

Sample Exam Questions

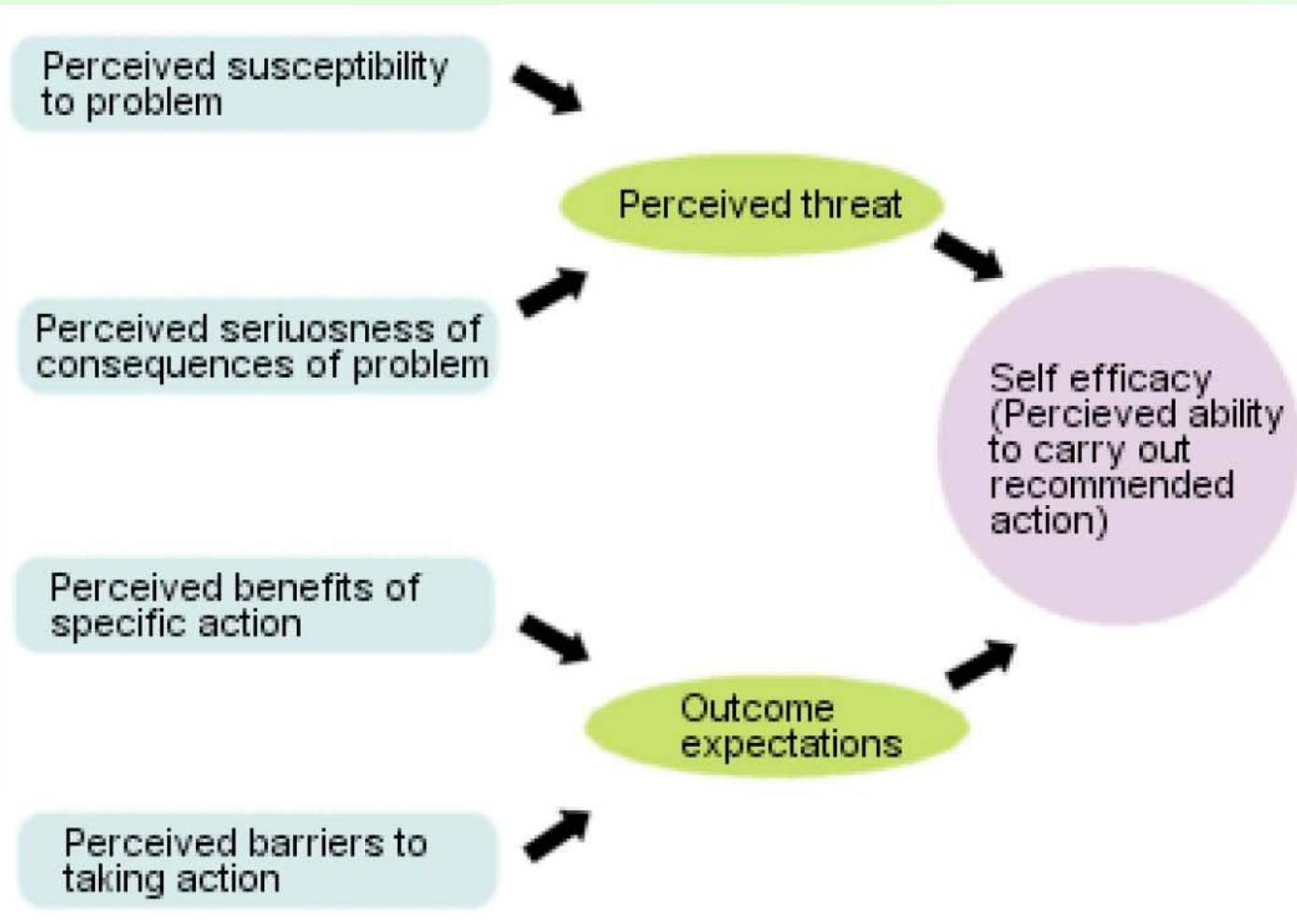
1. An advertising campaign tries to increase condom use by young women by: 1) increasing their perceived risk of sexually transmitted disease, 2) persuading them that condom use will reduce their risk, and 3) providing them with advice on how to negotiate condom use with their partners to increase their self-efficacy. Which attitude change are they using:
 - a) theory of planned behavior
 - b) theory of reasoned action
 - c) health beliefs model
 - d) simple fear appeal

2. Relaxation training and systematic desensitization can be used to:
 - a) Decrease anxiety regarding needles
 - b) Decrease nausea and vomiting during chemotherapy
 - c) Classically condition a competing emotional response
 - d) All of the above

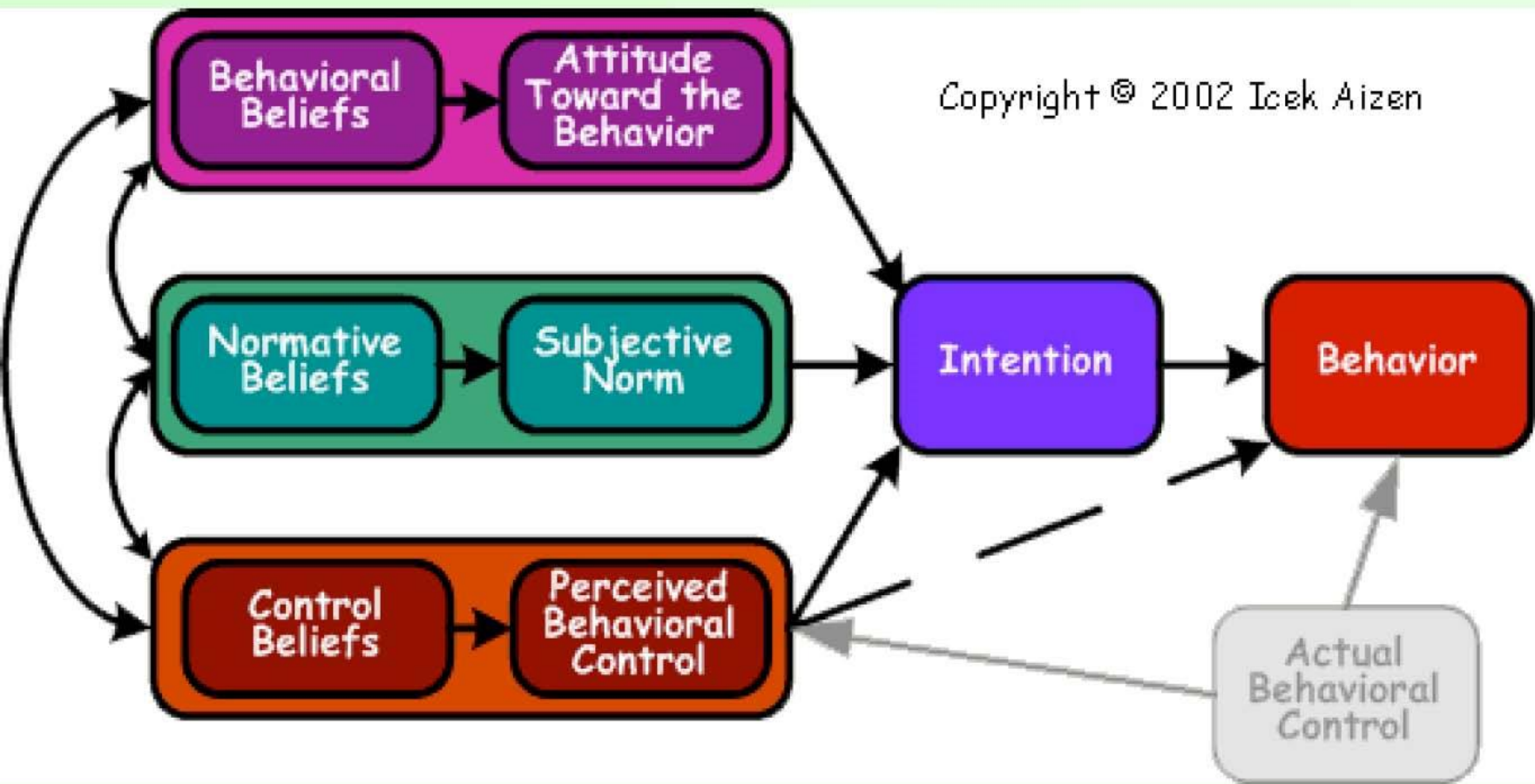
Sample exam questions

3. Erin would like to run in a 10 K during the summer. She decided to reward herself for successive approximations to this goal: first rewarding herself for running 2 miles each day for a week, then 3 miles daily the following week, and so on until she could run 10 K. She is using the following principle of learning.
- a) Chaining
 - b) Negative reinforcement
 - c) Shaping
 - d) Stimulus control

Health Belief Model



Theory of Planned Behavior



Health-Enhancing Behaviors

Chapter Four

Exercise Promotion

Accident Prevention

Cancer- Related Health Behaviors

Weight Control

Exercise Promotion: Aerobic

- ◆ Sustained exercise that
 - ◆ stimulates/strengthens heart and lungs
 - ◆ improves body's utilization of oxygen

- ◆ High-intensity, long-duration

- ◆ Bicycling
- ◆ Jogging, running
- ◆ Jumping rope
- ◆ Swimming



Exercise: Benefits

1) Physical Health Benefits:

- ◆ Increases in cardiovascular fitness and endurance
 - ◆ 30-minute/day decreases the risk of chronic disease
- ◆ Increased longevity and quality of life
 - ◆ by age 80, the amount of additional life attributable to aerobic exercise is between 1 and 2 years
- ◆ bone density in women, glucose tolerance in diabetics, reduced weight, cardiovascular disease, colon cancer, stroke, low back pain, reverses atherosclerosis, cholesterol and hypertension, balances neurotransmitters, hormone levels, blood lipids, & clotting factors.

2) Psychological Health Benefits: well-being, self-esteem, body concept, reduced anxiety, hostility, and sx's of moderate depression, reduced stress, enhanced immune function, sleep, energy.

3) Economic Benefits: reduces absenteeism, health costs, increases job satisfaction.

Exercise vs. Inactivity

- ◆ Recommended 30 min of moderate exercise most days of the week, or vigorous exercise at least 3 days/week
- ◆ 2/3 of Americans don't meet recommended levels
- ◆ 1/4 do not engage in any leisure-time physical activity
- ◆ Only 10% regularly perform aerobic exercise at 70-85% of maximum heart rate for 15-20 min 3 times a week.
- ◆ Increasing general activity - walking, gardening, etc

Determinants of Regular Exercise

- ◆ Exercise schedules are usually erratic
 - ◆ Lack of time and stress undermine good intentions
 - ◆ About 50% of people who initiate a voluntary exercise program are still doing it after 6 months
- ◆ Individual Characteristics
 - ◆ Gender (middle aged and older women less likely), weight, social support, self-efficacy predict exercise adherence, at risk for CHD
- ◆ Characteristics of the Setting
 - ◆ Convenient and accessible settings predict adherence

Determinants of Regular Exercise

- 1) *Predictors of initial involvement:*** family/socially valued, but these factors do not predict maintenance. Less likely if overweight, smoker, blue collar, angina, if they do, only at a low intensity and frequency -low self-efficacy and outcome expectancies.
- 2) *Personality Types:*** need to tailor program to personality, different attitudes, beliefs, values, expectancies, and intentions.
- 3) *Setting:*** More likely to exercise if convenient & accessible. Remove barriers, provide social support.

Perceived Behavioral Control

- ◆ Motil 2005 compared self-efficacy and perceived behavioral control in predicting adolescent physical activity.
- ◆ Self-efficacy “belief in one’s capabilities to organize and execute the courses of action required to produce a given attainment” (Bandura, 1997). Internal
- ◆ Perceived behavioral control “people’s perception of the ease or difficulty of performing the behavior of interest” (Ajzen, 1991). Both internal and external factors.
 - ◆ Internal factors - beliefs about skills, abilities, and willpower
 - ◆ external factors- time, opportunity, and dependence on others.

Exercise: Characteristics of Interventions

◆ Strategies

- ◆ Motivational Interviewing
- ◆ Cognitive-behavioral strategies
- ◆ Stage of Change
- ◆ Relapse prevention
- ◆ Social engineering

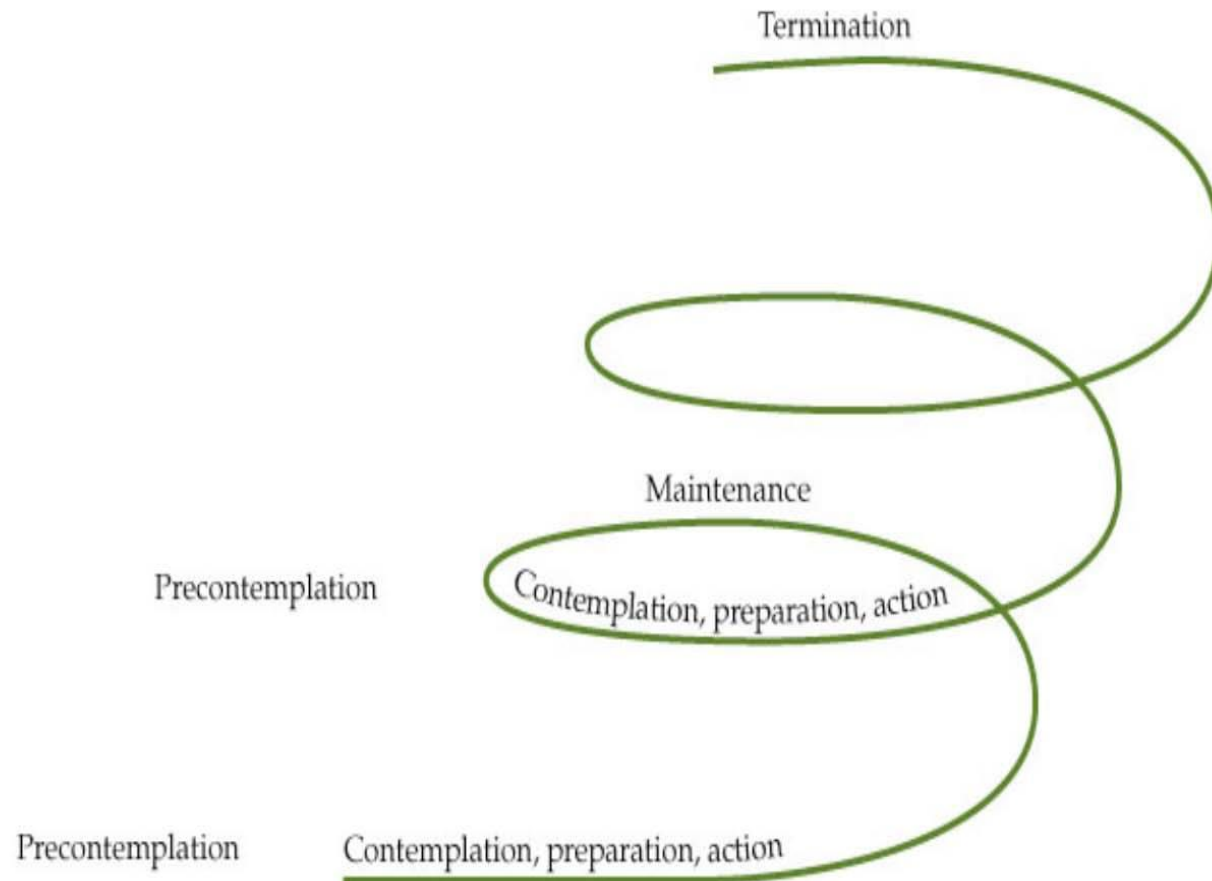
◆ Individualized Exercise Programs

- ◆ Understanding motivation and attitudes aids in development of a program of activities that are liked and are convenient

Characteristics of Interventions

- ◆ Stages of Change Model:
 - ◆ Readiness for change, different interventions for people at different stages of change.
 - ◆ Precontemplators = motivational interview; Contemplators = perceived barriers need to be removed through persuasion; Action = how to maintain, focus is on relapse prevention
- ◆ CBT Strategies When Ready for Action:
 - ◆ self-monitoring and self-reward, contingency contracting, goal setting, planning, relapse prevention to support maintenance.
- ◆ Environmental engineering/community
 - ◆ Community planning, requiring gym, workplace

Transtheoretical Model: A Spiral Model of the Stages



Characteristics of Interventions

◆ Relapse prevention:

- ◆ ID obstacles to exercise & coping techniques for dealing with them
 - ◆ e.g., anticipating and planning for interruptions (sick, travel, weather)
- ◆ Correct outcome expectancies
 - ◆ I'm tired and exercise will make me feel worse
- ◆ Abstinence violation effect
 - ◆ lapses are not viewed as total failures
- ◆ Optimize pleasure
 - ◆ Fit to personality, not obligation
- ◆ Social support and prompts
 - ◆ Telephone reminders or peer support.

Accident Prevention: Overview

◆ Accidents

- ◆ Major cause of preventable death in U.S.

◆ Worldwide

- ◆ 1.26 million people died of road-traffic injuries in 2000
- ◆ Economic cost of accidents is \$518 billion per year

◆ Are accidents random events?

◆ Strategies to reduce accidents

- ◆ Focus of health psychology research and intervention

General Guidelines

- ◆ Aerobic exercise most days of the week for 20-30 minutes.
- ◆ Or, 3 days heart rate elevated to 80% of maximum, $HR = (220 - \text{age}) \times 0.80$
- ◆ Start modestly, watch muscle strain & exhaustion (shaping)
- ◆ Set goals: should be specific, but flexible interchangeable units
- ◆ Select enjoyable activities that fit your lifestyle and schedule

Accident Prevention: Home and Workplace

- ◆ Accidents in the home
 - ◆ Most common cause of death and disability in children under 5
- ◆ Pediatricians and parenting classes
 - ◆ Provide information to new parents about “childproofing” the home
 - ◆ Well baby visit = teachable moment
- ◆ Social engineering solutions are effective in reducing injury and mortality
 - ◆ Safety caps on medication
 - ◆ Guidelines regarding occupational safety
 - ◆ Stairway designs in schools, etc.

Accident Prevention: Motorcycle and Car Accidents

- ◆ Single greatest cause of accidental death
- ◆ Little research helping people avoid accidents
- ◆ Safety measures do reduce mortality
 - ◆ Wearing seat belts
 - ◆ Highway speeds of 55 mph
 - ◆ Infants/children in car safety seats
 - ◆ Reflective clothing for bikers
 - ◆ Helmet laws
- ◆ BUT many people don't follow these measures
 - ◆ Examples: Seat belts and helmets, especially among adolescents




Cancer-Related Health Behaviors: Breast Self-Examination

- ◆ Breast cancer
 - ◆ On decline, but remains leading cause of cancer death in women
 - ◆ Strikes 1 in 8 U.S. women
 - ◆ 90% detected through BSE
- ◆ BSE
 - ◆ Palpitating breasts to detect alterations in underlying tissue
 - ◆ Once per month, day 10 of menstrual cycle (day 1 = 1st day of bleeding, day 14 = ovulate)
 - ◆ Check while standing up and lying down
- ◆ Relatively few women practice BSE
- ◆ Few women practice BSE correctly

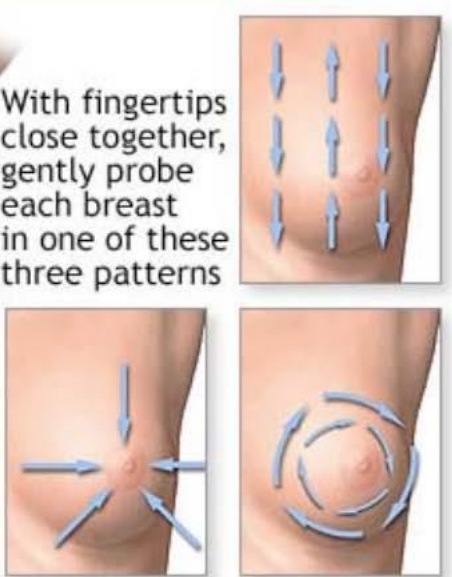
Cancer-Related Health Behaviors: Breast Self-Examination (BSE)

- ◆ Theory of Planned Behavior predicts BSE
 - ◆ Behavioral intention
 - ◆ Social norms
 - ◆ Perceived control
- ◆ Health locus of control beliefs predict BSE
- ◆ Barriers to BSE
 - ◆ Not knowing exactly how to do it
 - ◆ Breast tissue tends to be lumpy, beginners find lumps frequently, fibrocystic condition
 - ◆ Fear may act as a deterrent
 - ◆ Synthetic models help accuracy and confidence
- ◆ Teaching BSE



Breast Self-Examination



With fingertips close together, gently probe each breast in one of these three patterns





Breast self-exam:
Manual inspection
(standing)



Breast self-exam:
Manual inspection
(reclining)

With fingertips close together, gently probe each breast in one of these three patterns



Breast Self-Examination Models



Cancer-Related Health Behaviors: Mammograms



◆ Compliance is low

- ◆ 27% of women had the age appropriate number of repeat screening mammograms

◆ Deterrents include

- ◆ Fear of radiation (but low level exposure)
- ◆ Embarrassment over procedure
- ◆ Anticipated pain
- ◆ Concern about cost, especially among poor women
- ◆ Lack of awareness, time, incentive, availability

Cancer-Related Health Behaviors: Testicular Self-Examination

- ◆ Most common cancer in men 15 to 35 years
- ◆ A leading cause of death for men 15 to 35
- ◆ Incidence is increasing
 - ◆ With early detection, cure rate is high
- ◆ Symptoms include
 - ◆ Small, painless lump on front or side of testicle
 - ◆ Feeling of heaviness in the testes
 - ◆ Dragging sensation in the groin
 - ◆ Fluid or blood in scrotal sac

Cancer-Related Health Behaviors: Testicular Self-Examination (TSE)

◆ TSE Exam

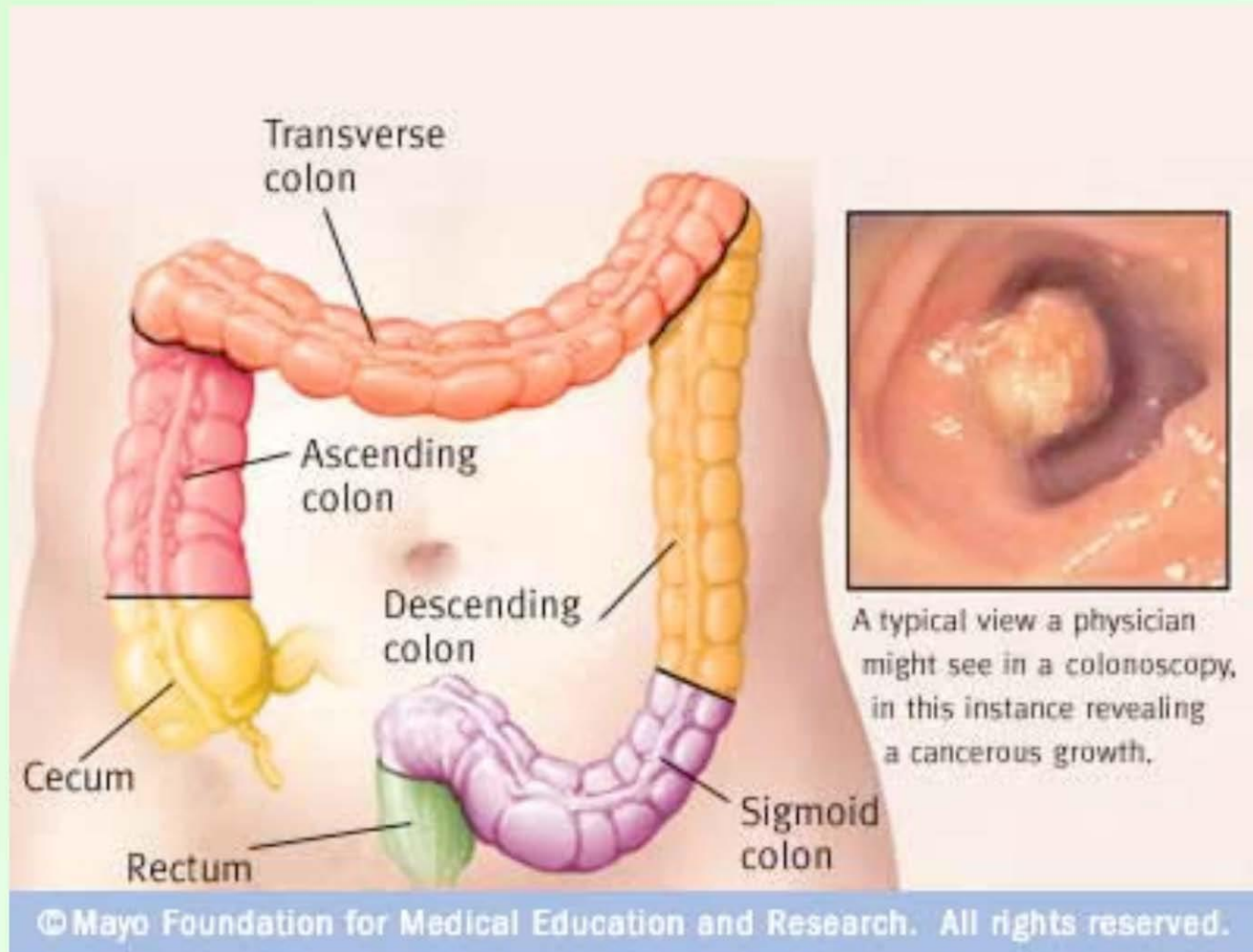
- ◆ Become familiar with surface, texture, consistency of testicles
- ◆ Examination during warm bath/shower
- ◆ Rotate testicle between thumb and forefinger to detect lumps

◆ Educational interventions increases

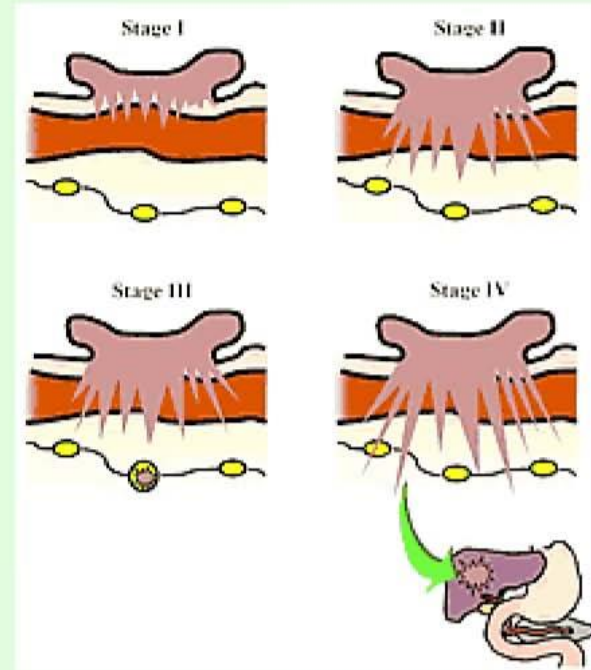
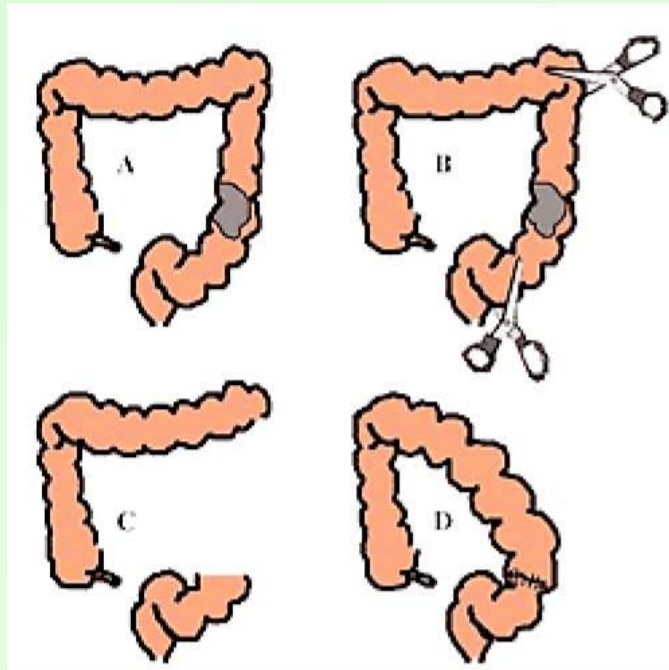
- ◆ Frequency of TSE
- ◆ Proficiency in TSE

◆ No documented relation of TSE to reduction in advanced testicular cancer at this point

Colorectal Cancer Screening



Stages and treatment



- ◆ Stage I colorectal cancer has not passed through the bowel wall.
- ◆ Stage II, the tumors extend past the bowel wall but do not involve lymph nodes.
- ◆ Stage III tumors have cancer cells present in lymph nodes.
- ◆ Stage IV cancers have spread to distant sites such as the liver.

Why Staging?

Decision making (chemotherapy and/or radiotherapy).

% Colorectal Cancer Cured?

90% stage I, 75% stage II, 55% stage III and less than 5% stage IV colorectal

Medical therapies vs surgery?

when cancer cannot be removed completely, or at risk of recurrent disease.

Cancer-Related Health Behaviors: Sunscreen Use



- ◆ Skin Cancer
 - ◆ Fourfold increase in 30 years
 - ◆ Melanoma incidence risen 155% in 20 years
- ◆ Excessive exposure to ultraviolet radiation
 - ◆ Vacations in southern latitudes
 - ◆ outdoor activities
 - ◆ Use of tanning salons
- ◆ Problem with Sunscreen Use
 - ◆ Tans are perceived as attractive
 - ◆ Young adults -appearance focused

Cancer-Related Health Behaviors: Sunscreen Use

- ◆ Best predictor of sunscreen use is **type of skin**
 - ◆ burn only, burn then tan, tan without burning
- ◆ Factors influencing sunscreen use
 - ◆ Perceived need for sunscreen
 - ◆ Perceived efficacy of sunscreen (prevent cancer)
 - ◆ Social norms
- ◆ Most effective educational intervention
 - ◆ Stress “gains” freedom from concerns about cancer
 - ◆ **Short-term** negative effects of tanning on appearance rather than long-term effects on health
 - ◆ UV photo with aging information led to less sunbathing

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