UWE
University of the West of England
BRISTOL

CORPORATE AND ACADEMIC SERVICES

MODULE SPECIFICATION

Part 1: Basic Data						
Module Title	Health, Stress and Cognition					
Module Code	USPJVW-30-M	Level	M	Version	2	
Owning Faculty	Health and Applied Sciences	Field	Psychology			
Contributes towards	MSc Health Psychology					
UWE Credit Rating	30	ECTS Credit Rating	15	Module Type	Standard	
Pre-requisites			Co- requisites	None		
Excluded Combinations	none		Module Entry requirements	Undergraduate degree in psychology, or quantitative social/behavioural sciences		
Valid From	September 2013		Valid to			

CAP Approval Date	

Part 2: Learning and Teaching	
Learning Outcomes	On successful completion of this module students will be able to: 1. Understand and critically evaluate the impact of shared social representations on the construction of health, illness and disease, in relation to health behaviour and symptom perception. Component B 2. Evaluate the information processing mechanisms underlying cognitions and representations relating to health and illness. Component B 3. Propose means by which the understanding of cognitive within a social context relates to health and illness though health promotion and health care provision. Component B 4. Critically evaluate the health care decision making processes. Component B 5. Examine critically the models of stress and coping. Component A 6. Evaluate those factors promoting and moderating stress. Component A 7. Critically discuss how stress and coping influence health and disease. Component A 8. Critically discuss the conceptual and measurement issues affecting coping research. Component A

	9. Evaluate potential interventions for individuals and organisations for reducing stress and promoting positive coping and resilience. Component A
Syllabus Outline	1. Theoretical approaches - lay theories and the social construction of health and illness 2. Theoretical approaches - social cognition models vs. subjective accounts 3. Health and illness cognitions - implications for prevention 4. Explaining and predicting health related behaviours with cognitive models 5. Explaining and predicting health related behaviours with stage based models 6. Cognitions and the explanation and prediction of health behaviours: Problems with standard social cognition models 7. Alternative cognitive models of health and illness 8. Behavioural self-regulation 9. Individuals or communities? Social capital and health outcomes 10. Explaining health inequalities – psychosocial pathways 11. Social marketing approaches to health behaviour change 12. Medical and health decision making 13. History of Stress research Early Models of Stress: GAS, Life Events 14. Transactional Model: Mediators and Moderators and Appraisal 15. Coping styles, Coping processes and determinants of coping 16. Metacognitive Awareness and Coping 17. Workshop: Stress Management Workshop 1 18. Workshop: Stress Management Workshop 2 19. Measuring Stress and Coping: From psychophysiology to "gross domestic wellbeing" census 20. Stress and coping as antecedent to chronic and acute illness: Psychoneuroimmunology, heart disease (type A personality), cancer 21. Coping in response to chronic illness 22. Job stress and occupational stress management: Individual and organisational responses 23. Posttraumatic Stress Disorder (PTSD) 24. Posttraumatic Growth (PTG) and Resilience
Contact Hours	Students will typically attend 24x2 hour sessions over the course of two academic semesters. These will comprise a mixed model of lecture/seminar format, and one practical stress management workshop. All students will receive 1:1 scheduled feedback sessions on their presentation skills each lasting approximately 20 minutes.
Teaching and Learning Methods	Students will be expected to attend weekly timetabled sessions which will act to guide their further reading and independent study. It is expected that students will spend 300 hours, including contact time and preparation for exams and assignments working for this module. Typically, this might comprise a working day per week averaged across the working year. **Scheduled learning** includes lectures, seminars, demonstration, practical classes and workshops; **Independent learning** includes hours engaged with essential reading, case study preparation, assignment preparation and completion etc.

	TEL: The module will be supported by a Blackboard module site where a range of course materials will be available. Students will be expected to access reading materials through the Blackboard site, and engage with additional activities such as accessing video and weblinks. Discussion boards will be enabled for student use, facilitated by the module leader. Coursework submission and feedback will also utilise the online BB facility.
Key Information Sets Information	N/A
Reading Strategy	All students will be encouraged to make full use of the print and electronic resources available to them through membership of the University. These include a range of electronic journals and a wide variety of resources available through web sites and information gateways. The University Library's web pages provide access to subject relevant resources and services, and to the library catalogue. Many resources can be accessed remotely. Students will be presented with opportunities within the curriculum to develop their information retrieval and evaluation skills in order to identify such resources effectively.

Any essential reading will be indicated clearly, along with the method for accessing it, e.g. students may be expected to purchase a set text, be given or sold a print study pack or be referred to texts that are available electronically, etc. This guidance will be available either in the module handbook, via the module information on Blackboard or through any other vehicle deemed appropriate by the module/programme leaders.

If further reading is expected, this will be indicated clearly. If specific texts are listed, a clear indication will be given regarding how to access them and, if appropriate, students will be given guidance on how to identify relevant sources for themselves, e.g. through use of bibliographical databases. |
| Indicative Reading List | Bowling, A. (2005) *Measuring health; a review of quality of life measurement scales*. Maidenhead: Open University Press.

Caltabiano, M.L. and Ricciardelli, L. *Applied Topics in Health Psychology* (2012) Wiley-Blackwell, UK.

Cameron LD, Leventhal H, eds. (2003) *The Self-Regulation of Health and Illness Behaviour* London: Routledge.

Conner, M., & Norman, P. (2005*). Predicting Health Behaviour*. Maidenhead: Open University Press.

De Ridder, D., & de Wit, J. (2006) *Self Regulation and Health Behaviour*.Sussex: Wiley.

Folkman, S. (2010) *The Oxford Handbook of Stress, Health, and Coping* OUP USA

Morrison, V. & Bennett, P (2009). *An Introduction to Health Psychology*. 2nd Ed. Pearson/Prentice Hall.

Petrie, K.J., & Weinman, J. (1997) *Perceptions of health and illness*: Current research and applications. London : Harwood Academic. |

| | Radley, A. (2009) *Works of Illness: narrative, picturing and the social response to serious disease.* Ashby de la Zouch: InkerMen Press

Stroebe, W (2011*) Social Psychology and Health*. (3rd edition) Maidenhead: Open University Press. |
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Part 3: Assessment

| Assessment Strategy | Two components of summative assessment are used. The first is a critique of an article, in which students draw particularly on material in learning outcomes 1-4. Students may choose an appropriate empirically based (non-review) article from the peer reviewed literature no more than 5 years old and use this to demonstrate their critical and analytic skills in relation to these learning outcomes. By facilitating students to choose, within limits, their own paper, the module supports student directed learning and consolidation and integration of cross modular of knowledge development. The lower word length is 2500 words, and the upper word length 3000 words (excluding references).

The other component is a seen paper exam, in which students analyse a case study stress and coping, and draw on learning outcomes 5-9. A case study analysis is especially suitable as it synthesises both theoretical and practical aspects of stress, health and cognition.

Formative assessment of students takes place through presentations of individually selected papers. The purpose of this feedback is to support students in identifying their strengths and weaknesses in critiquing papers, which will feed into their component B assessment. It is also an opportunity to develop and receive feedback on a transferable skill. |
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Identify final assessment component and element	**A**	
% weighting between components A and B (Standard modules only)	**A:** **50**	**B:** **50**

First Sit	
Component A (controlled conditions) **Description of each element**	**Element weighting** **(as % of component)**
1. Exam (90 minute) – case study	100
Component B **Description of each element**	**Element weighting** **(as % of component)**
1. Coursework essay – critique of journal article	100

Resit (further attendance at taught classes is not required)	
Component A (controlled conditions) **Description of each element**	**Element weighting** **(as % of component)**
1. Exam (90 minute) – case study and short answers	100
Component B **Description of each element**	**Element weighting** **(as % of component)**

1. Coursework essay – critique of journal article	100

If a student is permitted an **EXCEPTIONAL RETAKE** of the module the assessment will be that indicated by the Module Description at the time that retake commences.