- Modelling and rehearsal of change: these can both increase the belief that the individual has in their ability to achieve change (self-efficacy) and provide them with the skills needed to achieve change if they do not have them.
- Cognitive-behavioural approaches: these address cognitions that may be preventing an individual from working on change, and they provide a structured approach to achieving change.

Each of these approaches can be used either jointly or singly depending on the nature and magnitude of the problems an individual faces.

Chapter 7 – population approaches to public health

Key issues related to the interventions targeted at improving the health of whole populations. The key targets examined have been those aiming to change incremental risk of disease, in this case CHD, and behaviour that may result in diseases after being enacted on one occasion – those related to safer sex and HIV infection. The prime method of influence has been the use of the media. Three methods for optimizing its use were:

1. Refining communication to maximize their influence on attitudes through the use of differing channels depending on recipients’ motivation to consider the information presented.
2. The use of fear messages – and how these may be optimized not only by raising health anxiety but also by providing an easy way of reducing it.
3. More specific targeting of interventions – targeting groups within society, categorized by such indices as behaviour, social class and prevailing attitudes.

The environment may also be manipulated to make health behaviour more salient, to make it easier to engage in and to reward those who engage in it. In particular, environmental manipulation can be:

- Provide cues to action – or remove cues to unhealthy behaviour
- Enable health behaviour by minimizing the costs and barriers associated with it
- Increase the costs of engaging in health damaging behaviour

Interventions using these various principles have proved reasonably successful at changing behaviour in large and more defined populations such as those in worksites or schools. Early interventions, charged at changing CHD related behaviour proved successful, although their very success may have reduced the apparent intervention-specific success of subsequent interventions. By contrast, interventions targeted at safer sex behaviour appear to have been particularly successful. Interventions in the worksite have had mixed success, although the ability of the worksite to offer financial rewards and to establish peer support makes it a useful arena for influencing public health. Innovative attempts to change working practice may also reduce stress in the workforce. Scholars appear to be the key to establishing health behaviour. Healthy schools appear to benefit the health of children – if their implementation is not half-hearted. Peer education may also have some benefits, although many children may find it difficult to act as health educators, reducing the effectiveness of
Negative events are more stressful than positive events. Except people who hold negative views of themselves; positive life events have a detrimental effect on health. People with high self-esteem seen that positive life events are linked to better health.

Events that are uncontrollable and/or unpredictable are more stressful than controllable, predictable events. Ambiguous events are often seen as more stressful than are clear-cut events.

Minor stressful events (daily hassles) would include events such as: being stuck in a traffic jam, waiting in line, making small decisions. Daily hassles reduce psychological well-being over the short term, produce physical symptoms and worsen symptoms in people already ill.

Chronic Strains are stressful experiences that are an usual but continuously stressful aspect of life. Sources of Chronic Stress: combining Work and Family Roles as home and work responsibilities may conflict thus enhancing stress. More than half of married women with young children are employed

Psychological Adaptation - Most people adapt to moderate or predictable stressors such as: environmental noise, crowding. But vulnerable populations are children, elderly, and poor as they already experience little control over environments and do seem adversely affected. Attempts to prepare a person in advance of a stressor has met with success in the military. This approach is now being used with people facing events such as major surgery and the breakup of a relationship. Anticipating a stressor can be as stressful as its actual occurrence, the medical Student Blood Pressure Study showed that the day before an exam blood pressure was as high as during the exam itself. Stress creates decreases in performance, attention span, and believed to be mediated by residual physiological, emotional and cognitive draining. Adverse acute effects of stress are well documented and show that cognitive task and social behaviour is affected. Sometimes the after-effects may be more devastating than the stressful event itself and cognitive costs are stronger for unpredictable and uncontrollable events.

A person suffering from PTSD has undergone a highly stressful event: such as war, rape, or an earthquake. Reactions may include: psychic numbing, reliving aspects of the trauma, intensification of adverse reactions to other stressors, and disturbances. Symptoms persist long after the event is over. Exposure to a disaster, such as the World Trade Centre attack may produce chronic mental health effects and chronic physical health effects.

Traumatic stressor event = (e.g. threat to or witnessing, forced separation from family, unexpected violent death, life-threatening events, physical violence, serious harm or injury to the physical integrity). Retrospective research and Prospective longitudinal studies support conclusions about the delayed effects of being raised in “risky families”. Vietnam War vets with PTSD had more illnesses in old age.

Chronic strain of long term kind (ex. bad relationship, high stress job) lasting more than two years is implicated in development of depression. Chronic life stress may lead to exaggerated sympathetic reactivity.
- Patients who are typically problem solvers benefit most from the provision of information
- Patients who typically cope with stress using avoidant strategies may be helped best by teaching them distraction techniques.

Stress has effects on physiological systems:
- Sympathetic-Adrenomedullary System
- Pituitary-Adrenocortical System
- Immune System

A pre-existing vulnerability (physical or psychological) interacts with stress to cause illness. But stress also indirectly affects illness. People who were under more stress reported less sleep, were less likely to eat breakfast, reported using more alcohol, and reported using more recreational drugs.

The impact of stress depends on how the person appraises it; primary appraisal = ‘how significant is this event,’ secondary appraisal = ‘do I have the resources to cope with it?’

Process of managing demands that are appraised as taxing/exceeding the person’s resources. Coping efforts are action-oriented and intra-psychic.

Coping is a dynamic set of responses, not a onetime action that encompasses many actions/reactions to stressful circumstances with emotional reactions an essential part of coping.

Negative Affectivity = a pervasive negative mood marked by anxiety, depression, and hostility, it is related to poor health. “Disease-prone” personality that also affects adjustment to treatment and patients are more likely to give the false impression of poor health.

With pessimistic explanatory style negative life events are explained as internal, stable, global qualities. WWII Study Examples - Pessimistic: internal factors, compared to: external
Social Support: Moderation of Stress

- Extracting support
- Some people are more competent than others in getting the support they need
- What kinds of support are most effective?
- Matching support to the stressor
- Support from whom?
- Threats to social support
- Effects of stress on support providers

Happiness is

having a large, loving, caring, close-knit family in another city.”

George Burns

Types of Social Support

- Tangible assistance
  - Providing material support, services, money, goods
  - Example: Food for the bereaved
- Informational support
  - Providing knowledge
  - Example: Explaining a medical procedure
- Emotional support
  - Providing reassurance, warmth, nurturance

Types of Social Support

- Invisible Support
  - When one receives help from another, but is unaware of it, that help is most likely to benefit the self
  - Perceiving that one has support
- Helps provide the health benefits (physical and mental) of social support

Social Support: Effects on Psychological Distress

- Social support reduces depression and anxiety
- Lack of social support adds another stressor
- Chronically shy or those who anticipate rejection
There are 25 facets of QoL grouped in one of six domains:

- Physical health: pain and discomfort; energy and fatigue; sleep and rest
- Psychological: positive feelings, self-esteem; thinking; memory; learning and concentration; bodily image and appearance; negative feelings
- Level of independence: activities of daily living (e.g. self-care); mobility; medication and treatment dependence; work capacity
- Social relationships: personal relationships; practical social support; sexual activity
- Relation to environment: physical safety and security; financial resources; home environment; availability and quality of health/social care; learning opportunities; leisure participation and opportunities; transport; physical environment
- Spirituality, religion, and personal beliefs

Chronic illness raises specific problem-solving tasks, including physical, vocational, social, and personal problems, which depend critically on patient’s co-management of the disorder.
adherence). Behavioural interventions reduce reports of pain disability and psychological distress and pain management programs offer the dignity that comes from self-control of one’s pain.

Chapter 17 – Improving health and quality of life

There are three interacting goals in patients with serious chronic diseases:

- To reduce distress
- To improve disease management
- To reduce risk of future disease or disease progression

A number of approaches have been successfully used in each case. Reductions of distress have been achieved by the use of:

- Appropriate information (including information about a condition or coping strategies to minimise distress or improve control over the condition)
- Stress management training while waiting for a diagnosis, during treatment and while coping with the emotional stress of living with a long-term illness
- Providing social support – often in the guise of professionally run support groups

Improvements in the management of illness have been achieved by:

- Providing information – particularly information that provides a structure to achieve symptom control rather than simply providing information about a condition or its treatment
- Training in self-management programmes, with emphasis shifting from the provision of general ‘one size fits all’ programmes to more bespoke programmes specifically developed to suit participants’ needs
- Stress management training in conditions in which stress is involved in their aetiology (e.g. IBS) or may exacerbate symptoms (e.g. angina, diabetes)
- Improving social and family support
- Written emotional expression

Finally a number of interventions may impact on longer-term health:

- Counselling may be of benefit in cardiac patients, but results of the M-HART study have made people cautious in adopting this model
- Stress management appears to be of benefit in improving health in a number of conditions, including CHD and HIV/AIDS
- Treatment of depression in cardiac patients may impact on prognosis, although the ENRICH study suggests that this approach should be viewed with caution
- Social support may be of benefit, although the promise of some early studies has not been repeated in later studies
- Overall, there is significant evidence that psychological interventions can be of great value in helping people to come to terms with the emotional consequences of having a serious chronic illness. They may also be of benefit in aiding day-to-day symptoms and even longer-term prognoses in a more limited set of conditions.
- • May feel “responsible” for a sibling’s death

Problems of Survivors: Death Education

- • Death education
- • Programs designed to inform people realistically about death and dying
- • Purpose is to reduce terror and avoidance connected with the topic of death