Fall 9-1-2018

PSYX 631.01: Int: Clinical Health Psychology/Behavioral Medicine

Duncan G. Campbell
University of Montana, Missoula

Psychology 631

Behavioral Medicine/Clinical Health Psychology

Fall 2018

Course Information

Time/Day: Tuesday/Thursday 8:00 – 9:20
Location: Skaggs Building 303

Instructor Information

Instructor: Duncan G. Campbell, Ph.D.
Email: duncan.campbell@umontana.edu
Office: Skaggs Building, Room 145
Office Hours: Mondays, 1:00-2:30 and by appointment

Required Readings:

- A tentative list of required readings is presented in the course schedule. Required and supplemental readings will be posted on Moodle.

Course Objectives

Modern medicine continues to move toward a biopsychosocial view of health. This means that many health care opportunities exist for the expertise of behavioral health specialists. This course will provide an introduction to the field of behavioral medicine/clinical health psychology. The course will facilitate basic understanding of some of the most prevalent physical illnesses that behavioral health care professionals will encounter in general medical settings. We will discuss basic illness physiology as well as a range of behavioral health interventions that might be appropriate in particular patient populations. We will also examine the literature regarding the relationship between psychological factors and physiological illness. Finally, we will explore the rapidly changing healthcare system, particularly as it relates to integrated care and conceptualization/management of mental health concerns in medical settings. At the end of the course, you will have foundational knowledge of the field of behavioral medicine and beginning experience with commonly employed intervention techniques.

Learning Outcomes:

Over the course of the semester, students will:

1. Demonstrate knowledge and understanding of the biopsychosocial view of health and competently apply this conception to common illness states.
2. Demonstrate knowledge and understanding of the roles of psychological factors in health/illness promotion and will understand the roles of psychologists in the promotion of health.
3. Demonstrate knowledge and understanding of some psychological interventions employed in health psychology practice.

Course Requirements

***Class participation*:** The course employs a seminar format, which means that active discussion will make our time more productive. I expect you to read each class meeting's assigned articles and to participate actively in discussion. Discussion contributions account for 30% of your final grade.

***Commentary/reflections*:** You will draft and submit brief reflection papers/commentaries for the 8 class periods designated on the syllabus "(Reflection)". For each of these class period,. Your reflection paper (~.5-1 page typed, single spaced) should articulate your thoughts about the assigned readings. Each submission will 'earn' between 0 and 3 points; the total points from this requirement constitute 24% of your final grade.

***Discussion Leader*:** In the final weeks of the semester, pairs of students will choose a topic in health psychology/behavioral medicine that we have not previously covered. The student teams will search the literature, choose readings, and guide the discussion for their respective class periods. The discussion leader assignment as a whole will count for 20% of your final grade.

Discussion leader responsibilities include the following.

1) You will identify and deliver 2-3 additional readings in the content area. Your selections can include seminal articles about theory or particularly informative articles from the clinical research literature regarding your chosen topic. Please consult with me about the readings at least 4 weeks before your assigned discussion leader date. *Without exception, you must identify and make available your selected readings at least 10 days prior to your discussion date. If you miss this deadline you will not earn the points available for this component of the discussion leader activity.* (10 points)
2) You and the other member(s) of your team will lead the discussion for the full class period. (10 points)

***Final Paper*:** Each of you will write a brief paper (e.g., Executive Summary of the Literature and Practical Advice for Clinicians) on the topic area for which you served as a discussion leader. The paper should provide a concise overview of the particular clinical problem you covered (e.g., clinical manifestations, impacts, epidemiology). In addition, your paper should include a brief primer that provides possible assessment and intervention guidance for practitioners who might end up working with patients who manifest the problem. You will share the discussion leader duties with classmates, and although you may consult with your partners on the paper, I expect each of you to generate and submit original work. Your paper should be between 10 and 15 pages (APA format). The paper itself is worth 26% of your final grade. It is due Tuesday, December 11 @ 12:00PM. Papers submitted after the Dec. 11 deadline will incur an initial 10% deduction. An additional 10% deduction will be applied for each day the paper is late.

Course Expectations, Guidelines and Policies

Class Participation

We will meet twice a week to discuss the assigned readings. Instructional methods will include occasional brief lecture on key points and group discussion. Because active discussion will be our

primary emphasis, you are required to attend each class meeting fully prepared and familiar with the assigned readings. I expect each of you to contribute to discussion during each class meeting. Class participation will constitute 30% of your final grade. *A choice not to participate actively in each class period will reduce your participation points.*

Academic Integrity

Academic dishonesty is antithetical to the mission of the University of Montana; all students must practice academic honesty. Misconduct is subject to an academic penalty by the course instructor and/or a disciplinary sanction by the University. *Academic misconduct –including plagiarism- will result in a failing grade for the course and might result in dismissal from the university*. Please let me know if you have any questions about what constitutes plagiarism. Also, please see the Student Conduct Code at: Student Conduct Code.

Class Attendance and Punctuality

I expect you to attend every scheduled class period and to be on time. Class absences are acceptable for the following reasons: 1) your own illness; 2) illness or health care needs of a family member; 3) travel for an academically-relevant event (e.g., conference attendance). Please let me know as soon as you can if you know in advance of a scheduled absence. If you must miss class because of your own illness or a family health care obligation, please let me know before class or as soon as possible. If you choose to use a laptop or iPad to take notes, please restrict your use of these devices to course-related activities during our class meetings.

Absences

Students who miss class *FOR ANY REASON* will write a brief (≈ 1 page, single-spaced) reaction paper summarizing your reflections on the assigned readings. The paper must be submitted as soon as possible after the missed class period. Be advised: *Failure to complete the paper before the next class period will result in a 2-point deduction of your class participation grade.*

Policy on Incomplete Grades

An 'Incomplete' is assigned when student hardship precludes completion of the course during the semester. It is the student's responsibility to discuss with me the possibility of an Incomplete prior to the end of the semester. Any student taking an Incomplete is required to finish the course requirements *as soon as possible after the semester's close*. The student must communicate their/her/his plan for course completion to me as soon as they/she/he is able to do so. ***Per University policy, Incompletes become failing grades automatically after 12 months***.

Disability Modifications

The University of Montana assures equal access to instruction through collaboration between students with disabilities, instructors, and Disability Services for Students. If you have a disability that adversely affects your academic performance, and you have not already registered with Disability Services, please contact them (Lommasson Center 154 or call 406.243.2243). I will work with you and Disability Services to provide reasonable and appropriate disability accommodations.

Grading

Participation:	30 pts
Discussion papers:	24 pts
Discussion Leader:	20 pts
Paper:	26 pts
TOTAL	100 pts

Points	Letter Grade
93 – 100	A
90 – 92	A-
87 – 89	B+
83 – 86	B
80 – 82	B-
70 – 79	C
< 70	F

Course Schedule

Date	Topics	Tentative Reading List
T, Aug 28	Orientation	
Th, Aug 30	Defining health ***Reflection 1***	1. Engel, G.L. (1977). The need for a new medical model: A challenge for biomedicine. *Science, 196,* 129-136. 2. Tulloch, A. (2005). What do we mean by health? *British Journal of General Practice, 55,* 320-323. 3. Kaslow, N.J., Bollini, A.M., Druss, B., et al. (2007). Health care for the whole person: Research update. *Professional Psychology: Research and Practice, 38,* 278-289.
T, Sep 4	The healthcare system and health care reform	1. … HCS 2. Rozensky, R.H. (2012). Health care reform: Preparing the psychology workforce. *Journal of Clinical Psychology in Medical Settings, 19,* 5-11. 3. Garfield, R.L., Lave, J.R. & Donohue, J.M. (2010). Health reform and the scope of benefits for mental health and substance use disorder services. *Psychiatric Services, 61,* 1081-1086. 4. Author. (2010). *Summary of the Major Provisions in the Patient Protection and Affordable Care Act.* National Council for Community Behavioral Healthcare. Downloaded from www.thenationalcouncil.org. Last accessed August 15, 2018. *5.* Novak, P., Anderson, A.C. & Chen, J. (2018). Changes in health insurance coverage and barriers to health care access among individuals with serious psychological distress following the Affordable Care Act. *Administration and Policy in Mental Health and Mental Health Services Research.* E-pub ahead of

Date	Topics	Tentative Reading List
		print. doi: 10.1007/s10488-018-0875-9
Th, Sep 6	What is health psychology/ behavioral medicine	1. Friedman, H.S. & Adler, N.E. (2007). The history and background of health psychology. In H.S. Friedman & R.C. Silver. (Eds). *Foundations of Health Psychology* (pp. 3-18). New York: Oxford University Press. 2. Baum, A., Perry, N.W., & Tarbell, S. (2004). The development of psychology as a health science. In T.J. Boll, R.G. Frank, A. Baum & J.L. Wallander (Eds). *Handbook of clinical health psychology: Volume 3. Models and perspectives in health psychology*. (pp. 9-28). Washington, DC, US: American Psychological Association. *3.* Brown, R.T., Freeman, W.S., Brown, R.A., Belar, C., Hersch, L., Hornyak, L. et al., (2002). The role of psychology in health care delivery. *Professional Psychology: Research and Practice, 33*, 536-545.
T, Sep 11	Behavioral change; Theories of health psychology & behavioral medicine ***Reflection 2***	1. Harper, R.G. (2004). Behavioral medicine theory and medical disease. *Personality-guided therapy in behavioral medicine. Personality-guided psychology. (pp. 19-45).* Washington, DC: American Psychological Association. 2. Bogart, L.M. & Delahanty, D.L. (2004). Psychosocial models. In T.J. Boll, R.G. Frank, A. Baum & J.L. Wallander (Eds). *Handbook of clinical health psychology: Volume 3. Models and perspectives in health psychology*. (pp. 201-248). Washington, DC, US: American Psychological Association. 3. Baban, A. & Craciun, C. (2007). Changing health-risk behaviors: A review of theory and evidence-based interventions in health psychology. *Journal of Cognitive and Behavioral Psychotherapies, 7,* 45-67.
Th, Sep 13	Social Support and Illness	1. Taylor, S.E. (2007). Social support. In H.S. Friedman & R.C. Silver. (Eds). *Foundations of Health Psychology* (pp. 145-171). New York: Oxford University Press. 2. Taylor, S.E., Lerner, J.S., Sage, R.M., Lehman, B.J. & Seeman, T.E. (2004). Early environment, emotions, responses to stress, and health. *Journal of Personality, 72*: 1365-1394. 3. Roberson, P. N. E., & Fincham, F. (2018). Is Relationship quality linked to diabetes risk and management? It depends on what you look at. *Families, Systems, & Health*. E-pub ahead of print. doi: 10.1037/fsh0000336 4. Holt-Lunstad, J., Smith, T.B. & Layton, J.B. (2010). Social relationships and mortality risk: A meta-analytic review. *PLoS Medicine*. e1000316. doi:10.1371/journal.pmed.1000316
T, Sep 18	Primary Care	1. Grumbach, K. & Bodenheimer, T. (2002). A primary care home for Americans. *JAMA, 288*, 889-893. 2. Barnes, K.A., Kroeni-Roche, J.C., & Comfort, B.W. (2012). The developing vision of Primary Care. *NEJM, 367*, 891-893. 3. Strange, K.C., et al. (2010). Defining and measuring the Patient-Centered Medical Home. *Journal of General Internal Medicine, 25*, 601-612. 4. Beacham, A.O., Kinman, C., Harris, J.G. & Masters, K.S. (2012). The Patient-Centered Medical Home: Unprecedented workforce growth potential for professional psychology. *Professional Psychology: Research and Practice, 43*, 17-23.
Th, Sep	Integrating	1. Mauer, B.J. & Druss, B.G. (2009). Mind and body reunited. Improving care at

Date	Topics	Tentative Reading List
20	Behavioral Medicine/ Clinical Health Psychology and medical practice	the behavioral and primary healthcare interface. *Journal of Behavioral Health Services & Research, 37*, 529–542. doi: 10.1007/s11414-009-9176-0 2. Vogel. M.E., Kanzler, K.E., Aikens, J.F. & Goodie, J.L. (2017). Integration of behavioral health and primary care: Current knowledge and future directions. *Journal of Behavioral Medicine, 40*, 69-84. doi: 10.1007/s10865-016-9798-7 3. McDaniel, S. H., Grus, C. L., Cubic, B. A., Hunter, C. L., Kearney, L. K., et.al. (2014). Competencies for psychology practice in primary care. *American Psychologist, 69*, 409-429. doi:10.1037/a0036072 4. Reiter, J.T., Dobmeyer, A.C., & Hunter, C.L. (2018). The Primary Care Behavioral Health (PCBH) Model: An overview. *Journal of Clinical Psychology in Medical Settings, 25*, 109–126. doi: 10.1007/s10880-017-9531-x 5. Campbell, D.G., Downs, A., Meyer, W.J., McKittrick, M.M., Simard, N.M. & O'Brien, P. (In Press). A preliminary survey of pediatricians' experiences with and preferences for communication with mental health specialists. *Families, Systems & Health*. DOI:10.1037/fsh0000309
T, Sep 25	The business case: Financing, documenting, and cost-effectiveness	1. Ross, K.M., Klein, B., Ferro, K., McQueeny, D.A., Gernon, R. & Miller, B.F. (2018), The cost effectiveness of embedding a behavioral health clinician into an existing primary care practice to facilitate the integration of care: A prospective, case–control program evaluation. *Journal of Clinical Psychology in Medical Settings*. E-pub ahead of print. Doi: 10.1007/s10880-018-9564-9 2. Kearney, L.K., Smith, C.A. & Pomerantz, A.S. (2015). Capturing psychologists' work in integrated care: Measuring and documenting administrative outcomes. *Journal of Clinical Psychology in Medical Settings, 22*, 232-242. 3. Freeman, D. S., Manson, L., Howard, J. & Hornberger, J. (2018). Financing the Primary Care Behavioral Health model. *Journal of Clinical Psychology in Medical Settings, 25*, 197-209. 4. Melek, S.P., Norris, D.T., Paulus, J., Matthews, K., Weaver, A. & Davenport, S. (2018). Potential economic impact of integrated medical-behavioral healthcare: Updated projections for 2017. *Miliman American Psychiatric Association Report*. Retrieved August 15, 2019. (PDF Download).
Th, Sep 27	Stress and coping ***Reflection 3***	1. Carver, C.S. (2007). Stress, coping, and health. In H.S. Friedman & R.C. Silver. (Eds). *Foundations of Health Psychology* (pp. 117-144). New York: Oxford University Press. 2. Baum, A. & Posluszny, D.M. (1999). Health Psychology: Mapping biobehavioral contributions to health. *Annual Review of Psychology, 50*: 137-163. 3. McGrady, A. (2007). Psychophysiological mechanisms of stress: A foundation for the stress management therapies. In P.M. Lehrer, R.L. Woolfolk, & W.E. Sime (Eds). *Principles and Practice of Stress Management (3rd ed.).* (pp. 16-37). New York: Guilford Press.
T, Oct 2	Interventions: Relaxation Techniques	1. Bernstein, D.A., & Carlson, C.R. (1993). Progressive relaxation: Abbreviated methods. In P.M. Lehrer, R.L. Woolfolk, & W.E. Sime (Eds). *Principles and practice of stress management (2nd ed.)*. (pp. 53-87). New York: Guilford

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		Press. 2. Van Dixhoorn, J. (2007). Whole-body breathing: A systems perspective on respiratory retraining. In P.M. Lehrer, R.L. Woolfolk, & W.E. Sime (Eds). *Principles and practice of stress management (3rd ed.)*. (pp. 291-332). New York: Guilford Press.
Th, Oct 4	Interventions: Cognitive approaches	1. Zahn, B.S., Zehrung, D.L., & Russo-Innamorato. L. (2010). Cognitive interventions in primary care. In *Handbook of cognitive behavioral approaches in primary care.* (pp. 223-246). New York: Springer Publishing Co. 2. Pretzer, J.L. & Beck, A.T. (2007). Cognitive approaches to stress and stress management. In P.M. Lehrer, R.L. Woolfolk, & W.E. Sime (Eds). *Principles and practice of stress management (3rd ed.).* (pp. 465-496). New York: Guilford Press. 3. Funderburk, J.S., Shepardson, R.L., Wray, J., et al. (2018). Behavioral medicine interventions for adult primary care settings: A review. *Families, Systems & Health,* E-pub ahead of print. doi: 10.1037/fsh0000333 FOR REFERENCE: 4. Hunter, C.L., Goodie, J. L., Oordt, M. S. & Dobmeyer, A. C. (2017). Common behavioral and cognitive interventions in primary care: Moving out of the specialty mental health clinic. In *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention, Second Edition*. (pp. 27-51). Washington DC: American Psychological Association. doi: 10.1037/0000017-007
T, Oct 9	Interventions: Mindfulness Based Stress Reduction	1. Baer, R.A. (2003). Mindfulness training as a clinical intervention: A conceptual and empirical review. *Clinical Psychology: Science and Practice, 10*, 125-143. 2. Davidson, R.J., Kabat-Zinn, J., Schumacher, J., Rosenkranz, M., et al. (2003). Alterations in brain and immune function produced by mindfulness meditation. *Psychosomatic Medicine, 65*, 564-570. 3. Salmon, P.G., Santorelli, S.F., Sephton, S.E., & Kabat-Zinn, J. (2009). Intervention elements promoting adherence to mindfulness-based stress reduction (MDSR) programs in a clinical behavioral medicine setting. In *The Handbook of Health Behavior Change*. (pp. 271-286). New York: Springer Publishing Co.
Th, Oct 11	Behavioral Pathogens	1. Breslow, L. & Breslow, N. (1993). Health practices and disability: Some evidence from Alameda County. *Preventive Medicine, 22,* 86-95. 2. Blair, S.N., Kohl, H.W., Barlow, C.E., Paffenbarger, R.S., Gibbons, L.W., Macera, C.A. (1995). Changes in physical fitness and all-cause mortality. A prospective study of healthy and unhealthy men. *JAMA, 273*, 1093-1098. 3. Fisher, E.B., Fitzgibbon, M.L., Glasgow, R.E., et al. (2011). Behavior matters. *American Journal of Preventive Medicine, 40,* e15-e30. 4. Global Tobacco Economics Consortium. (2018). The health, poverty, and financial consequences of a cigarette price increase among 500 million male smokers in 13 middle income countries: Compartmental model study. *BMJ.* E-pub ahead of print. doi: 10.1136/bmj.k1162
T, Oct	Health	1. Phelan, J.C., Link B.G.& Tehranifar, P. (2010). Social conditions as

Date	Topics	Tentative Reading List
16	disparities and social determinants of health ***Reflection 4***	fundamental causes of health inequalities: Theory, evidence, and policy implications. *Journal of Health and Social Behavior, 51*, S28-S40. doi: 10.1177/0022146510383498 2. McGinnis, J.M., Williams-Russo, P. & Knickman, J.R. (2002). The case for more active policy attention to health promotion. *Health Affairs, 21*, 78-93. 3. Adler, N.E., Glymour, M.M. & Fielding, J. (2016). Addressing social determinants of health and health inequalities. *JAMA, 316*, 1641–1642. 4. Alberga, A.S., McLaren, L., Russell-Mayhew, S. & von Ranson, K.M. (2018). Canadian Senate Report on Obesity: Focusing on individual behaviours versus social determinants of health may promote weight stigma. *Journal of Obesity*. E-pub ahead of print. doi: 10.1155/2018/8645694
Th, Oct 18	Interventions: Substance Abuse: The five 'A's and Screening, Brief Intervention and Referral.	1. Substance Abuse and Mental Health Services Administration (2013). *Systems-Level Implementation of Screening, Brief Intervention, and Referral to Treatment*. Technical Assistance Publication (TAP) Series 33. HHS Publication No. (SMA) 13-4741. Rockville, MD: Substance Abuse and Mental Health Services Administration. 2. Whitlock, E. P., Orleans, C. T., Pender, N., & Allan, J. (2002). Evaluating primary care behavioral counseling interventions: An evidence-based approach. *American Journal of Preventive Medicine, 22*, 267-284. doi:10.1016/S0749-3797(02)00415-4 3. Fiellin, D. A., Reid, M. C., & O'Connor, P. G. (2000). Screening for alcohol problems in primary care: A systematic review. *Archives of Internal Medicine,* 160, 1977-1989. doi:10.1001/archinte.160.13.1977 4. Bush, K., Kivlahan, D. R., McDonell, M. S., Fihn, S. D., & Bradley, K. A. (1998). The AUDIT alcohol consumption questions (AUDIT-C): An effective brief screening test for problem drinking. *Archives of Internal Medicine*, *158,* 1789-1795. doi:10.1001/archinte.158.16.1789
T, Oct 23	Chronic Illness 1: Hypertension & Heart Disease	1. Hunter, C.L., Goodie, J. L., Oordt, M. S. & Dobmeyer, A. C. (2017). Cardiovascular disease. In *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention, Second Edition*. (pp. 145-159). Washington DC: American Psychological Association. doi: 10.1037/0000017-007 2. Gatchel, R.J. & Oordt, M.S. (2003). Hypertension. *Clinical health psychology and primary care: Practical advice and clinical guidance for successful collaboration.* (pp. 65-81). Washington, DC: American Psychological Association. 3. Rutledge, R. & Hogan, B.E. (2002). A quantitative review of prospective evidence linking psychological factors with hypertension development. *Psychosomatic Medicine, 64*, 758-766. 4. Steptoe, A. (2000). Psychosocial factors in the development of hypertension. *Annals of Medicine, 32,* 371-375. <u>FOR REFERENCE</u>: Scheidt, S. (1996). A whirlwind tour of cardiology for the mental health professional. In R. Allan, & S. Scheidt (Eds.). *Heart and Mind: The Practice of Cardiac Psychology* (pp. 15-62). Washington DC: American Psychological

Date	Topics	Tentative Reading List
		Association.
Th, Oct 25	Chronic Illness 2: Diabetes	1. Hunter, C.L., Goodie, J. L., Oordt, M. S. & Dobmeyer, A. C. (2017). Diabetes. In *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention, Second Edition*. (pp. 109-122). Washington DC: American Psychological Association. doi: 10.1037/0000017-007 2. Beckerle, C. M., & Lavin, M., A. (2013). Association of self-efficacy and self-care with glycemic control in diabetes. *Diabetes Spectrum, 26*, 172-178. doi:10.2337/diaspect.26.3.172 3. Gonder-Frederick, L.A. Cox, D.J. & Ritterband, L. M. (2002). Diabetes and Behavioral Medicine: The Second Decade. *Journal of Consulting and Clinical Psychology, 70,* 611-625. 4. Harvey, J.N. & Lawson, V.L. (2009). The importance of health belief models in determining self-care behavior in diabetes. *Diabetic Medicine, 26,* 5-13.
T, Oct 30	Cancer	1. Andersen, B.L., Golden-Kreutz, D.M. & DiLillo, V. (2001). Cancer. In Baum, A., Revenson, T.A., & Singer, J.E. (Eds). *Handbook of Health Psychology* (pp. 709-725). Mahwah, NJ: Lawrence Erlbaum and Associates. 2. Andersen, B.L., Golden-Kreutz, D.M., Emery, C.F., & Thiel, D.L. (2009). Biobehavioral intervention for cancer stress: Conceptualization, components, and intervention strategies. *Cognitive and Behavioral Practice, 16,* 253-265. 3. Antoni, M.H., et al. (2006). How stress management improves quality of life after treatment for breast cancer. *Journal of Consulting and Clinical Psychology, 74*, 1143-1152. 4. Cobeanu, O & David, D. (2018). Alleviation of side effects and distress in breast cancer patients by Cognitive-Behavioral Interventions: A systematic review and meta-analysis. *Journal of Clinical Psychology in Medical Settings*. E-pub ahead of print. doi: 10.1007/s10880-017-9526-7
Th, Nov 1	Health Promotion, Prevention and Sleep	1. Shonkoff, J.P., Boyce, W.T., & McEwen, B.S. (2009). Neuroscience, molecular biology, and the childhood roots of health disparities: Building a new framework for health promotion and disease prevention. *JAMA, 301,* 2252-2259. doi: 10.1001/jama.2009.75 2. Stricker, G. (2000). Clinical psychology: Interventions. In In A.E., Kazdin (Ed.). *Encyclopedia of Psychology, Vol. 2.* (pp. 126-130). Washington DC: American Psychological Association. 3. Goodie, J.L. & Hunter, C. L. (2014). Practical guidance for targeting insomnia in primary care settings. *Cognitive and Behavioral Practice, 21,* 261-268. 4. Pigeon, W.R. & Funderburk, J. (2014). Delivering a brief insomnia intervention to depressed VA primary care patients. *Cognitive and Behavioral Practice, 21,* 252-260.
T, Nov 6	Election Day	
Th, Nov 8	Somatic disorders / medically unexplained	1. Ziadni, M.S., Carty, J.,Doherty, H.K., et al. (2018). A life-stress, emotional awareness and expression interview for primary care patients with medically unexplained symptoms: A randomized controlled trial. *Health Psychology, 37,* 282-290. doi: 10.1037/hea0000566 2. Clarke, D. D. (2016). Diagnosis and treatment of medically unexplained symptoms and chronic functional syndromes. *Families, Systems & Health, 34,*

Date	Topics	Tentative Reading List
		309-316. 3. O'Leary, D. (2018). Why bioethics should Be concerned with Medically Unexplained Symptoms. *The American Journal of Bioethics, 18*, 6-15, Doi: 10.1080/15265161.2018.1445312
T, Nov 13	Pain	1. Hunter, C.L., Goodie, J. L., Oordt, M. S. & Dobmeyer, A. C. (2017). Pain disorders. In *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Intervention, Second Edition*. (pp. 161-174). Washington DC: American Psychological Association. doi: 10.1037/0000017-007 2. Gatchel, R.J., Peng, Y.B., Peters, M.L., Fuchs, P.N. & Turk, D.C. (2007). The biopsychosocial approach to chronic pain: Scientific advances and future directions. *Psychological Bulletin, 133*, 581-624.
Th, Nov 15	Psychopharm.: Basic overview	1. Janicak, P.G., Davis, J.M., Preskorn, S.H. & Ayd, F.J. (1997). General principles. In *Principles and Practice of Psychopharmacotherapy, 2nd Edition* (pp. 1-29). Baltimore, MD: Williams & Wilkins. 2. Janicak, P.G., Davis, J.M., Preskorn, S.H. & Ayd, F.J. (1997). Pharmacokinetics. In *Principles and Practice of Psychopharmacotherapy, 2nd Edition* (pp. 61-84). Baltimore, MD: Williams & Wilkins. 3. Stahl, S.M. (1996). Receptors and enzymes as the targets of drug action. In Essential *Psychopharmacology: Neuroscientific Basis and Practical Applications* (pp. 19-47). New York: Cambridge University Press. 4. Stahl, S.M. (1996).Special properties of receptors. In *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications* (pp.48-68). New York: Cambridge University Press.
T, Nov 20	Psychopharm.: Antidepressants	1. Stahl, S.M. (2000). Classical antidepressants, serotonin selective reuptake inhibitors, and noradrenergic reuptake inhibitors. In *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, 2nd Edition* (pp.199-243). New York: Cambridge University Press. 2. Stahl, S.M. (2000).New antidepressants and mood stabilizers. In *Essential Psychopharmacology: Neuroscientific Basis and Practical Applications, 2nd Edition* (pp.244-295). New York: Cambridge University Press.
Th, Nov 22	Thanksgiving Holiday (No Classes)	
T, Nov 27	Student Led Discussion: Topic TBD ***Reflection 5***	
Th, Nov 29	Student Led Discussion: Topic TBD ***Reflection 6***	
T, Dec 4	Student Led Discussion: Topic TBD ***Reflection 7***	

Date	Topics	Tentative Reading List
Th, Dec 6	Student Led Discussion: Topic TBD ***Reflection 8***	
T, Dec 11	FINAL PAPER DUE	