

Course Description
PSYM17-CH-208 Clinical Health Psychology

Aim of the course

The course discusses chronic somatic illnesses from a biopsychosocial viewpoint. The first few classes provide a theoretical introduction, in which we familiarize ourselves with the historical background and major psychological models of psychosomatic and somatization diseases. The following part of the course the chronic illnesses which are the most common, most actual and has the biggest societal impact will be discussed in detail. Our goal is to get a complex picture about the psychological, above all healthy psychological questions and tasks in connection with the certain diseases. The course does not only focus on presenting the literature, but also wishes to provide a complex picture of what kind of challenges arise with having to live with the certain diseases and what kind of healthy psychological duties come to the foreground. Diving into the literature is accompanied by patient interviews, case discussions, interviews with the health care personnel, knowing self-help groups, knowing of disease specific tests and intervention techniques as a part of project works.

Learning outcome, competences

knowledge:

knowledge of psychological models of chronic somatic diseases

knowledge of the basic biological characteristics of certain diseases

knowledge of the major psychological questions regarding certain diseases (comorbid disorders, biopsychosocial background mechanisms, possibilities of psychological interventions, specific questions of quality of life)

attitude:

developing an opened attitude, which involves being interested in somatic symptoms and diseases

developing an appropriate attitude/relationship with health care personnel

skills:

savvy in learning and using medical language of different somatic diseases

recognizing the possible psychosomatic and somatopsychic interactions in certain diseases

the ability to highlight the major health psychological questions in case studies and matching them to possible interventions

Content of the course

Topics of the course

Conceptual introduction section

Somatic diseases and conditions in psychology – historical summary, trends

Major psychological models of psychosomatic vulnerability (1: personality, regression models, the role of attachment, the role of social relations and family) (2: cognitive model: alexithymia, somatosensory amplification, catastrophizing, Brown's integrative conceptual model, filter model)

Disease-specific section (the most common diseases are presented in every course description, in case of the less common problems focus may change)

Gastrointestinal diseases (gastric ulcer, inflammatory bowel diseases, irritable bowel syndrome) Cardio-vascular diseases (hypertension, arteriosclerosis, infarction and stroke)

Oncological

diseases Asthma,

COPD

Allergies and intolerances (hayfever, multiple chemical sensitivity, lactose and gluten intolerance)

Gynecological diseases (endometriosis, PCOS, menstruation diseases, gynecological infections)

Diabetes, metabolic disorders

Pain disorders (chronic pelvic pain, headaches, fibromyalgia)

psychological issues of transplantation

Psychological care of the disabled

Psychological issues of autoimmune diseases

Learning activities, learning methods

Frontal education about the major psychological questions of the diseases

Interactive, experience based exercises to practice psychological skills connected to somatic patients project works focusing on a disease

Evaluation of outcomes

Learning requirements, mode of evaluation, criteria of evaluation:

requirements

steady knowledge of the theoretical background (two tests on the seminar, the first on the theoretical background, second on the disease specific section)

active participation in the interactive exercises

participation in the project work (evaluation of the project work)

mode of evaluation: 5 degree scale, based on the average of the grades given on the three parts of course requirements

1. test (theoretical background) 30%
2. test (disease specific part) 30%
3. project work 40%

criteria of evaluation:

the depth of understanding the biopsychosocial interactions and the required basic knowledge the ability of applying the mastered skills

Reading list

Compulsory reading list

(for the theoretical introduction)

Belar, C.D. (2008). Clinical Health Psychology: A Health Care Speciality in Professional Psychology. Professional Psychology: Research and Practice 39 (2). 229-233

Brown, R.J. (2006). Medically unexplained symptoms: a new model. Psychiatry 5(2), 43-47.

Chen J at al (2011). Alexithymia and emotional regulation: A cluster analytical approach. BMC Psychiatry 11(33). <http://www.biomedcentral.com/1471-244X/11/33>

De Gucht, V.; Maes, S. (2006). Explaining medically unexplained symptoms: Toward a multidimensional theory-based approach to somatization. Journal of Psychosomatic Research, 2006. 60. 349-352.

Deary, V., Chalder, T., Sharpe, M. (2007). The cognitive behavioural model of medically unexplained symptoms: A theoretical and empirical review. *Clinical Psychology Review*, 27, 781-797.

Dimsdale, J.E. et al. (2013). Somatic Symptom Disorder.: An important change in DSM. *Journal of Psychosomatic Research*, 75, 223-228.

(for the disease specific part)

Browne, J. L. et al. (2014). 'I'm not a druggie, I'm just a diabetic': a qualitative study of stigma from the perspective of adults with type 1 diabetes. *BMJ Open*, 4(7). doi: 10.1136/bmjopen-2014-005625.

Compare, A., Germani, E., Proietti, R., & Janeway, D. (2011). Clinical Psychology and Cardiovascular Disease: An Up-to-Date Clinical Practice Review for Assessment and Treatment of Anxiety and Depression. *Clinical Practice and Epidemiology in Mental Health: CP & EMH*, 7, 148-156. <https://doi.org/10.2174/1745017901107010148>. Full text: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3195800/>

Coogan, P.F., Wise, L.A., O'Connor, G.T., rown, T.A., Palmer, J.R., Rosenberg, L.

(2013). Abuse during childhood and adolescence and risk of adult-onset asthma in African American Women. *J Allergy Clin Immunol*. 131. 1058-63.

Farell, K., Antoni, M. (2010). Insulin Resistance, Obesity, Inflammation and Depression in Polycystic Ovary Syndrome: Biobehavioral Mechanisms and Interventions. *Fertil Steril*. 2010 October ; 94(5): 1565-1574. doi:10.1016/j.fertnstert.2010.03.081.

Ismail, K. et al. (2010). A randomised controlled trial of cognitive behaviour therapy and motivational interviewing for people with Type 1 diabetes mellitus with persistent sub-optimal glycaemic control: a Diabetes and Psychological Therapies (ADaPT) study. *Health Technology Assessment*, 14(22), 1-65.

Kazak, A., Noll, R.B. (2015). The integration of psychology in pediatric oncology research and practice. Collaboration to improve care and outcomes for children and families. *American Psychologist*, 70 (2), 146-158.

Szigethy E. et al (2007). Cognitive behavioral therapy for adolescents with inflammatory bowel disease and subsyndroma depression, *Journal of American Academy of Child and Adolescent Psychiatry*, 2007, 46.(10), 1290-1298.

Toivanen, S. (2012). Social determinants of stroke as related to stress at work among working women: a literature review; *Stroke Research and Treatment*, Volume 2012, Article ID 873678, 10 pages doi:10.1155/2012/873678

Zingone, F., Swift, G.L., Card, T.R., Sandlers, D.S., Ludvigsson, J.F., Bai, J.C. (2015). Psychological morbidity of celiac disease: A review of the literature. *United European Gastroenterology Journal*, 3. 136-145.