



The Healthy Life

Instructor Manual

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The unit of psychological health includes two different aspects of health: Happiness and health psychology. Typically, these topics are given short shrift in introductory psychology textbooks despite the fact that they are popular among students, are backed by research, and represent emerging areas of psychology.

The Healthy Life module covers a lot of interesting content. Many of your students may have never heard of the field of health psychology and why it is relevant not only to science, but to them as well. This module will allow you the opportunity to describe the relevance of chronic stress to health, protective factors that promote health, tips on how to manage stress. You will also have the opportunity to explain what a health psychologist does and where the field is headed.

Along the way, we've offered a number of activities and special topics that you can use to engage the students in what they are learning. We hope that your students will enjoy learning about this unit and that you will enjoy teaching it!

Learning Objectives

- Relevant APA Learning Objectives (Version 2.0)
 - Describe key concepts, principles, and overarching themes in psychology (1.1)
 - Develop a working knowledge of psychology's content domains(1.2)
 - Describe applications of psychology(1.3)

- Use scientific reasoning to interpret psychological phenomena (2.1)
- Demonstrate psychology information literacy (2.2)
- Build and enhance interpersonal relationships (3.2)
- Adopt values that build community at local, national, and global levels (3.3)
- Content Specific Learning Objectives: The Healthy Life
 - Describe basic terminology used in the field of health psychology.
 - Explain theoretical models of health, as well as the role of psychological stress in the development of disease.
 - Describe psychological factors that contribute to resilience and improved health.
 - Defend the relevance and importance of psychology to the field of medicine.

Abstract

Our emotions, thoughts, and behaviors play an important role in our health. Not only do they influence our day-to-day health practices, but they can also influence how our body functions. This module provides an overview of health psychology, which is a field devoted to understanding the connections between psychology and health. Discussed here are examples of topics a health psychologist might study, including stress, psychosocial factors related to health and disease, how to use psychology to improve health, and the role of psychology in medicine.

Class Design Recommendations

We recommend that you teach this module over two-class periods. Please also refer to the Noba PowerPoint slides that compliment this outline.

First class period:

- Introduce health psychology and related concepts
- Discuss the relationship between stress and health

- General adaptation syndrome
- Talk about how we can protect our health
 - Coping strategies
 - Conduct class activity: How do you cope with stress?
 - Describe link between control, self-efficacy, and health
 - Talk about dispositions and emotions can both hinder and promote health
 - Special topic: Emotional style and the common cold

Second class period:

- Continue discussion how we can protect our health
 - Talk about the importance of social relationships and networks
 - Conduct class activity: Examining our social networks
- Talk about stress management and the importance of good health practices
- Describe the relationship between psychology and medicine

Discuss what health psychologists do and where they work

Offer directions on where the field is headed

Special topic: What doesn't kill us...well does it really make us stronger?

Module Outline

What is Health Psychology?

- Psychological factors can significantly influence who develops **chronic diseases**, how the diseases progresses, and the prognosis and nature of symptoms. Health psychology aims to understand psychology's role in maintaining health, treating, and preventing illness. This field has become particularly relevant since many leading causes of illness in developed countries are attributable to psychological and behavioral factors. Health psychology considers how the choices we make, the behaviors we engage in, and even the emotions we feel, play an important role in our overall health. Health psychology subscribes to **biopsychosocial model of health** rather than the **biomedical model of health**. The basic premise of the former is that in order to understand disease, scientists must examine biological, psychological and social factors.

Stress and Health

- Your levels of stress can influence your likelihood of contracting minor and major illnesses. For example, individuals with low levels of **stress** were found to be less susceptible to the cold virus when purposefully exposed to it. The term stress is derived from the field of mechanics, where materials are evaluated under pressure. Even daily **stressors**, events that cause high physiological arousal, can cause negative physiological responses. A model of the stress response, the **General Adaptation Syndrome** has allowed stress to be studied in myriad ways.

Protecting Our Health

- A central question for health psychologists is what keeps us healthy. When considering **resilience** five factors are often studied: coping, control and self-efficacy, social relationships, dispositions and emotions, and stress management.
 - *Coping Strategies.* Coping can be classified in two categories: **problem-focused coping** and **emotion-focused coping**. The former addresses the event causing the stress while the latter regulates the stress. Problem-focused coping has been more effective at improving mental wellness. However, when events are uncontrollable, emotion focused coping can be more appropriate.
 - *Control and Self-Efficacy.* The belief that you have **control** over a situation improves health outcomes. **Self-efficacy** is closely tied to control, in that people who believe they can complete tasks and reach goals have higher levels of control, and thus better health

outcomes.

- *Social Relationships.* Social isolation is a serious risk factor for disease and death. In fact, research has shown that the impact of social isolation on health is comparable to regular smoking. **Social integration**, on the other hand refers to a lack of social isolation and the number of social roles we have. Maintaining our social roles can improve health because those in your social networks can provide different types of social support: emotional, tangible or practical assistance, or even general advice. This social support can be a buffer against health problems and might even help people live longer in some cases.
- *Dispositions and Emotions: What's Risky and What's Protective?* One common negative trait-to-health connection is **Type A Behavior**. The type A pattern refers to competitive, impatient, hostile, and time-urgent behavior, with competitiveness and hostility being the most detrimental. This pattern was related to double the risk of heart disease as compared to patients with **Type B Behavior**. Positive traits are health protective and can be thought of as “antidotes” to stress. Research has found an abundance of evidence tying positive emotion to multiple health benefits. Positive affect can decrease stress perceptions and improve health behaviors.
- **Stress Management:** Managing stress is really important to health. When people can't change the source of the stress itself (e.g., financial strain), health interventions can help reduce and manage their stress responses using tools, such as relaxation and meditation. **Biofeedback** is a technique, in which the individual sees bodily information that is usually unavailable to them (e.g., heart rate), and is then taught to alter their physiological response. Biofeedback interventions have proven successful in reducing cardiac risk. Importantly, the road to managing stress doesn't always lead to participating in interventions. For example, exercise has many health benefits and can also help reduce stress.

The Importance Of Good Health Practices

- Keeping good grades, maintaining a social life, and getting enough sleep can prove difficult for college students. Stressed out students taking exams tend to smoke more, drink more caffeine, and have less physical activity and bad sleeping habits, which can have deleterious health effects. Negative health behaviors can also adversely impact learning and academic performance. Psychologists study both **health behaviors** (i.e., behaviors that can improve or harm one's health) and health habits. Health behaviors become habits when performed routinely and/or automatically. Research shows that when people engage in positive health habits, they have fewer illnesses and live longer. Psychologists often focus on **health promotion**, which can help individuals change risky health behaviors as well as spread

awareness of risk factors.

Psychology And Medicine

- Psychological factors can impact medical care in numerous ways. For example, older people, women, and those with high SES are more likely to seek medical care. Conversely, others may mistrust health professionals, have financial problems, or use the Internet to seek information instead of going to a doctor (even without knowing if the information they are reading is credible or not). When individuals do seek care, they often communicate poorly with doctors, which can affect diagnosis accuracy and treatment efficacy. After visiting the doctor, people should adhere to medical advice and recommendations, but **adherence** is easier said than done. Fortunately, technological advances can monitor and even improve adherence.

Being a Health Psychologist

- A health psychologist clinician or researcher can pursue various careers. The clinician can work with a physicians, social workers, and other health professionals in rehabilitation centers, hospitals, primary care offices, private organizations, universities, public health agencies, emergency care centers, or in chronic illness clinics. Clinical health psychologists assess illness risk factors in order to develop comprehensive treatment plans. Health psychologists can also be researchers, investigating health predictors and risk factors, and developing interventions that prevent and treat illness. People in the related field of **behavioral medicine** apply these research findings in jobs related to occupational therapy, rehabilitation, or preventative medicine.

The Future Of Health Psychology

- The National Institutes of Health have called for researchers to use what we know about risk factors and further study protective/resilience-promoting factors to design efficacious interventions that help manage and prevent chronic illnesses. Leading psychologists have proposed a field of "Positive Health" to identify health-promoting factors.
- Additionally, innovative tech-savvy interventions are already improving health. Examples of technological tools include apps that use email and text message medication reminders. With continual advances like these, health psychologists will develop more targeted health-improving strategies. Coupled with new discoveries in neuroscience and genetic research, health researchers and practitioners will forge a new era where we will further understand

how to keep people healthy.

Difficult Terms

Adherence
Behavioral medicine
Biofeedback
Biomedical Model of Health
Biopsychosocial Model of Health
Chronic disease
Control
Emotion-focused coping
General Adaptation Syndrome
Health
Health behavior
Hostility
Mind–body connection
Problem-focused coping
Resilience
Self-efficacy
Social integration
Social support
Stress
Stressor
Type A Behavior
Type B Behavior

Lecture Frameworks

Overview

The healthy life module can be very engaging for students, especially if you make efforts to discuss research findings with them that they would find interesting and relevant to their own lives. We've provided a few such special topics in addition to activities that will promote deeper

thinking about the relevance of stress and health. Divided into two class periods, this module will teach students what health psychology is, the implications of chronic stress and how it influences our health and disease. They will also learn what factors promote adaptation to stress, as well as some good practices to engage in. Finally, they will learn more about what it means to be a health psychologist and where the field of health psychology is headed.

First Class Period:

- Lecture – Refer to slides for the following:
 - To introduce the field of health psychology and its study of chronic diseases.
 - To discuss the difference between the biopsychosocial model of health and the biomedical model of health.
 - To explain the link between stress and health. Differentiate between stress, stressors, acute, and chronic stress. Talk about Hans Selye's general adaptation syndrome.
- Discussion
 - Why is chronic stress so significant for the health and well-being of human beings? Let the students generate some answers. Then, show the video below.
 - Video: "Why Zebras Don't Get Ulcers" (3 min.): <https://www.youtube.com/watch?v=5ePYet3Fbts>
- Lecture – Refer to slides for the following (stress and health):
 - To explain that humans are prone to chronic stress, which can have very negative implications for our health. What are some protective factors?
 - To talk about coping strategies as one way to deal with stressors. Emphasize that though problem-focused vs. emotion focused strategies are commonly mentioned, there are numerous ways to classify coping strategies.
 - Then show the two-minute "It's Not About The Nail" YouTube video: <https://www.youtube.com/watch?v=-4EDhdAHrOg>. You may have shown this video in the Gender module, but it's quite relevant for this class as well.
 - *Discussion:* Ask students which coping strategy is being portrayed in the video. They may come up with more than one. Then, ask students to think of a recent stressor in their life. What are some ways they dealt or coped with the stressor? Are there

particular strategies that were used for particular stressors? This will be a great segue into the activity below and will also give students an example of a different conceptualization of the types of coping.

- Activity: How Do You Cope With Stress?
 - This 20-minute activity assesses the following strategies in responses to stressors students have experienced in the past year: active cognitive (making efforts to change the way we think about the stressor), active behavioral strategies (making efforts to change the situation), and active avoidance (trying to keep the problem out of awareness). See Activities and Demonstrations for more information.
 - *Discussion:* Once they have completed the activity and tallied up their scores on different coping strategies, ask them if they have any thoughts on the survey. Are there any strategies that they would like to add/take away? Why? Which coping styles and specific strategies do they find most helpful and why?
- Lecture – Refer to slides for the following:
 - To continue the lecture on protective factors.
 - To explain the importance of control and self-efficacy. Present the significance of dispositions and emotions, specifically how they can help or hinder our health. This is a great segue into an interesting study on how our emotional tendencies can impact our chances of getting a common cold.
- Special Topic: Emotional style and the common cold
 - Cohen and others (2003; see Evidence-Based Teaching section) evaluated if healthy participants were more likely to experience negative emotions (e.g., anxious, depressed, etc.) or more likely to experience positive emotions (e.g., relaxed, happy, etc.). Participants were injected with a virus that causes the common cold in order to observe who was more likely to acquire the cold. Interestingly, negative emotional style was not related to the development of the cold. However, positive emotional tendencies were associated with a lower risk of developing the cold. In other words, people that had a more positive emotional style were more likely to resist the cold-inducing virus. This study provides support for the idea that positive emotional style can serve as a buffer against certain types of illness.

Second Class Period:

- Lecture – Refer to slides for the following:
 - Continue with your discussion on health protective factors. Explain the importance of social support. This is a good place for you to have the class do the second recommended activity.
- Activity: Examining Our Social Networks
 - This 10-15 minute activity encourages student to evaluate the significance of their social relationships, take a moment to think about some of the people in their social network, and how social support might have a buffering effect on life stressors. See Activities and Demonstrations section for more detail on the activity and prompts to generate discussion.
- Lecture – Refer to slides for the following:
 - To talk about stress management.
 - To discuss good health practices.
 - Consider explaining the findings of Pillai et al.'s (2014) article on the topic of coping strategies, stress and insomnia. Briefly, the authors mention that it's not so much the number of stressors in our life, rather how we cope with them (e.g., distracting oneself with TV shows) that can be detrimental to our sleep and increase our likelihood of developing insomnia. This is probably relevant to many students in your class who may use some of these ineffective strategies and may have trouble sleeping. See Evidence-Based Teaching for more on this article.
 - To talk about the relationship between psychology and medicine.
 - To describe what health psychologists do and where they can work.
 - To discuss where the field of health psychology is headed. According to the module, two noteworthy suggestions from the National Institutes of Health are:
 - Continuing the use of technology in interventions (e.g., text messages)
 - You can give students an example of one such intervention that aimed to reduce binge-drinking in college students using text message reminders and feedback

(Suffoletto et al., In-Press; see Evidence-Based Teaching for more information on this study).

- Expanding health psychology research to include factors that promote resilience or adjustment to chronic stress. At this point, consider talking about the special topic below.
- Special Topic: What Doesn't Kill Us...Well, Does It Really Make Us Stronger?
 - In a large sample of participants, Seery et al. (2010) examined if adversity can foster future resilience; and if so, how much or how little is the optimal amount of adversity to promote subsequent resilience? The researchers found that moderate levels of lifetime adversity led to resilience responses when people were confronted with future stressors. Conversely, the absence of adversity and extreme amounts of adversity did not predict resilience to future life stressors, and had negative implications for adjustment. For more information, see article in the Evidenced-Based Teaching section.

Activities & Demonstrations

How Do You Cope with Stress: In-Class Activity

There are numerous coping strategies that people use to deal with and manage stress. Problem-focused vs. emotion-focused coping are two broad conceptualizations of coping styles. This survey, however, evaluates students' use of active cognitive (making efforts to change the way we think about the stressor), active behavioral (making efforts to change the situation), and avoidance (trying to keep the problem out of awareness) coping styles.

Time: 15-20 minutes

Materials: Copies of Moos and Halahan's coping survey.

Directions:

Give students handouts of the survey.

Allow 10-15 minutes to complete and score the survey.

Then, put up a slide with scoring instructions:

Active-cognitive coping is assessed by adding up the scores on items: 1, 6, 7, 10, 11, 15, 20, 21, 23, 26, and 29. Students should divide by 11 to get their average on this coping style.

Active behavioral coping is assessed by adding up the scores on items: 2, 3, 5, 8, 12, 13, 17, 18, 22, 25, 28, 31 and 32. Students should divide the sum by 13 to get their average on this coping style.

Avoidance is assessed by adding up the scores on items: 4, 9, 14, 16, 19, 24, 27, and 30. Students should divide the sum by 8 to get their average on this coping style.

Discussion prompts:

After they finish the questionnaire, ask the students to offer their opinions on which coping style(s) and specific strategies are most helpful and why? Prompt them to think about which strategies would be helpful in which situations.

Are there any strategies that they would like to add/take away?

Research suggests that the active coping style is usually more effective than the avoidant coping style.

Survey on following pages.

This activity was adapted from: <http://www.apa.org/ed/precollege/topss/lessons/sec...>

How Do You Cope With Stress?

Adapted from:

Holahan, C., & Moos, R. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology*, 52, 946-955.

Reflect on how you have approached your various challenges/stressors in the past year. Using the scale below, indicate how often you used each of the following strategies to deal with those challenges/stressors.

0 = Not at all 1 = A little 2 = Occasionally 3 = Fairly often

- _____ 1. Took things a day at a time.
- _____ 2. Got away from things for a while.
- _____ 3. Tried to find out more about the situation.
- _____ 4. Tried to reduce tension by drinking more.
- _____ 5. Talked with a professional person (e.g., doctor, lawyer, clergy).
- _____ 6. Made a promise to myself that things would be different next time.
- _____ 7. Prepared for the worst.
- _____ 8. Let my feelings out somehow.
- _____ 9. Took it out on other people when I felt angry or depressed.
- _____ 10. Prayed for guidance and/or strength.
- _____ 11. Accepted it; nothing could be done.
- _____ 12. Talked with spouse or another relative about the problem.
- _____ 13. Talked with a friend about the problem.
- _____ 14. Tried to reduce tension by taking more tranquilizing drugs.
- _____ 15. Told myself things that helped me feel better.
- _____ 16. Kept my feelings to myself.

- _____ 17. Bargained or compromised to get something positive from the situation.
- _____ 18. Tried to reduce tension by exercising more.
- _____ 19. Tried to reduce tension by smoking more.
- _____ 20. Tried to see the positive side of the situation.
- _____ 21. Considered several alternatives for handling the problem.
- _____ 22. Made a plan of action and followed it.
- _____ 23. Went over the situation in my mind to try to understand it.
- _____ 24. Tried to reduce tension by eating more.
- _____ 25. Got busy with other things to keep my mind off the problem.
- _____ 26. Drew on my past experiences.
- _____ 27. Avoided being with people in general.
- _____ 28. I knew what had to be done and tried harder to make things work.
- _____ 29. Tried to step back from the situation and be more objective.
- _____ 30. Refused to believe that it happened.
- _____ 31. Sought help from persons or groups with similar experiences.
- _____ 32. Tried not to act too hastily or follow my first hunch.

Examining Our Social Networks: In-Class Activity

Time: 5-10 minutes

Materials: No materials needed.

Directions:

Instruct the students to think of their social network. Ask them to think of various people they regularly keep in touch with. How often do they talk to or see them? What is the nature of their relationship with these people?

[Note: After each prompt throughout the activity, allow a few students to answer the questions.]

Then, ask the students to consider an adverse situation and who might they rely on for help? For instance, among the people in their social network, whom could they ask for \$20? How about \$100?

Increase the seriousness of the adverse event as you go on (feel free to add in other prompts). Who could the students ask to turn in their final assignments? Who would the students trust to take care of their pets while they were away? What if the students broke an arm and had to be taken to the emergency room? What if they had to be taken to the emergency room at 2:00 a.m.? How about if the students fell seriously ill and had to be taken care of for a month?

After you have finished prompting the students to answer these questions, ask them to reflect on their own responses. Was there anything they noticed? Ask if they have ever actively stopped to consider the importance of their social network. Do they think having this type of support and help could be beneficial when one is facing an adverse event? If so, how?

This is a good segue into talking to your students about the buffering effect a social network and support system can have on life stressors.

This activity was adapted from <http://tinyurl.com/mvszz9c>

Outside Resources

App: 30 iPhone apps to monitor your health

<http://www.hongkiat.com/blog/iphone-health-app/>

Quiz: Hostility

http://www.mhhe.com/socscience/hhp/fahey7e/wellness_worksheets/wellness_worksheet_090.html

Self-assessment: Perceived Stress Scale

http://www.ncsu.edu/assessment/resources/perceived_stress_scale.pdf

Self-assessment: What's your real age (based on your health practices and risk factors)?

<http://www.realage.com>

Video: Try out a guided meditation exercise to reduce your stress

<https://www.youtube.com/watch?v=dEzbdLn2bjc>

Web: American Psychosomatic Society

<http://www.psychosomatic.org/home/index.cfm>

Web: APA Division 38, Health Psychology

<http://www.health-psych.org>

Web: Society of Behavioral Medicine

<http://www.sbm.org>

Evidence-Based Teaching

Suffoletto, B., Kristan, J., Callaway, C., Kim, K. H., Chung, T., Monti, P. M., & Clark, D. B. (n.d.). A Text Message Alcohol Intervention for Young Adult Emergency Department Patients: A Randomized Clinical Trial. *Annals of Emergency Medicine*, (In-Press).

Suffoletto and colleagues examined if a brief 12-week emergency room intervention involving text messages would be able to reduce self-reported binge drinking in young adults with a history of hazardous drinking. One-third of the participants received drinking-related queries and subsequent tailored feedback to their responses, both via text messages. Another third of the group received only drinking-related queries and no feedback text messages. The remaining one-third of the participants received no text messages. The results demonstrated that the group of young adults that received text message queries and feedback decreased binge-drinking days by 51% and number of drinks per day by 31%. The groups that received only drinking-related queries and no feedback text messages as well as the group that received no text messages increased in the number of the binge drinking days. The findings of this study provide support for the short-term efficacy of an SMS intervention in reducing alcohol

consumption among young adults with a history of binge drinking.

Pillai, V., Roth, T., Mullins, H. M., & Drake, C. L. (2014). Moderators and mediators of the relationship between stress and insomnia: stressor chronicity, cognitive intrusion, and coping. *Sleep*, 37(7), 1199-1208.

In an innovative study, Pillai and colleagues delve into the link between stress, coping strategies and sleep among a large community-based sample of people with no history of insomnia. The study prospectively demonstrated that it's not necessarily the number of stressors, but our reactions to them, that put us at risk for insomnia. The study found that coping mechanisms, such as disengagement, abusing drugs and alcohol, and using media and television as a distraction strategy negatively impacted sleep, increasing the likelihood of developing an insomnia disorder.

Bonanno, G. A., Galea, S., Bucciarelli, A., & Vlahov, D. (2007). What predicts psychological resilience after disaster? The role of demographics, resources, and life stress. *Journal of Consulting and Clinical Psychology*, 75(5), 671-682.

Bonanno and colleagues explore the social and contextual factors that promote or hinder resilience. Conducted with a large sample of participants in New York City and surrounding area after the 9/11 attack, the authors found that resilient people had lower levels of depression, had more social support, were more likely to be male, Asian and older, and did not have chronic diseases. These findings have implications for the multifaceted nature of resilience and for the development of interventions to help those who have trouble recovering from traumatic experiences.

Seery, M. D., Holman, E. A., & Silver, R. C. (2010). Whatever does not kill us: Cumulative lifetime adversity, vulnerability, and resilience. *Journal of Personality and Social Psychology*, 99(6), 1025-1041.

In a nationally representative large sample of participants, Seery and others examined if adversity can foster future resilience; and if so, how much or how little is the optimal amount of adversity to promote subsequent resilience? The researchers found that moderate levels of lifetime adversity led to resilience responses when people were confronted with future stressors. Conversely, the complete absence of adversity and extreme amounts of adversity did not predict resilience to future life stressors and had negative implications for adjustment.

Cohen, S., Doyle, W. J., Turner, R. B., Alper, C. M., & Skoner, D. P. (2003). Emotional style and susceptibility to the common cold. *Psychosomatic Medicine*, 65(4), 652-657.

Are people who are prone to positive emotions less likely to develop colds? Cohen and others evaluated if healthy participants were more likely to experience negative emotions (i.e., anxious, depressed, etc.) or more likely to experience positive emotions (i.e., relaxed, happy, etc.). Participants were then injected with a virus that causes the common cold in to observe who was more likely to acquire the cold. Negative emotional style was not related to the development of the cold. However, positive emotional tendencies were associated with a lower risk of developing the cold. This study provides support for the idea that positive emotional style can serve as a buffer against falling ill with the common cold.

Suggestions from the Society for Teaching's Introductory Psychology Primer

Bequette, A. W. (2013). Health psychology, emotion and motivation. In S.E. Afful, J. J. Good, J. Keeley, S. Leder, & J. J. Stiegler-Balfour (Eds.). *Introductory Psychology teaching primer: A guide for new teachers of Psych 101*. Retrieved from the Society for the Teaching of Psychology web site: <http://teachpsych.org/ebooks/intro2013/index.php>

POSSIBLE ASSESSMENTS (Out of Class)
Suicide Video: Students can watch a video, called *A Cry for Help*, available on PBS about two suicide prevention programs that have been implemented in two high schools. They can submit a reflection paper discussing the programs, the pros and cons of the programs, and what they would implement. This film can be found at www.pbs.org/wnet/cryforhelp/.

Develop of a Health Implementation: Students can use what they have learned throughout the module to develop an implementation. This is appropriate at the end of the semester, because students can apply information from various areas of psychology. One suggestion is have students choose an health area of personal interest and make recommendation for how a program could increase or decrease behaviors in that area. For example, if a student is interested in nutrition, they could develop a potential intervention (using that could increase this behavior).

ACTIVITIES & TECHNIQUES (In Class)
Assessing Current Prevention Programs – Students can take part in a classroom discussion about a current prevention program. The following paper is a program evaluation of the D.A.R.E. Program. This is a good program to review, because most students have participated in D.A.R.E. or at least familiar with the program.

Center for the Study and Prevention of Violence. (2010). CSPV Position Summary D.A.R.E. Program. Boulder, CO.

RELEVANT TOP ARTICLES (Annotated Bibliography)

Renner, M. & Mackin, R.S. (1998). A life stress instrument for classroom use. *Teaching of Psychology*, 25(1), 46-48.

This article discusses a life stress instrument that is appropriate for undergraduate college students. Students can take this instrument and discuss their results in class. This can propel a discussion about the negative effects of stress on physical and mental health.

Sumner, K. (2003). Constructing a family health history to facilitate learning in a health psychology seminar. Teaching of Psychology, 30(3), 230-232.

This article describes a project for a health seminar. Students are asked to profile 15 family members and identify patterns related to health and illness in their families. This is a good example to discuss with students, because this project would be difficult to assign as part of an introductory course. However, the project could be abbreviated for a homework assignment.

Trift, D.G. (1993). Teaching an undergraduate lecture/research course in health psychology. Teaching of Psychology, 20(1), 21-28.

This article discusses an upper level undergraduate course in health psychology. While these examples are an upper level course, there are good assignment and lecture examples that could be incorporated into a health section of an introductory course.

Links to ToPIX Materials

Activities, demonstrations, handouts, etc.:

<http://topix.teachpsych.org/w/page/19981000/Health%20in%20the%20Classroom>

Current events/news:

<http://topix.teachpsych.org/w/page/49255327/Health%20in%20the%20News>

Video/audio:

<http://topix.teachpsych.org/w/page/19980999/Health%20Videos>

Teaching Topics

Teaching The Most Important Course

http://nobaproject.com/documents/1_Teaching_The_Most_Important_Course.pdf

Content Coverage

http://nobaproject.com/documents/2_Content_Coverage.pdf

Motivating Students

http://nobaproject.com/documents/3_Motivating_Students_Tips.pdf

Engaging Large Classes

http://nobaproject.com/documents/4_Engaging_Large_Classes.pdf

Assessment Learning

http://nobaproject.com/documents/5_Assessment_Learning.pdf

Teaching Biological Psychology

http://nobaproject.com/documents/6_Teaching_Bio_Psych.pdf

PowerPoint Presentation

This module has an associated PowerPoint presentation. Download it at http://nobaproject.com//images/shared/supplement_editions/000/000/136/The%20Healthy-%20Life.ppt?1416603171.

About Noba

The Diener Education Fund (DEF) is a non-profit organization founded with the mission of re-inventing higher education to serve the changing needs of students and professors. The initial focus of the DEF is on making information, especially of the type found in textbooks, widely available to people of all backgrounds. This mission is embodied in the Noba project.

Noba is an open and free online platform that provides high-quality, flexibly structured textbooks and educational materials. The goals of Noba are three-fold:

- To reduce financial burden on students by providing access to free educational content
- To provide instructors with a platform to customize educational content to better suit their curriculum
- To present material written by a collection of experts and authorities in the field

The Diener Education Fund is co-founded by Drs. Ed and Carol Diener. Ed is the Joseph Smiley Distinguished Professor of Psychology (Emeritus) at the University of Illinois. Carol Diener is the former director of the Mental Health Worker and the Juvenile Justice Programs at the University of Illinois. Both Ed and Carol are award-winning university teachers.

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