Created by Sam Barnes in December 2014

Health Psychology and Human Diversity

HPHD 1- Stereotypes and aging

1) Define health psychology (1)
2) Explain why the biopsychosocial model is important in modern healthcare (1)
3) A) Describe what is meant by a schemata (1)
B) Explain how a schemata differs from a stereotype (2)
C) Describe the situations in which stereotypes can be relied upon (3)
4) Explain the difference between a prejudice and a stereotype (2)
5) Explain the difference between prejudice and discrimination (2)
6) A) Explain the difference between crystalised and fluid intelligence (2)
B) Describe how a person's intellect changes as they age (2)
7) Describe the developmental model of aging (3)
8) Compare and contrast the disengagement and activity models of social adjustment (2)

HPHD 2- Conditioning, social cognition models and drug abuse

1) Explain the difference between operant conditioning and classical conditioning (2)
2) Describe an example of classical conditioning being used to break an unhealthy behaviour (1)
3) Explain why operant conditioning can increase unhealthy behaviours (2)
4) List 3 limitations of operant conditioning (3)
5) A) Describe the key points of cognitive dissonance theory (2)
B) Explain why new information may not always be acted upon under this model (2)
6) Describe 3 ways in which the health belief model can be used to increase healthy behaviour (3)
7) With reference to the health belief model, explain why a teenager may not use a condom during sex (3)
8) Describe the limitations of the health belief model (2)
9) Using the theory of planned behaviour, explain why an exercise plan increases the chance of a patient exercising (2)
10) A) Outline the stages of behaviour change (1)
B) At which stage is an individual beginning to question their behaviour? (1)
11) List 4 reasons for alcohol abuse (4)
12) A) Outline the 6 different levels of alcohol abuse (3)
B) Explain the difference between moderate and severe dependence (2)
C) Explain how alcohol can lead to diabetes (3)
D) Describe two other impacts of alcohol abuse on a patient (2)
13) Name the drugs used during alcohol detox regimes (3)
14) A) Explain why thiamine is given to alcoholics undergoing detox (2)
B) Name the disease which occurs when thiamine levels are too low (1)
15) Name two screening tools for alcohol abuse (2)

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HPHD 3- Compliance, Adherence, Concordance, Motivational Interviewing

1) A) List the 5 key principles of motivational interviewing (1)
B) Explain why developing discrepancy can help an individual want to change (1)
2) Contrast 'compliance' and 'adherence' (1)
3) Describe the overall aim of motivational interviewing (1)
4) A) Describe how levels of non-adherence differ between patients with acute and chronic illness (2)
B) Transplant patients have 22% non adherence to their immunosuppressant drugs. Explain why they are at increased risk of rejection (2)
5) A) Explain why measuring adherence can be difficult (2)
B) List two direct and indirect measures of adherence (2)
C) Explain why using an electric box to measure adherence is flawed (2)
6) Describe the pros and cons of using blood tests to measure adherence (2)
7) With reference to the health belief model, explain why some patients may intentionally non adhere (3)
8) Describe the relationship between symptoms of disease and adherence (1)
9) Describe and explain two psychological factors involving adherence (2)
10) Describe and explain two treatment factors affecting adherence (2)
11) Explain why adherence for chronic, severe disease can be low despite severe symptoms (2)
12) A) Contrast intentional and unintentional non adherence (2)
B) Describe a way in which we can prevent a patient from being unintentionally non adherent (1)
13) A) Describe what is meant by concordance (1)
B) Explain the mechanism behind which improved concordance improves adherence (3)
14) Explain why concordance can lead to sub-optimal care (2)

HPHD 4- Stress, Pain and Coping

1) Define 'stressor', and list 3 characteristics a stressor has(3)
2) A) Describe the two main ways in which stress can be measured (1)
B) Explain why assessing stress according to the stressors present is limited (2)
C) Explain why the transactional model of stress is better than assessing according to stressors (2)
3) Contrast the short term and long term effects of stress on the body (2)
4) Give 4 overarching consequences of long term stress (4)
5) A) Explain why chronic stress can lead to diabetes (2)
B) Describe the role of T cells in managing viral infections (3)
C) Explain how stress predisposes individuals to viral infections (2)
D) Describe the mechanism by which chronic stress predisposes to MI (3)
6) Describe what is meant by 'learned helplessness' (1)
7) A) Describe the transactional model of stress (4)
B)Explain how the primary and secondary appraisal differ in the transactional model of stress (2)
8) A) Give 2 emotional, physical, behavioural and cognitive indictors of stress (4)

B) Give a management plan targeted at each of the above 4 categories (1)
C) Name the drug class commonly used as an anti-depressant (1)
9) A) Describe the two key factors for coping with stress (2)
B) Using your answer to a), explain why a patient with pancreatic cancer is more likely to be stressed than someone with tonsillitis (2)
10) Give two key differences between acute and chronic pain (2)
11) A) Describe gate control theory (4)
B) Give two factors that can open, and two factors that can close the gate (2)
12) Where in the body are the 'gates' supposedly located? (1)
13) List 4 key aims of a pain management programme (4)
14) Give 3 barriers to participation in a pain management programme (3)
15) The biological model of pain is insufficient. List two examples demonstrating this is the case (2)
16) Explain why a chronically ill patient may worry about their
a) mortgage (1) b) Body image (1) c) Loss of autonomy (1)
17) A) Explain why a patient with a chronic illness is likely to become mentally ill (2)
B) Give three changes in their life to which a chronically ill patient will need to adjust to (3)
18) A) Contrast emotion focussed and problem focussed coping (2)
B) Give an example for each (1)
C) Explain why an understanding of a patient's preferred coping mechanism is important to the GP when breaking bad news (2)
19) Contrast behavioural and cognitive emotion focussed coping (2)
20) A) Describe what is meant by 'concordance' (1)
B) Explain why increasing concordance can decrease the stress experienced by the patient (2)
21) Describe the difference between anxiety and depression (2)
22) Explain why identifying a mental health problem in a long term illness is difficult (3)
23) Describe the direct and indirect health implications of depression (2)
24) A) Contrast the treatment for mild-moderate and moderate-severe depression (2)
B) Describe the principles behind CBT (2)
C) Using your answer to b, explain how CBT can help a patient cope with their illness (2)

HPHD 5- Psychological interventions

1) List 3 conditions for which CBT is useful (3)
2) Describe two limitations of CBT (2)
3) A) Describe the key aims of CBT (2)
B) Give two behavioural and two cognitive techniques which are used as part of CBT (2)
4) Explain why reinforcing good behaviour and graded exposure to situations are part of CBT (2)
5) Describe what is meant by 'transference' in psychoanalytic therapy (2)
6) A) Describe the background theory behind psychoanalytic therapy (2)
B) Give a condition for which this is indicated (1)
7) Explain why systemic therapy is useful for understanding the behaviour of difficult children (3)

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HPHD 6- Child development and communication

1) A) Explain the importance of developing secure attachment as a child (2)
B) In which age group is this most critical? (1)
2) Match the following characteristics and the age they first appear
- Allow any caring adult to handle; Wary of strangers; Preference for faces; Smiles
- Newborn, 6 weeks, 3 months, 8 months
3) A) Describe the type of parental behaviour that will lead to ambivalent insecure attachment (2)
B) Describe how such a baby would behave when its mother leaves and then returns (2)
4) A) Describe the three phases of separation for a child (3)
B) Explain how the last two phases can be misconstrued for recovery (2)
5) A) Explain why it is important to allow parents to visit hospitalised children (2)
B) Give two other measures that can be used to help children feel comfortable in hospital (2)
6) Give three consequences of the absence of an attachment figure (3)
7) Name the four stages of Piaget's model, giving the age range for each (2)
8) At which stage in Piaget's model does a child...
a) Lose egocentrism b) Understand reversibility c) Understand body schemata
d) Classify by one feature at once e) Gain the ability to pretend
9) Explain what is meant by a 'zone of proximal development' (2)
10) Explain why it is pointless to use metaphors for children under the age of 12 (2)
11) Describe what is meant by 'social referencing' (1)
12) Give 4 Do's and 3 don'ts of communicating with children (2)
13) Explain why young children are unable to truly understand the implications of their treatment (3)

HPHD 8- Death, bereavement and sexual dysfunction

1) Describe the three different patterns of death (3)
2) A) Name and briefly describe the 5 stages of the model of grief (5)
B) Explain why grief can be both a help and a hindrance for dealing with death (2)
3) A) Describe the difference between grief and mourning (1)
B) State the proportion of people who experience chronic grief (1)
C) Describe the risk factors associated with chronic grief (3)
4) State a physical, behavioural, cognitive and emotional symptom of grief (2)
5) Briefly discuss the aims of palliative care (3)
6) List the stages of the sexual response cycle (4)
7) Describe a condition associated with the following stages of the sexual cycle
a) Desire b) Arousal c) Orgasm (3)
8) A) Describe what is meant by vaginismus (1)
B) Explain why helping a patient relax can relieve vaginismus (2)
9) Describe two precipitating and two predisposing factors for sexual failure (2)
10) Describe two partner and two self factors for 'fear of failure' (2)
11) A) Explain why normalising beliefs is important in psychosexual therapy (2)
B) Describe what is meant by stop-start therapy (2)
C) Name two other parts of psychosexual therapy (2)

12) Explain why post-menopausal women are given HRT to help with sexual dysfunction (2)

HPHD 9- Sexual issues and LGBT health

1) Describe 3 reasons why sexual issues may not be raised during a consultation (3)
2) Describe 3 ways by which sexual discussion with a GP can be made easier for the patient (3)
3) A) Name the four specialist health needs of the LGBT community (4)
B) Explain why those who are LGBT are at increased risk of cancer (2)
4) Suggest why lung cancer is particularly common in the LGBT community (2)
5) A) Describe how lesbian women are at risk of cervical cancer (2)
B) Explain why this may not be detected till late in the disease progression (1)
6) Explain the difference between 'identity' and 'behaviour' (1)
7) Explain how a patient's identity can differ from their expression (2)
8) List 3 different classes of transgender people (3)
9) Explain how cross dressers differ from transvestites (1)
10) A) Describe 3 stereotypes around LGBT people (3)
B) Explain how these stereotypes can lead to unmet health needs (2)
11) A) Explain why LGBT patients are at increased risk of stress than the general population (2)
B) Describe 2 impacts this may have upon their long term health (2)
12) A) Explain why LGBT patients rarely present to their GP (2)
B) Suggest the consequence of this for their long term health (2)
13) Describe 3 behaviours that the LGBT community dislike in doctors (3)
14) A) Describe 3 behaviours that the LGBT community encourage in doctors (3)
B) Explain why confidentiality around the patient's sexuality may need to be broken on occasion (2)

HPHD 10- Breaking Bad News

1) Define 'bad news' (1)
2) Name the 6 stages of the SPIKES approach to breaking bad news (5)
3) List 4 things to consider in the 'Setting and listening skills' section of SPIKES (4)
4) A) Name the 5 stages of the grief cycle (2)
B) Explain why the patient's wish to not receive all the information should be respected (2)
5) List 3 things to do/consider in the 'Knowledge' stage of the SPIKES cycle (3)
6) Explain why it is important to document a breaking bad news consultation (2)
7) List 3 reasons why it is difficult to break bad news (3)
8) A) What is a blocking behaviour? (1)
B) Give two examples of blocking behaviours (2)
9) Explain why 'bad news' is not always necessarily seen that way by patients (2)
10) Describe how the lifestyle of a patient can impact upon their response to a diagnosis (2)
11) Explain why disclosing bad news to a patient is important (2)
12) List 3 consequences of poorly delivered bad news (3)