director, Dr. Morten Solvik ([msolvik@iesvienna.org](mailto:msolvik@iesvienna.org)) in a written explanation stating the conflict and why your choice of activity represents the best alternative under the circumstances; only upon the Director’s explicit instruction is the excused absence granted.

### Procedure

To be granted an excused absence you must first submit the documentation of your absence to the Academic Program Manager, Ginte Stankeviciute (first floor office to the left). Ginte will prepare an excused absence form for each of the classes affected by your absence. It is your responsibility to give each of these to the professors in question in order for the absence to be excused (and thus not affect your grade).

### Sanctions

- If a student misses more classes than permissible without an excuse, the final grade will be reduced by one-third of a letter grade (for example, A- to B+) for every additional unexcused absence.
- Excessive unexcused absences will lead to an Academic Review.

### CONTENT:

Week	Content	Readings
<b>Week 1</b>	<p>Introduction to the field of Health Psychology and presentation of main concepts of Health Psychology such as the bio-psycho-social-spiritual model of health.</p> <p>Introduction to the course</p> <p>Lecture on Basics of Health Psychology</p>	<ul style="list-style-type: none"> <li>• Marks D.F. et al. (2011). Health Psychology: Theory, Research and Practice. Sage Publications Ltd, Part 1, pp 1-39</li> <li>• Glanz K. et al (2008). Health Behavior and Health Education. Theory and Practice. Jossey-Bass, Chapter 1, p. 3-18</li> </ul>
<b>Week 2</b>	<p>Presentation and discussion of further theoretical models differentiating between models of individual, interpersonal and community health behavior, such as the Health Belief Model (HBM), the health model in social cognitive theory, the importance of social support to health and strategies for macro-level-change in health behaviors.</p>	<p>Glanz K. et al (2008). <b>Health Behavior and Health Education.</b> Theory and Practice. Jossey-Bass, Chapter 2, p. 19-40 (general overview), Chapter 3, p. 41-65, Chapter 7, p 149-165, Chapter 12, p. 271-281, Chapter 13, p 283-311 and Chapter 17, p. 389-403</p>

<p><b>Week 3</b></p>	<ul style="list-style-type: none"> <li>Familiarizing with the model of Salutogenesis by Antonovsky by lecture, readings, self-assessment and test interpretation.</li> <li>Discussion of how different theoretical models of health have relevance for the practice of health behavior change.</li> </ul>	<ul style="list-style-type: none"> <li>Antonovsky, A. (1996). The salutogenic model as a theory to guide health promotion. In Health promotion International, Vol 11, Issue 1, pp 11-18</li> <li>Lindström, B and Eriksson M. (2007).Contextualizing salutogenesis and Antonovsky in public health development. Health Promotion International, Vol 21, Issue 3, pp 238-244</li> <li>Becker, C. M., Glascoff, M. A., &amp; Felts, W. M. (2010). Salutogenesis 30 Years Later: Where do we go from here? International Electronic Journal of Health Education, 13, 25-32.</li> </ul>
<p><b>Week 4</b></p>	<p>Students will learn about public health policies in Austria in international comparison (lecture) and measurements and statistics of health status in different countries worldwide and how to gain and compare available data (lecture and oral presentations).</p> <p>The newly gained general knowledge of the theoretical Models on Health Behavior Change will be the basis for further readings and the students' oral presentations on special psychological health problems and their treatment on an individual as well as on a community level.</p> <p>Students will look into specific subjects such as unhealthy eating habits, sexuality, physical activity and exercise, addictive behavior (smoking and alcohol) and chronic diseases (e.g. cancer).</p> <p>The model of different levels of preventions will be introduced and help to distinguish between diverse approaches to preventive and treatment methods in Health Psychology such as psychoeducation, counseling, preventive target group oriented programs etc.</p> <p>Presentations should include:</p> <ul style="list-style-type: none"> <li>Epidemiology and Statistics, Definition and Classification</li> <li>Symptoms and Consequences on an individual and a community level</li> <li>Treatment and Interventions both on an individual and a public health level</li> </ul>	<ul style="list-style-type: none"> <li>OECD-studies on Public Health Data 2014. <a href="http://www.oecd.org/els/health-systems/health-data.htm">http://www.oecd.org/els/health-systems/health-data.htm</a></li> <li>OECD (2008).Mental Health in OECD countries. pp 1-8 <a href="http://www.oecd.org/dataoecd">http://www.oecd.org/dataoecd</a></li> <li>World Health Organization (2011). Noncommunicable diseases country profiles 2011. WHO global report.</li> <li>Sassi, F. (2010). Obesity and the Economics of Prevention: Fit not Fat. OECD WHO. Suicide Prevention. <a href="http://www.who.int/mental_health/prevention/suicide">http://www.who.int/mental_health/prevention/suicide</a></li> <li>Holland, J., Lewis, S. (2001). The human side of Cancer. Living with Hope, Coping with Uncertainty. Harper Collins. Chapter 2 and 3, pp 13-39</li> <li>Marks D.F. et al. (2011). Health Psychology: Theory, Research and Practice. Sage Publications Ltd, Part 2, pp 113-140, p. 167-188, p. 189-216 and p. 217-242</li> </ul>

<p><b>Week 5</b></p>	<p><b>March 14 (date subject to change):</b> Fieldtrip to the healthcare center FEM Süd for an introduction to their health-psychological community projects with people from diverse backgrounds</p>	<ul style="list-style-type: none"> <li>• Hofmarcher, M., Rack, H. (2006). Health Care Systems in Transition. European Observatory on health Systems and Policies. WHO regional Office</li> <li>• Federal Ministry of Health and Women (2005). Public Health in Austria.</li> <li>• Austrian Federal Ministry of Health (2010). The Austrian Health Care System – Key Facts.</li> </ul>
<p><b>Week 6</b></p>	<p>Reflection and looking back on what you learned in the first part of the course.</p> <p>The counseling and communication skills training part of the course starts. From now on we will concentrate on practical exercises to gain communication skills, mainly through role play. We will also analyze professional best practice examples and film clips (eg. of "in treatment") for demonstration.</p> <p>Introduction to Counseling – Lecture and First Exercises</p>	<ul style="list-style-type: none"> <li>• Nelson-Jones R. (2005). Practical Counselling &amp; Helping Skills: Text and Activities for the Lifeskills Counselling Model. Sage Publications Ltd, Chapters 2 and 4, pp 14-22 and 42-63</li> <li>• Perry W. (2008). Basic Counseling Techniques: A Beginning Therapist's Tool Kit Chapter 1, pp 17-33</li> </ul>
<p><b>Week 7</b></p>	<p>The most important communication theories and practical guidelines of communication skills will be discussed. The main aspects of providing a client-centered counseling-setting will be trained in class and analyzed by observing different examples in video clips.</p>	<ul style="list-style-type: none"> <li>• Nelson-Jones R. (2005). Practical Counselling &amp; Helping Skills: Text and Activities for the Lifeskills Counselling Model. Sage Publications Ltd, Chapter 6, pp 77-89</li> </ul>
<p><b>Week 8</b></p>	<p>Students will read about emotional reactions in counseling settings and how to assess feelings and physical reactions as well as how to understand and apply body language. Exercises and video analysis on body language.</p>	<ul style="list-style-type: none"> <li>• Nelson-Jones R. (2005). Practical Counselling &amp; Helping Skills: Text and Activities for the Lifeskills Counselling Model. Sage Publications Ltd, Chapter 8, pp 124-143</li> </ul>
<p><b>Week 9</b></p>	<p>In small groups students will learn to analyze their communicative habits and in guided role playings they will practice the skills on how to conduct different professional conversations within client-psychologist-relations (exploration, breaking bad news, difficult conversations etc.).</p> <p>Spring break: April 13-23</p>	<ul style="list-style-type: none"> <li>• Nelson-Jones R. (2005). Practical Counselling &amp; Helping Skills: Text and Activities for the Lifeskills Counselling Model. Sage Publications Ltd, Chapter 13, pp 208-219</li> </ul>

<p><b>Weeks 10 and 11</b></p>	<p>The issues of different models of changes in health behavior and their relevance to practical communicative skills in counseling on health issues will be intertwined. Students will follow a concrete counseling guideline to practice (in role-playing) a complete counseling session from opening to disclosure. Transcription and analysis of role-playing to show knowledge of how to agree on a shared analysis of problems, communication and action in the process of counseling.</p> <p><b>April 25 (date subject to change):</b> Fieldtrip to HPE, a counseling center for relatives of people suffering from a mental illness for an introduction to their approach to counseling this particular group of clients</p>	<ul style="list-style-type: none"> <li>Glanz K. et al (2008). Health Behavior and Health Education. Theory and Practice. Jossey-Bass, Chapter 11, p. 237-269.</li> </ul>
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**COURSE-RELATED TRIPS:**

This course includes several course-related trips to institutions of public health care and counseling, details will be announced at the beginning of the course.

**REQUIRED READINGS:**

- Marks D.F. et al. (2011). Health Psychology: Theory, Research and Practice. Sage Publications Ltd.
- Glanz K. et al (2008). Health Behavior and Health Education. Theory and Practice. Jossey-Bass.
- Nelson-Jones R. (2005). Practical Counselling & Helping Skills: Text and Activities for the Lifeskills Counselling Model. Sage Publications Ltd.
- Further articles and book chapters will be assigned in advance for the following week; some of them are available on the Internet (e.g. EOCD-studies).